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‘Working Through’:

An Inquiry into Work and Madness

Jennifer Laws

This interdisciplinary doctoral thesis represents the weaving together of several partially independent strands of research conducted by the author between 2008 and 2011 in the field of madness, work and recovery. The purpose of the thesis is, to borrow from Freud, to ‘work through’ some of the rich and diverse links between work and mental health as they appear throughout time and space, and in particular in a climate where getting people with mental health problems back to work is a central political priority. The first stream of the thesis is dedicated largely to an historical and philosophical analysis of the relation between work and madness, and especially the therapeutics of work. Next, voices from contemporary mental health service-users—drawn both from ethnographic work in spaces of ‘sheltered’ employment and narrative research with individuals in mainstream paid employment—are introduced to offer a series of disruptions to common understandings of what it means to be mad at work. Finally, the thesis turns to policy and to an examination of the ‘what works’ agenda in getting people with mental health difficulties back into paid employment. Rather than add further to this evidence base, the thesis seeks instead to describe what may be lost when ‘what works’ becomes the only way of thinking about recovery. Recurring themes in the thesis include the tensions between therapeutic work and damaging work; between curing madness and embracing it; between the complex relations between work, employment and activity and their role in recovery; and between the competing epistemological positions of service-user centred perspectives and critical hermeneutics in understanding the relation between work and mental distress. At their simplest, conclusions point to the need for a rich and plural theoretical landscape of work and mental health and to the need to resist overarching and inflexible policy interventions.

‘Working Through’: An inquiry into work and madness

Jennifer Laws

Submission for Doctor of Philosophy

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2012

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Declarations

The material contained in the thesis has not previously been submitted for a degree in this or any other institution. It is the sole work of the author, who takes full responsibility for any errors contained.

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Introduction

The focus of this interdisciplinary thesis is the relation between work and so-called mental health/ ill-health in the context of post-industrialised and welfare-reformed Britain. The stimulus for conducting this research was the release in June 2006 of the Government Green Paper, *A New Deal for Welfare: Empowering People to Work,* which detailed a number of interrelated strategies for job retention and employment-focused rehabilitation for people with disabilities and other health problems, including mental health difficulties. In this paper and the research it commissioned, problems with mental health were cited to be both the fastest growing categories of work incapacity and the most challenging to treat (DWP, 2006, p. 40), leading some media reporters to announce depression as the 'new backache' for the welfare state. For critics of the new plans, the report represented yet one more episode in an ongoing and paradoxical failure in government policy since the collapse of the golden age for Welfare Britain: despite continued reform to assist individuals with mental health difficulties to find and keep employment in the competitive labour market, more people than ever were finding themselves diagnosed with, and 'signed off' and kept away from work because of, mental health difficulties (Furedi, 2004).

In the final thesis that is presented here, 'back to work' has proved less the focus of research and more its departure point. In the face of significant other research contributions which have sought to evaluate back-to-work schemes, survey the health effects of returning to paid employment or canvas service-users' perspectives about ongoing welfare reform, the project seeks instead to place the lived connections between work and mental distress (madness, breakdown) in a broader and more holistic mesh of polysemous complexity—that is, at its most straightforward, to encounter and account for the richness and multiplicity of work and mental ill health as experienced in the lives of people living with psychiatric diagnoses. In lay terms, the project is a liberation exercise—to de-limit work, madness and the relations between them from the constraining discourses of waged labour or psychobiological

pathology—and to release them instead into a broader research agenda for understanding the unstable relationality between work and being human.

It will be apparent from the start that both work and madness are terms of considerable significance which have been addressed by a multiple body of scholarly literatures. To highlight just a few which have had bearing on this thesis, we might mention psychotherapeutic perspectives which have sought to understand the therapeutic properties of work for people with mental health difficulties (Hall and Buck, 1915; Serrett, 1985; Kielhofner, 2004); research investigating the epidemiological relations between mental health, employment and unemployment (Jahoda, 1982; Curtis *et al.*, 2002; Warr, 2007; Wilkinson and Pickett, 2010; Bambra, 2011); psychological, biogenetic and evolutionary perspectives stressing the relation between work, activity, and the origins of human selfhood and agency (Csikszentmihalyi, 1973; Kane, 1996; Tallis, 2003; Tallis, 2004); as well as critical approaches stressing the damaging potential of particular work forms for human flourishing (the foundations of Marxism, of course, but see also Sennett, 1998; Aguiar and Herod, 2006; Crawford, 2009) and the structural links between the industries of 'psy', social regulation, and the labour needs of capitalism (Foucault, 1967; Deleuze and Guattari, 1972; Scull, 1993; Cohen and Timimi, 2008).

The aim of this thesis is to engage actively, critically and creatively with the above literatures—in a way which encompasses the arts and humanities as well as the social and clinical sciences—and in a way which takes as its motto the importance of travelling *across* these different modes of talking about work and mental distress as well as travelling along them. Whilst it is dangerous to make any claims to novelty in this already expansive literature, it is hoped that in bringing together some of these perspectives (or rather, to borrow Freud's phrase, in 'working through' similar difficulties between different perspectives in parallel), at least two specific contributions to the field can be offered: first, by weaving together philosophical exploration with solid empirical research undertaken with people living with mental distress, addressing what some might see as a lack of connectivity between the disparate bodies of scholarship already acknowledged; second, in the face of ongoing changes to the structure and politics of academic research in which traditional philosophical inquiry often struggles to locate itself, defending a space for exploratory, creative and discursive approaches to the study of work and madness.

I have suggested in several places already that this thesis is interdisciplinary. Perhaps more precisely, it is simply 'without discipline'—although within such proclamation it is important to stress that geography, with its long affinity to idiographic inquiry and cross-disciplinary engagement, has provided an excellent administrative and intellectual home for the research. To an extent, I think that this weak if not strong rejection of disciplinary boundedness is a requirement of the intellectual endeavour I describe here—that is, to chase meanings and established ways of viewing the world beyond traditional borders of knowledge (I am reminded of Derrida's assertion that 'in nowhere' does writing reside [Derrida, 1972, p. 126]). However, in these intersects and chases across borders I confess I am on foreign ground more often than not and that the omissions in theory and literature I have made will inevitably exceed by some volume the sources I have acknowledged. It is hoped, however, that in bringing just some of these ideas together, a richer and more nuanced map of the unstable territory between work and 'madness' can be provided.

Overview of the Thesis

In order to find some way of progressing in the vast project outlined above, in the final text that is presented below, the thesis is arranged as a series of six selective and semi-autonomous explorations or expositions, each focused on a discrete and highly specific point of collision between work and madness. Whilst to a large extent these chapters are offered as self-contained discussions (and ones with 'sponge-like' qualities in that, upon their conclusion, the conceptual commitments of the thesis resume their earlier form), a number of themes nevertheless recur throughout the text. In a theme which runs throughout the text, a recurring refrain is that of the diversity and polysemy of work, both in terms of the multiple meanings of work (see particularly chapters two and five) and the related fragility of concepts such as 'good' or 'therapeutic' occupation (chapters one and three). Again running through the thesis—both as a substantive and methodological theme—commitment is offered to the phenomenological texture of madness in preference to purely clinical accounts of mental distress (for some, this will suggest connections to 'service-user led' research, or even 'anti-psychiatric' research, although I use neither term in my own project). Finally, in an argument that becomes more explicit in the second half of the thesis, an emphasis is placed on the locatedness of work and recovery always already in an

ethical network of semantic interpretation. Conclusions point in addition to these themes to the need for attending to the discrete and the concrete and to recognising the radically unstable relation between work and madness.

Further theoretical and methodological discussion will be saved for the chapters themselves, however, it is worth pulling out within these themes two intellectual influences which will help locate this thesis and its analytic outlook in the broader literature. First, in a research milieu where the empirical social sciences may be seen to be prized above all others, is the conviction that many of the most important questions about work and mental health are at their heart not matters of empirics but philosophy—that is to say, are always already engaged with particular semantic and ethical commitments to the world. (For examples of such questions we might think: What is the connection between our work and humanity? What counts as good work? What version of mental wellbeing should we, as a society, be working towards?) In what might be seen as a return to the older philosophical project set out by authors such as Collingwood (1933), Winch (1951), Wittgenstein (1953), etc., the thesis seeks to demonstrate how philosophy is not just the ‘dead hand’ of social inquiry valid only for sweeping away linguistic ambiguities (the so-called Lockean or ‘under-labourer’ conception of philosophy) but rather that thoughtful philosophical inquiry is itself a fertile intellectual terrain capable of enriching our understanding of social concerns such as work and mental distress (see Winch, 1951; also Burbules and Smith, 2005; Smeyers, 2006; and Hutchinson, 2008, for evidence of the ongoing relevance of Winchean methodologies at the start of the twenty-first century). The task of course is not to abandon empirical engagement with the world (and it will become in evident in the following paragraph that this thesis has been committed to much real-world engagement) but rather, in Winch’s pithy expression, to argue how much of what is interesting and important about such engagements are less matters of empiricism themselves but are rather conceptual matters of ‘what it makes sense to say’ (Winch, 1951, p. 67).

The second influence (with a rather different heritage) is to join with many other engagements in current academic research to take seriously the potentials of individuals with mental health difficulties themselves to contribute to the production of knowledge about madness and mental distress (Reed and Reynolds, 1996; Nelson *et al.*, 1998; Beresford, 2003; Morrow *et al.*, 2012). Compared to other writers who have

gone further down the 'participatory' route in research with psychiatric survivors (Bailey, 2005; Parr, 2007; Church *et al.*, 2008), my success in this regard is modest and my indebtedness to more traditional modes of ethnographic inquiry more notable than a true 'participatory' approach. Nevertheless, an input to this agenda which persists throughout the thesis is my ongoing insistence on the tendencies of so-called 'lay' people (by which we mean here simply those who are actually living with mental distress) as well as scholars, physicians and therapists, to build complex philosophical frameworks about the nature of their condition. (To an extent I refer here to the classic 'double hermeneutic' described by Giddens [1987] whereby technical insights from the social and clinical sciences become adopted as navigational concepts in the lives of 'ordinary' people—and yet I take this further to see participants and narrators also as theory builders and interpreters as well as just owners of experience and insight.) Whilst tensions between these approaches can be identified, it is noteworthy how such perspectives also converge in their insistence upon producing argument which 'is supported throughout its texture by cross-reference to experience' (Collingwood, 1933, p. 51; see also proponents of 'grounded theory', which may be seen to offer an alternative expression of a similar concern)—and it is in this light that the empirical examples which I shall shortly introduce should be conceptualised.

In the first chapter, the thesis begins with an historical analysis of work as a kind of therapy (that is, the longstanding fascination with the therapeutic properties of work for people with mental health difficulties), written largely to expose a broader complexity in our beliefs about work and madness. In the second chapter, the reverse of this equation—i.e., therapy as a kind of work—is introduced, alongside numerous other marginal work forms encountered in being ill and getting better. In chapter three, the possibility of work as a health determinant is addressed (a traditional concern for geographers and sociologists of health), through the somewhat alternative gaze of a philosophical exposition of our human connectedness to work and what such healthful connections might constitute. An important idea introduced in this chapter is that of an *ethics* of relation, which will be carried forward into the remaining chapters. The ideas of chapter three are extended in chapter four in which the specific instance of 'putting madness to work' is considered: that is, the ways in which madness can be *utilised* in the workplace. The chapter includes cases of mad artists and mad scientists as well as service-user researchers and peer-to-peer support workers, with specific focus on how such experiences fit into ordinary discourses of work and employment. In the final

chapters, five and six, broader philosophical issues of what it means 'to work' (as opposed to being broken) are examined with specific regard to the 'what works' literature in mental health care and beyond. In chapter five, taking a temporary step away from my empirical case studies, the discussion follows a deconstructive reading of the multiple meanings of 'work'. In the final chapter, six, the literary concept of magic is introduced as both a means of responding to a world *beyond* the rationalism of 'what works' and as a means for describing the rich, marvellous and irreducible experiences of the workaday world that are often found to be missing from more conventional evidence bases.

Data and Methods

Empirical examples used in this thesis are taken from an extended period of ethnographic and interview-based research with individuals living with or recovering from mental distress in the North East of England (a location not without significance due to its historic connotations as a region of industrial decline and above-national levels of unemployment and illness [Townsend *et al.*, 1988; Shucksmith *et al.*, 2010]). Primary research sites included three community-based mental health projects which were chosen for their divergent positions towards work-oriented recovery: an occupation-focused community project, which I have here called the Plumtree Centre, which housed a sheltered workshop, catering firm and an allotment gardening project; a Training and Enterprise Centre which supported service-users in seeking mainstream employment or establishing independent social enterprises; and a more traditional mental health daycentre, Walter House (another pseudonym), which provided 'therapeutic activities' such as handicrafts, trips out and cookery classes to keep users mentally and physically active. Additional sites that appear throughout the thesis include 'The Network', a service-user-led organisation co-ordinating a range of mental health projects across the region, and an inner-city women's project which had a particular 'in-reach' function of going into psychiatric hospitals to make contact with vulnerable women. The fieldwork spanned a seventeen-month period (May 2008–October 2009) during which time I visited the centres, as participant observer and informal 'helper', once or twice weekly, supplementing observation with numerous conversations and informal interviews with service-users and staff.

The second strand of data from which I have drawn heavily was generated through in-depth, open-ended interviews with around fifty working-age adults with self-identified

experiences of mental ill health, who were either currently in, or who were trying to return to, mainstream paid employment. These individuals were recruited through a combination of general calls for participation in local media and by word of mouth from participants and gatekeepers already involved in the research. To allow for the wide-ranging backgrounds and interests of the participants, interview schedules were generally directed by the individual (although see the note on page 116 regarding the interviewing style for chapter four); however, most interviewees spent the first interview relating a fairly sequential life narrative before moving on to more thematic discussions in subsequent encounters.[1] Alongside traditional interviews, where invited to do so, I also visited participants at work, attended back-to-work training or jobcentre appointments with them, or in a couple of instances talked with support workers, colleagues or families to get a different perspective on participants' experiences (a full summary of participant profiles and a more detailed account of my research contact with them is provided in the appendix to this manuscript). An added richness to the data—although one which is largely lost in the final presentation of the text—is that many individuals also knew each other and on occasion interviews were conducted collectively, creating a wonderfully thick web of interlinking narratives.

Research extracts as they appear in the thesis have been analysed through careful re-reading of field-notes and interview transcripts and through regular return visits to the field sites to 'check out' the validity of emerging themes with participants (particular thanks go to the participants I have here called Steph, Karen and Benji in this regard). Anecdotes and quotations are drawn from a combination of verbatim interview transcripts, notes from unrecorded discussions and from close consultation with field-notes (all indented quotations are from verbatim transcripts or from handwritten notes made during discussions). It should be noted however that extracts have been selected to demonstrate the *range* of possibilities for individual experience (*what it makes sense*

[1] Interviews and group discussions generally started thus: I would introduce myself and talk a little about the project. I would state I was interested in people's stories and ideas about 'mental health and work' (wording specific: not the impact of their health on work, or of their work on health or anything else I felt would 'sway' the discussion). I would perhaps relate this to policy or to the immediate interview environment (the daycentre or Trade Union meeting or wherever we were that day) or, later in the project, feedback the sorts of things the project had achieved to date. And then I would say—usually whilst fumbling with the Dictaphone and confirming for the last time that everyone was okay with me using the recorder—'And that's about it really. Well, I'll hand over to you'. And then there would be a gap when I hoped people would talk—and nearly always they did. After this somewhat routinised beginning (which I felt at the time was slightly eccentric but is probably not so far from what most qualitative researchers are doing in their interviews anyway), I would just allow conversations to unfold naturally, interjecting when I hadn't understood or when I wanted to know more—but generally just letting the speakers direct the conversation. In case of 'emergencies' (less talkative interviewees, or people who were having particular difficulties in focusing) I had a few broad prompts and questions to get the conversation going (e.g., concerning work histories or hopes for the future). In fact, these were really used.

to say) rather than to represent what is always a consensus point in the mental health community. Pseudonyms are used throughout; in a small handful of occasions, more substantial changes to a story have been made to protect identity further—especially where the details of a narrator's occupation or 'illness trajectory' have posed particular challenges to anonymity. Approval for the fieldwork was granted by the research ethics committee of my own institution, under the guidance of the relevant National Health Service Research Ethics Committee and the British Sociological Association's recommendations for working with 'vulnerable' populations. However, as shall unfold in the main body of the thesis, it is far from the case that all participants were 'vulnerable' in classic senses applied to psychiatric populations—including with regard to 'traditional' researcher/participant dynamics—and indeed one purpose of the thesis might be conceived as challenging traditional conceptions of vulnerability with regard to mental ill health.

Readers already familiar with the field will scarcely need reminding that when researching and writing about mental distress/ illness/ madness choice of language and terminologies is a contentious issue. Part of the project (as above) has been to *work with* this ambiguity and to explore how in different contexts it becomes sensible to speak in different ways about the same subject matter. Elsewhere, it has been more important to adopt either the emic vocabularies of a situation (participants' self-descriptions, for example), or—in order to let other aspects of the argument flourish—simply to use a language of convenience which 'allows the sentence to flow'. It should be noted that the terms madness, mental illness, mental health service-use and psychiatric survivorship all have their supporters and detractors within the mental health community and the academy alike—and certainly, in my own writing, I show fidelity to none of these options exclusively.[2] Exploring the multiple meanings of

[2] Beyond such comments (and in contrast to some other writers in the field), I also maintain that there is no universal advantage to any of these terms individually—for whilst it has become somewhat of a tradition in recent person-centred mental health research to reject the terms 'mental illness' and 'mental health patient' for their overly clinical connotations and disempowering politics, talking about illness as an experience of ill health nevertheless seems a defensible project—and, as a colleague and fellow consumer of mental health services recently pointed out, the term 'patient' has negative connotations only when we have already accepted a stigmatised/stigmatising framework of mental distress (for users of an asthma clinic or dental practice or some other branch of physical medicine are regularly referred to as patients without further ado). Likewise, whilst in many publications, the term 'mental health service-user' has become the term of choice, among many of the mental health groups in my own research, this term was appraised negatively; in either case it should be stressed that for many of the people in this thesis who might be described as service-users, such service 'use' extended to maybe just one or two twenty-minute appointments in a six month period, thus bringing into question the helpfulness of the term as a central identity-marker. Along with numerous other writers in the past ten years, frequently in my research I talk of 'madness'—as Parr suggests, to signify a Foucauldian point about ir/rationality and the medical gaze (2008, p. 29); but also to capture the frequent eccentricity and idiosyncrasy of breakdown and recovery

work is a more explicit theme throughout the thesis, and thus word choice is discussed within the text. To avoid confusions between the terms 'work' and 'labour', however, the latter term has been avoided, apart from in compound uses such as the 'labour movement'.

Finally, two final comments should be added to this introduction before moving directly to the first chapter. The first regards boredom, fieldwork practice, and sampling strategy. A conventional strategy for determining sample size in naturalistic research is that of data or theoretical saturation—i.e., the point at which the rate of learning from each new research encounter has fallen to the extent that engaging with additional participants or making return trips to the research site no longer generate demonstrable advances in knowledge or understanding (Glaser, 1967; Bowen, 2008). It should be clear that this strategy was never going to work for the kind of research that this project constituted—for if my principal conclusions about the radical individuality and idiography of mad experience are sound, then such point of saturation would be indefinitely unreachable; moreover, since we never really expect all people to be the same, such individuality was never so much a case for empirical testing, but rather formed a basal philosophic starting point which was taken as given. At the level of the emotional practice of doing research, however, it is worth saying that as a researcher I never felt saturated and never felt bored (although I often felt overwhelmed, which would provide an interesting alternative starting point for a theory of fieldwork saturation) and whilst—as I suggest in the thesis—a salient feature of the lives of some of my participants was indeed stasis and boredom, such observation was always counterbalanced by an enduring captivation of other people's lives and of unfathomable, unaccounted-for otherness. It is with these comments in mind that I make the somewhat humdrum statement that the chapters presented here, and the stories within them, constitute just a tiny proportion of the many possible lines of inquiry that could have been included.

The second concerns the question I have often been asked about my own positionality with regard to the individuals and topics I engage with, and about my qualifications to

(which are often lost when talking about mental health 'difficulties' alone). There are both philosophical and clinical problems with the psychiatric classification of diseases of which I am aware and sympathetic (Szasz, 1961; Rosenhan, 1973; Bentall, 2003; Appignanesi, 2009; Leader, 2011a) and it should be noted that in the primarily non-medical settings of my own research, medical diagnoses were not a standard means of talking about clients/users/members. For these reasons, psychiatric diagnoses of participants were not routinely collected in this research and are only used in the text where they offer specific information or where they formed explicit elements of a participant's own self-narrative.

establish access to and rapport with a population who are often considered ‘hard to reach’ in traditional academic research. A simple statement of my own ‘researcher positionality’ is that I come to this topic with both a history of paid employment within the broad field of occupational therapy and rehabilitation and as someone who lives with a mental health diagnosis and who has experienced acute mental health services from a user’s perspective—elements of my personal identity which formed living aspects of my relations with the people in my research. Whilst acknowledging the potential for extended methodological discussion on this point (and I return in part to these ideas in chapter four) my general strategy here is to acknowledge but also gently move away from ideas about any automatic advantage (or limitation!) that this quasi-‘insider’ status has granted, and hope instead that if the reader insists upon placing significance on this positionality, it can be taken simply as a soft guarantor of good faith and solidarity to the events and people that appear in my work.

Chapter One

Crackpots and Basket Cases

A History of Therapeutic Work

> It has been recognised for many years that mentally disturbed and depressed people are better off and get well more quickly if their faculties can be used in some simple and effective way. Very lately it has been realised that patients who cannot be interested in more common pursuits will find interest and development in some of the handicrafts, such as weaving, knitting, and basket making. The idea of occupation for the handicapped has progressed far enough in this country so that it is now rare to find any institution for chronic patients where there is general idleness. (Hall and Buck, 1915, pp. x–xi)

> Love and work are the cornerstones of human happiness. (Widely attributed to Sigmund Freud)[3]

Since Galen's oft-cited proclamation (c. AD 170) that work is 'nature's physician', western history has revealed a longstanding fascination with the therapeutic properties of work for people with mental health difficulties. Whilst such heritage is often referenced (particularly in texts aimed at the rehabilitative professions), rarely is the

[3] Probably one of the most famous quotations about work and mental health, and one of the best loved 'ghost references' in academia also. The most reliable history of the quotation is its appearance in conference proceedings by Eric Erikson who was taught by Anna Freud, who apparently told her students that her father would make such remarks over the breakfast table (Erikson, 1980, p. 43). Freud's most prolonged discussion of work appears in *Civilisation and its Discontents* (1929), where he also states in a footnote that he would liked to have written more about work, if only there had been time. See also the second chapter of this thesis for an extended discussion.

notion of work itself the central focus of historical accounts. From asylum farms and hospital factories to expressionist art studios and therapeutic communities, the history and philosophy of therapeutic work are therefore the focus of this first chapter, which will trace a history of therapeutic work through a series of key episodes from nineteenth century moral treatment to present day back-to-work welfare interventions.[4]

The historical development of beliefs and practices surrounding the supposed therapeutic qualities of work has interest to the contemporary scholar for several reasons. First, in an era of increasing ‘workfare’ policies on both sides of the Atlantic, beliefs in the healthful properties of work have become a politically virulent (although comparatively under-theorised) concept in justifying the return of individuals on sickness-related benefits to the free labour market. Second, whilst the notion has become commonplace that employment can restore mental health, specifically ‘therapeutic’ occupations for the mentally ill have fallen out of favour as relics of an older-fashioned and prejudiced era of mental health care (the stigmatised images of basket-weaving, and relatedly, ‘basket-cases’ in occupational therapy will be considered later in the chapter). Taking what might loosely be called a ‘history of ideas’ approach (Lovejoy, 1936), the chapter thus explores how the historical development of therapeutic work can shed light on contemporary complexities in work-related mental health policy and, as such, how the history of therapeutic work reveals also a broader tension in our human relationship to work and occupation.[5]

In what follows, rather than attempt a comprehensive account of the development of the mental health services with regard to work therapies, the chapter follows instead a set of discrete ‘moments’ or ‘passing points’ in which some key transitions or contestations arise, with particular focus on Britain and North America. Throughout these episodes, several recurring contestations or tensions will be discussed: first, the tension between ‘ordinary’ work and specifically therapeutic or sheltered work; second, the tension between work in an external reality and an introspective ‘work on

[4] A version of this material has appeared as Laws, J. (2011) Crackpots and Basket-cases: A History of Therapeutic Work and Occupation. *History of the Human Sciences,* 24**,** 65–81 and was presented at the *Philosophy of Psychiatry Seminar*, Lancaster University, January 2009. The author would like to thank three anonymous reviewers and participants at the seminar series for helpful feedback on earlier drafts.

[5] The history of ideas approach to history-writing was proposed by Lovejoy in 1936 as a mode of investigating conceptual change through the lens of ideas themselves, or—as Lovejoy described them—‘unit ideas’ or ‘individual concepts’ (Lovejoy, 1936). Whilst the approach has been critiqued in recent years for lack of sensitivity to cultural context, when interpreted generously, it remains a useful source of encouragement for examining the ways in which specific beliefs and ideas (such as the idea that work is therapeutic) develop and recombine across different historical eras.

the self'; finally, the questionable status that therapeutic employment has offered to psychiatric patients vis-à-vis wider society in terms of economics, policy and politics. As will be discussed in the final section, the enactment of such tensions is presented not as epochal moments but recurring struggles indicative of our human connectedness to work rather than solely the response to particular social and cultural forces.[6]

Before embarking further on this journey, it is worthwhile finally addressing a particular peculiarity which arises in the existing literature on the history of the therapy of work (which is better conceived as a series of interesting but scattered references rather than a substantial sub-body). For forty years since the publication of *Madness and Civilisation* (1967), references to work-based therapies in critical scholarship have rested almost exclusively on a Foucauldian account of institutionalised work as a form of disciplining unruly selves (what, in later writings, would become known as Foucault's 'governmentality' thesis—see Bracken [1995] and Lilleleht [2002] for examples). Whilst these insights undoubtedly hold value, it is my belief that such frameworks have subsumed other equally interesting points of critique in the history of therapeutic work. Conversely, in those accounts of institutional work which have been written from the perspective of the developing occupational therapy professions (a rich and helpful body in general), Foucauldian accounts—and indeed most other critical approaches—have curiously been neglected, which again I believe is to the detriment of the subject. (It is indicative, for example, that not one of the occupational therapy publications I cite in this chapter references Foucault in its bibliography.) Whilst the contributions of both literatures are important, this chapter should in part be read as a gentle critique (or at least modification) of both perspectives. For readers seeking further reading, Serrett (1985), Paterson (2002), Kielhofner (2004), Mocellin's two chapters (1995; 1996) and Hocking's trio (2008a; 2008b; 2008c) all provide helpful and philosophically informed starting points.

[6] It is helpful also to mention here briefly the kinds of work that do *not* appear in this discussion because it is through these that I carve a space specifically for a conception of *therapeutic* work. To take some examples of such omissions: work as it appeared in the workhouses or as was undertaken by pauper patients in nineteenth century asylums to 'pay for their keep' (for in such presentations, work was conceived with no therapeutic understanding); or, in more recent years, the occupational health and industrial psychology movements in which the health of the general worker has come under focus (for again, in such instances, interest is motivated primarily by public health concerns or out of interest for economic performance rather than therapeutics proper). Roughly then, *therapeutic work* might be seen as *i.* work set aside for people with mental health or other health difficulties and *ii.* navigated by some form of therapeutic principle; although as will be revealed, the formats of these criteria have changed significantly with context.

A History of Therapeutic Work

York, England, 1813

Whilst records as early as the third century have evidenced supervised occupations such as basket- and mat-weaving being offered to pauper lunatics in the monasteries (Applebaum, 1992), the most conventional starting point for a history of therapeutic work (and the target of Foucault's critique also) is the eighteenth century reforms of the asylum system that became known as 'moral treatment' (Foucault, 1967; Doerner, 1981; Scull, 1981). In short, moral treatment (or moral therapy, as it was later termed) marked the shift from an earlier era of simply incarcerating lunatics to a systematic attempt at providing psychosocial treatment for people with mental health problems. The format, developed in several independent communities across Europe at the time, provided small family-run retreats in pleasant, pastoral surroundings for people in mental distress to take time to recover their rational faculties. Participation in work activities formed a central part of the therapeutic regime and, in comparison to the older administrative hospitals in which inmates passed the majority of hours chained and in solitude, patients were instead set to work on the gardens, stables and workshops that surrounded the asylum. Notionally, the location for this first passing point is 1813, England, upon publication of the first manuscript dedicated solely to the methods and philosophies of William Tuke's pioneering moral therapy retreat near York, in which regular employment was proclaimed the 'most efficacious' intervention in inducing recovery (Tuke, 1813, p. 156).[7]

The role of work in moral therapy was tightly bound with the philosophy on which the retreats were founded. Famously, Foucault's objection to moral treatment (which would become known as the 'governmentality' thesis) was that the apparently philanthropic rejection of physical restraint in favour of psychological interventions simply replaced the disciplining of bodies with the disciplining of minds; however, for Tuke and associates there was nothing clandestine about this. Moral therapy rested on a mixed philosophical heritage of Enlightenment faith in reason, burgeoning capitalist

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[7] On the Continent, an earlier text is Pinel's (1801) *Traité médico-philosophique sur l'aliénation mentale* (translated into English by D. D. Davis as *A Treatise on Insanity* in 1806) in which proposals for the French *traitement moral* are outlined. Commentaries differ on the extent to which Tuke was influenced by the movement in France, but most consider the greatest divergence between the two models to be the role of the physician within moral treatment, with the French alienist models favouring greater medical input than the more pastorally orientated English retreats. See Coldefy and Curtis (2010) for further analysis.

rational self-interest and (at the York Retreat) the Quaker ethics of prudence and self-control. At the core of such philosophy, Tuke and others argued that the madman was not radically different from the rest of humanity (as earlier classical perspectives had suggested), but rather that through engaging with the patient as a rational being *and encouraging him to behave the same way*, madness could be cured. The cultivation of self-discipline was thus the *modus operandi* within the Retreat and asylum texts made it explicit that patients were to be released from their restraints only on the understanding that they then agreed to control themselves (Tuke, 1813, p. 160). Work—that traditionally most disciplined of activities—was thus the perfect companion to such therapy and 'employment in various occupations was *expected* as a way for the patient to maintain control over his or her disorder' (Bing, 1981, p. 31, my emphasis).

What can be said about the meaning of work in the age of moral treatment? First, moral therapy was *not* a work cure in the sense that therapeutic work was somehow held separate to other aspects of life in the asylum. Rather, life in the Retreat thrived on a holistic organisation of time which took as its guiding principle the daily balance of work, rest and worship. The exquisite physical surroundings (farms and gardens) of the asylum that formed the landscape of recovery were also bound closely to this work—as Philo writes, grounds 'were not only about providing attractive surroundings for the lunatic to contemplate [....] but about securing a spacious and fertile situation in which the mad person could be actively involved as part of his or her therapy' (2004, p. 592). Whilst such therapeutic justifications had first been the reason for purchasing the asylum's extensive grounds, conversely, simply by virtue of the scale of the task, in time, farm work and garden work undertaken by patients also became essential to the asylum's upkeep.

Second, conceptions of work in moral therapy did not draw a harsh distinction between the therapeutic work of patients and the (paid-for) work of staff. Patients and staff worked alongside one another in the farm and kitchens and (whilst such position is somewhat hard to conceive given the barrage of medical and criminal record checks that face individuals with psychiatric histories seeking sensitive employment today) recovered patients were not only permitted to stay on as employees in the retreats, but were actively selected for such positions due to their perceived sensibilities in dealing with newer admissions (Gerard, 1997). Leading from this, the emergence of such 'care

work' in the asylums—conjoined with other developments such as the introduction of petting animals in the farmyard to 'awaken the benevolent feelings' (Tuke, 1813, p. 96)—marked the emergence of a new kind of ethical or affective relationship between worker and work (such affect would have differed greatly from both the meaner employment of the workhouses, but also the patient-to-patient relations of the administrative hospitals in which more acquiescent patients would be tasked to deliver beatings to their more vulnerable peers [Foucault, 1967]). Alongside the increasing morality of attitudes toward 'madmen', in moral therapy, work was also entering a new moral space.

Whilst Foucault's reading of moral therapy may indeed have become somewhat over-dominant in contemporary histories of psychiatry, the issue of 'governmentality' or the relation of moral treatment to the burgeoning capitalist state remains an interesting one. For Foucault and many other sceptics, moral therapy was very much an instrument of both state and the bourgeoisie—a mechanism through which to 'remodel the lunatic into something approximating the bourgeois ideal of the rational individual' (Scull, 1981, p. 111). However, more properly, moral therapy held an ambivalent relationship with the accelerating forces of industrialism and the market place. Whilst moral treatment unarguably instilled in the patient the values of self-interest and self-discipline essential for capitalist industrialism, for the moral therapists, mental illness was also considered an *environmental* disease exacerbated by smoky chimneys and overcrowded factory work (Philo, 2004). The proponents of moral treatment were no strangers to the mass resistance to industrialism that had swept the country in the first quarter of the century (indeed Tuke's *Description of the Retreat* was published just one year after the ferocious clash between Luddites and the British Army at York). Similarly, the broader ethic of work apparent in the retreats owed little to the developing consciousness of the capitalists:

> It is not enough to have the insane playing the part of busy automatons. There must be an active, and, if possible, willing participation on the part of the labourer, and such portion of interest, amusement, and mental exertion associated with the labour, that neither lassitude nor fatigue may follow. (William Browne, Montrose Asylum, Dundee, 1837, p. 33)

As discussed at length by others, by the mid-nineteenth century, under the combined strains of overcrowding and corruption, as industrialisation proceeded moral treatment

gave way once more to a primarily 'warehousing' model of incarcerating lunatics. Work did not disappear at this time, with hospital farms and laundries 'employing' large numbers of inmates (although few such positions were paid). However, interest in the *therapeutic* value of such employment was minimal, and justifications instead rested on more simple economic and managerial goals. Remembering a fact-finding mission to these large-scale state institutions in 1882, the reformer of the American psychiatric system, Adolf Meyer, writes:

> The committee had visited European institutions and had been especially impressed by the use of occupation as a substitute for restraint. But they had a fear that the presence of *private* patients would interfere with the introduction of occupation […] This represents the attitude of many hospital men of the time. Industrial shops and work in the laundry and kitchen and on the wards were very largely planned to relieve the employees. A new step was to arise from a freer conception of work… (Meyer, 1922, p. 2)

For Meyer, commitment to such a 'freer' conception of work, and its therapeutic possibility for the mentally distressed, became a cornerstone of psychiatric reform. Meyer's 'next step' (as histories of psychiatry will typically recount) was the birth of a distinctive set of practices that became known eventually as occupational therapy (OT). The birth of this new profession is the subject of the next section.

Massachusetts, USA, 1904

Notionally, the location for this passing point is 1904, Marblehead, Massachusetts, whereupon the physician Herbert Hall founded a sanatorium called Handicrafts Shops in collaboration with craftswoman Jessie Luther. However, professional organisation of OT did not begin until the mass return of shell-shocked soldiers at the end of the First World War, and the term 'occupational therapy' was not coined until 1914 by architect George Barton at a professional meeting in New York. The movement arrived in Britain a decade later, when Scottish-born Margaret Fulton became Britain's first qualified OT at the Aberdeen Royal Asylum (Paterson, 2002; Reed, 2005).

Like moral treatment, occupational therapy held a tense relationship with broader social trends in work and employment. Early pioneers were influenced heavily by the

progressivist Arts and Crafts movement in Europe and similarly lamented the shift from farm to factory work and from traditional craftsmanship to mass production; trends which had only accelerated from the days of Tuke at the York Retreat. In America, neurasthenia—a nervous exhaustion caused by overwork and over-civilisation—was the malaise of the era and many of occupational therapy's first patients were neurasthenics (Gijswijt-Hofstra and Porter, 2001; Lears, 2009). However, the nascent occupational therapy also developed as a motion against the increasingly fashionable mode of treatment for mental illness in which invalids (usually female) were confined to total bed-rest and not even permitted the 'work' of sitting up. Unlike proponents of this 'rest cure' (Weir-Mitchell, 1884), Hall and colleagues insisted it was poor working practices rather than work itself that were the cause of nervous illness and that conversely the sense of mastery gained through appropriate work was essential for recovery. Through a return to traditional crafts such as basket-weaving and pottery making, the early occupational therapists thus sought to rescue a restorative work ethic from both the degrading practices of factory work and from the quiet despotism of bed-rest and, in doing so, rescue the soul of the patient:

> It is evident that hand-weavers cannot expect to compete with power looms. Yet with the care and skill available in a hand weaving shop it is possible with special oversight of the workers to turn out products which the power looms could never accomplish and which are eagerly sought because of their charm and interest. There under the influence of quiet work, [the patient] will forget and leave behind her symptoms by the acquirement of courage and self control. [...] Such briefly is the idea of the work cure (Hall and Buck, 1915, pp. xxiii–xxiv).

Whilst work was more extensively theorised in occupational therapy than in the earlier moral treatment, the single greatest significance of OT for a concept of therapeutic work is perhaps harder to judge. Whilst moral treatment (which many have considered a 'pre-paradigm' for the professionalised OT) had focused largely on the powers of work to restore reason in the patient, occupational therapy expressed a growing belief in the therapeutic effects of quality workmanship in and of itself (Hocking, 2008a). Appreciation and mastery of a craft were central for the developing profession and, like the Hall-Luther collaboration at Marblehead, early practitioners included craftspeople, musicians and artisans as well as clinical attendants. The recovery of the patient was considered to link closely with the therapist's reverence for his or her own work. In such an atmosphere, teaching thus acquired an almost religious significance and

craftspeople stood on equal footing with clinical staff. In time, instructors also included older patients who had become skilful in their occupation and thus, alongside handicrafts, teaching became another form of work considered suitable for the recovering nervous patient (Hall and Buck, 1915; Spackman, 1968).

However, whilst the influence of the Arts and Crafts movement was important to the concept of work in the early OT years, perhaps more significant still was the emergence of a specifically *therapeutic* (systematised and strategic) understanding of work that arose from out of this discourse. In moral therapy, the view of the healthy life had been a properly holistic position: grounds needed groundsmen and patients were in need of grounded activities; therapeutic elements of work were thus more or less seamless with the economic needs of the asylum. Managers of the retreats considered work to be *naturally* beneficial and nothing particular had to be done to bring out its therapeutic qualities. In OT, however (a result as we have seen of a growing resentment towards the 'shoddy' workmanship of mass production), such faith in 'naturally' occurring work became shaky. As occupational therapy became more technical (demonstrated for example through the mushrooming volume of publications advising specific programmes or techniques for rehabilitation), an increasing schism developed between work in the 'real' world of mills and factories and forms of occupation that could be used therapeutically. As a profession, occupational therapists both gave birth to and became safe-guarders of such specifically therapeutic work. Just as early psychiatrists had depended upon a notion of psychiatric 'illness' to give authority to their developing practices, notions of a therapeutic occupation thus became a professional as well as philosophical investment:

> Occupational therapy provides a means of conserving and bringing into play whatever remains to the sick and injured of capacity for healthy functioning. It is the role of the occupational therapist to see that the tedium and consequent depression occasioned by the enforced idleness of illness are relieved and that suffering is diminished. (Kidner, 1930, p. 40, memoirs of founding the National Society for the Promotion of Occupational Therapy in New York, 1917)

The emergence of a systematic work therapy thus presented subtle but significant challenges to popular conceptions of work. Like moral treatment, occupational therapy privileged the sense of usefulness and purpose in work, and paralleled popular beliefs from Tuke's age onward about the dangers of idleness and introspection: 'We are too

apt as doctors to think, "make him comfortable". Make him as useful as possible is a better idea!' (Hall and Buck, 1915, p. 22). However, whilst patients' products from the workshops were sold or put to use wherever possible, work was now undertaken *primarily* for therapeutic purposes. Despite Hall's protestations that the curative workshops (as they were called) should never become 'play shops', on closer inspection, it appeared that Hall and colleagues *did* advocate some forms of work that were devoid of external rewards: in a letter from Marblehead in 1918, for example, Hall advised an associate to instigate a three-step approach in occupational rehabilitation, of which only the final had 'vocational' intent (cited in Spackman, 1968, p. 68).[8] Indeed, in Hall's OT, even the pinnacle construct of craftsmanship was subtly displaced by therapy. Marblehead correspondence reveals that by 1909, for example, Hall had discontinued teaching pottery at the sanatorium due to fears that it was too hard for patients to manage the frequent accidents with the pots (letter to Dr Frederick Shattuck, cited in Reed, 2005, p. 35). (Ironically, this pottery work was later replaced with cement work using moulds: a less risky occupation, but one which also approximated more closely the ethic of mass production from which Hall and others had tried to get away). Not only did such actions reduce the variety of work at Marblehead, to the extent that craftsmanship might be thought of as living in relationship with one's materials (an idea to which we shall return in chapter three), the cessation of pot-making and other such interventions also disrupted patients' abilities to experience such 'craftsman's' relationship fully (Sennett, 2008). From the mid-twentieth century onwards, the earlier colloquialism 'crackpot' (literally, a cracked head) became associated with the imagined lack of dexterity of workers in occupational therapy as a sign of poor craftsmanship and faulty merchandise.[9] However, ironically, it was through *denying* patients the experience of cracked pots (a natural wastage in the firing process) that the dubious craftsmanship of these therapeutic activities truly became visible.

[8] To quote in full: 'First, the bedside occupations such as weaving, wood-working, etc. The effect of these is purely medical and not commercial. The next step is the curative workshop where the patient has the opportunity to use tools in the machine shop. This stage is intended to restore the functions of nerves and muscles. The stage is not intended to be vocational, the aim being still medical'. The final stage advised by Hall involves work placement and training, in which 'the man is placed in a trade or profession' (cited in Spackman, 1968, pp. 68–69).

[9] The Oxford English Dictionary is equivocal about this link, but numerous oral histories of ex-patients and staff documented on the internet recall such vocabularies from the 1930s onwards. See http://www.upstatenyafricanheritage.com/margaretcunningham.html (accessed 10 July 2010) for an example.

The position of therapeutic work was thus a fragile and contested one in the profession’s first decades and it is important to note that at no point was OT the only conception of work therapy available. Both the sheltered dimensions of work and its soft protectionism separated OT from other competing notions of ‘work cure’ in early twentieth century America. The prominent medical reformer Richard Cabot, for example, despaired of the ‘quiet’ occupations that were prescribed in OT and wrote instead of nervous invalids and moral miscreants requiring *risk* (‘violence’ even) in work, insisting that it was the *softening* of labour that had occurred with the advent of mass production methods that was the cause of apathy and distress (Cabot, 1909). Elsewhere Cabot (who was an associate and friend of Hall) spoke highly of OT and in some commentaries is still associated with the profession for his contributions to conceptualising the link between work, character and recovery. However, it is probably not surprising that it is his contributions to social work and not occupational therapy for which Cabot is ultimately remembered.

Post-war England & America, 1945–

To jump through history again, no narrative of therapeutic work would be complete without pause to mention the 1939–1945 war. In the asylums, the effects of the war were comparatively unsurprising: traditional therapeutic craft-activities became restricted due to shortages of staff and materials and many curative workshops became reconfigured so as to allow psychiatric patients to undertake practical jobs for the war effort (MacDonald, 1957). Beneath the most explicit horrors of the war, Britain and America also came together during the war years in a rare and unifying *public* notion of therapeutic work. An oft-cited episode in many ‘people’s histories’ of the war describes the various enthusiastic contributions made by communities to the war effort (common examples include the collecting of iron railings to be recycled for ammunition, or in America, establishing knitting circles to knit socks and blankets for troops). Often, remarks were added to such stories to the effect that in ‘actual fact’ such practices were allowed to continue almost entirely for purposes of morale (or propaganda), since by the heyday of the war effort, the Allies had more socks and scrap metal than any force could know what to do with (MacDonald, 1988; Farr, 2010).

However, the true focus of this third section is less the war itself but the immediate years following. Compared with the brief opening for truly productive and important work for psychiatric patients in the war effort, after the war the demand for marginal workers such as psychiatric patients diminished (a classic reserve labour army argument) and therapeutic work retreated into itself once more (Riddell *et al.*, 2002). Yet in the surviving space of therapeutics, the encroachment of two major influences—biomedical reductionism and Freudian psychotherapy—brought significant revisions to the earlier romantic notion of occupational therapy. In this passing point, the intellectual encounter between these two, competing paradigms and preceding conceptions of therapeutic work are examined in the context of the post-war milieu. Primary resources are taken from both sides of the Atlantic.

To tackle developments in the clinical sciences first, in the 1940s and 1950s a new ‘paradigm’ of biomedical reductionism had spread throughout medicine and into associated disciplines. In essence, such developments concerned the dual drives to measure and categorise impairment as discrete malfunctions of specific body and nervous systems. Despite its previous environmental inclinations, post-war OT responded sympathetically to this revamped reductionism and occupational rehabilitation took a decisively mechanistic and bio-medical direction (Kielhofner, 2004).[10]

The focus on the primarily *embodied* (biologic) character of work in the ‘new’ occupational therapy was not in itself an innovation. Hall and Buck’s 1915 manuscript, tellingly entitled *The Work of Our Hands*, discusses at length the physical, tactile, bodily therapeutics of manual work. Traditional occupations were not just *handi*crafts but were congratulated for implicating the whole body: Hall’s favoured occupation at Marblehead, for example, was the ‘old fashioned hand-loom’ for its provision of ‘general exercise in strong and effective motion of arms and legs’ (Hall, 1910, p. 13). Such concern with the physicalities of work was influenced heavily by the emerging discipline of energetics in the physical sciences. Nature was posited as an active and unstable force and the human body an object of such dynamism also. Work, the deliberate expenditure of worldly energy, was thus an ongoing biologic process:

[10] A biomechanical orientation in OT had to a lesser extent been advanced in response to the physically injured servicemen of the First World War. However, a strong case remains for suggesting that the *extent* and *reductionism* of the paradigm was specific to the period after World War II.

> Literally, the human body is burning up all the time—burning up and being rebuilt. It cannot stop. The only possible preservation of our healthy activities against such a self-corrosive process as goes on to produce ulcers in the stomach is in setting one's energies—those restless, ceaseless energies—to work instead of allowing them to be turned in upon oneself. (Cabot, 1909, p. 24)

Such philosophy grounded the biologic (organic) aspects of bodily activity to the semantics of human occupation. It bound science with philosophy and craftsmen with their clinical counterparts in the early occupational therapy collaborations. It also ensured that therapeutic work was *outward* facing; neither the self-corrosive energies of ulceration nor the purposeless tasks of 'work-for-work's-sake' could constitute the proper kind of 'energy transforming' that Cabot and other physicians at the birth of OT considered proper work.

In the later reductionist biologism of the post-war period, however, the 'binding' function of keeping work with world became inverted. Again, the biomechanical processes of the body were placed centrally to a therapy of work, yet whereas in the old biologism, the body needed to work, in the new, it needed *working upon*. The therapeutic purpose of work became the restoration of physical function: OT busied itself with making mobility aids for injured body parts and therapeutic 'work' (such that it still existed) became mere exercises to improve physical and mental stamina. It is significant that at this time, the term 'activity therapist' became used in conjunction with the more traditional 'occupational therapist'. Practitioners wrote of bizarre experiences:

> Some occupational therapists of today are tending to utilise the bicycle saw as a means of mechanical exercise, the patient merely bicycling not sawing. In order to get the specific motion necessary, the patient may be found moving a sand block back and forth on a workbench. There is no sandpaper on the block and there is no project to sand. (Spackman, 1968, p. 71)

Elsewhere, a poignant image given the once beautiful craftsmanship of the Marblehead weaving industry, patients were recorded working at empty spinning wheels unstrung for weaving (Kielhofner, 2004). According to Kielhofner (p. 54), such activities had become 'disembodied', yet in fact, the body and its movements were the *only*

remaining connection to work. More precisely, such activities had been ‘de-worlded’—their meaning confined to the body and any greater productivity in the ‘real’ world forsaken.

If empty spinning wheels and the move towards a biomechanical occupational therapy posed serious challenges to the limits of ‘real’ work, the rise of psychoanalysis did so even more. In the beginning of the twentieth century, occupational therapy (especially in the States) had been *the* humane alternative to invasive physical restraints and aggressive use of psychotropic drugs. By the 1940s and 1950s, however, this had become psychodynamic therapy.

Early occupational therapy had had an ambivalent relationship with psychoanalysis. Freud was interested in the relations between work and mental health and many early practitioners of OT had shown interest in his ideas; however, the ‘fanciful’ ideologies of psychoanalytic interpretation sat uncomfortably with the pragmatism of occupational therapy and, as I shall discuss in greater detail in chapter two, despite Freud’s interest in ‘real world’ work and employment, ultimately the true work of psychoanalysis was the psychological endeavour of self-analysis (Davidson, 1980).

The rising dominance of psychotherapy in mental health service provision in the late 1940s and 1950s thus put strains on traditional, romantic beliefs in the importance of craftsmanship and ‘doingness’ for the fulfilment of human potential. However, a therapeutic emphasis on the arts and crafts did not disappear entirely at this point. Instead, such activities assumed a role in *diagnostics*. From the psychodynamic perspective, ‘work blocks’ and dysfunctional behaviours became interpreted as signs of unconscious conflicts and blocked psychosexual needs that prevented maturation of the ego (Weil, 1959). Creative activities such as painting and work with clay were seen to reveal the patient’s hidden desires and provide a means of working through unconscious problems. It was at this stage that a prototype *art therapy* began being practised in hospital wards and occupational therapy studios. Whereas the aesthetic and ethical impetus for the early OT had been the careful workmanship of the Arts and Crafts movement, the inspiration for art therapy was post-war *expressionism* in its emphasis on emotional immediacy and subjective experience over objectivity and concrete reality (Wood, 1997). In terms of workmanship, diligence and mastery were replaced by speed and expression—and indeed patients who appeared overly

concerned with the 'conscious and deliberate composition' of their work were liable to be seen as resisting the unconscious drives of more 'primitive' forms of creativity (Maclagan, 1997, p. 135).

The ascendance of psychodynamic therapy and the birth of art therapy thus affected several 'inward turns' on therapeutic occupations. Work became a form of self-exploration (introspection) rather a construction of the self in an outside reality. Furthermore, work in the therapeutic setting ceased to be an educative activity to bring the moral invalid into more wholesome and *adult* roles (whatever the perils of such model); rather, arts, crafts and other forms of purposeful activities became a *regressive* therapy to guide the patient through unresolved psycho-developmental conflicts. In its efforts to reveal the unconscious self, art therapy exemplified many aspects of the 'confessional' that Foucault had distrusted in his later work. Yet the aesthetics and ethics of expressionism took the self-disciplined activities which had traditionally been considered 'work' and transformed them into infantile play:

> Occupational therapy can offer opportunities for the expression and satisfaction of unconscious oral and anal needs in an actual or symbolic way through activities which involve sucking, drinking, eating, chewing and those which use excretory substitutes such as smearing or building with clay, paints, or soil. (Fidler, 1958, cited in Kielhofner, 2004, p. 49)

Work had substituted a public meaning of work for a private one. The contrast to the heydays of moral therapy, where the work of patients was vital for the asylum's economic viability was complete. Finally, work shifted from the bodily realm to the psychic one. Spackman's sterile spinning wheels above had worked the muscles and organs of the body, yet any remaining trace of 'work' in smearing, sucking and chewing worked purely on the mind.

In the perversities of art therapy and mechanised OT alike, through turning inward, occupational activities had lost authenticity as crafts. Yet it is also important to note that in the broader socioeconomic conditions of the 1940s and 1950s, crafts themselves had also lost authenticity as sustainable ways to make a living. As handicrafts in the outside world became relegated to *hobbies* and *pastimes,* for the first time in the history of therapeutic work, the allocation of craft activities to psychiatric patients

became synonymous with limitation and despair. Basket-weaving—traditionally a respected skill—became the stigmatised pursuit of asylum inmates. The derogatory term ‘basket-case’, used originally in the First World War to describe quadruple amputees who were carried home on ‘basket’ stretchers, found a new target amidst the basket-weavers of OT—in time coming to signify ‘hopeless cases’ and ‘crazies’ more generally (Center for Research in Social Policy, Worklife and Basketry, 2010). Again, as with the hapless images of crackpots in the potteries, the imagery of therapeutic work that had been introduced by Tuke to *free* the madman became simply one more method for constraining him.

Bristol, England & Maryland, USA, 1963–1979

In this last section, the era of rehabilitation and ‘back-to-work training’ (what we are tempted to think of now as the inevitable attitude towards work in mental health services) will be introduced in the form of two fiercely competing ideologies: ‘industrial therapy’ as a merger of industrial and therapeutic discourses on work, and work as it appeared in the radical and experimental therapeutic communities of 1960s ‘anti’-psychiatry. The location is 1968: the heyday of radical anti-psychiatry and the patient-led movement; yet also (and equally controversially in its manner), the election of the first *industrial* manager as part of a hospital therapeutic team.

In the former and most prevalent model, work in the industrial therapy units (ITUs) took the shape of formal employment contracts in purpose-built factories, most of which were administered by the hospitals. The units were located within, or just off, hospital grounds and patients were given day-release privileges to attend from the wards. Contracts (usually simple assembly tasks) were commissioned by external organisations and patients were paid a small ‘therapeutic wage’ in return for their labour. The ITUs prided themselves on their ability to compete commercially and many became successful private enterprises: at the Industrial Therapy Organisation in Bristol, for example, patients manufactured ballpoint pens, boxes and dismantled telephones and worked 8.15am–5.15pm five days a week with an hour’s lunch break for a packed lunch provided by the hospital (Early, 1963, p. 282). In time, government-administered sheltered workshops, which had been instigated by the Ministry of Labour in the late 1940s to ‘recondition’ disabled service men after the Second World War, also started to receive psychiatric patients—although in some

instances, concerns from people working in and managing such institutions were raised about the potentially negative influence of the mentally ill upon other groups of disabled workers (Freudenberg, 1964, cited in Long, 2011).

Industrial therapy was the brainchild of first-wave deinstitutionalisation through and through. As a direct rejection of basket-weaving ideologies, the purpose was strictly rehabilitative and work placements were envisaged only as a stepping stone to the greater goal of employment in free market conditions. A central objective of the ITUs was to make sheltered work as 'lifelike' as possible and the rhythms and responsibilities of the workshops thus emulated the ordinary working week wherever practicable. *Spaces* of work were similarly modelled on the factory floor rather than the occupational therapy suite (which, as Long, 2011, points out, was also more cost efficient): as John Denham, consultant psychiatrist at Long Grove Hospital in Epsom is recorded saying in 1963, 'just a bare room with a minimum of furniture is required. The more factory-like the surroundings, the higher the patient's output' (cited in Long, 2011). Unlike earlier forms of OT in which patients' produce had been sold, industrial therapy was concerned with the *quantity* as well as the quality of the end output, and those who could not work with sufficient efficiency were returned to the wards (Jones, 1972). A stark comparison to the early craftsman-clinician collaborations of the turn-of-the-century sanatoriums, psychiatrists in industrial therapy formed partnerships not with artisans but *businessmen*. Remembering the appointment in 1968 of the first 'industrial manager' at the Birmingham ITU, Imlah (the medical director at the time) reflects:

> Right from the outset Mr. Williams ignored the fact that his workers had psychiatric problems. He treated them exactly as he would a normal workforce. [...] One of the main lessons we were learning was that psychiatric patients did not differ in their motivations, incentives and responses from non-psychiatric populations. (Imlah, 2003, p. 19)

The post-war optimism of industrial therapy appeared infectious and the model spread quickly throughout Europe and North America, yet it also raised questions about *where* the therapy of the ITU was imagined to take place. Earlier romantic beliefs about the therapeutic value of engaging in work itself had given way to a primarily economic paradigm in which the work itself mattered minimally (the term '*compensated* work', which was often used alongside industrial therapy, is telltale here). Nevertheless, for

those who worked in the hospital industries, wages held therapeutic properties beyond spending power alone. Pay was an extrinsic motivator and encouraged patients to take steps towards seeking competitive employment; however, in the culture of the units, money was also seen as a *symbol* of progress and payday offered patients the opportunity to have the experience of accomplishment.[11] Through the quasi-therapy of 'therapeutic earnings', classic intrinsic/extrinsic divisions in understanding motivations for working were thus at least partially destabilised.

If industrial therapy reflected the intensifying concerns with economics and performance after the war, the 1960s generated another, very different notion of work in the emergence of therapeutic communities, or 'milieu therapies' as they were also known. The communes were experimental combinations of 'anti'-psychiatry, group psychotherapy and leftwing political theory. In comparison to industrial therapy, rather than training the patient *through* work to prepare *for* work, the communities (which were most often converted wards of the de-institutionalising asylums) provided a psychological safe-space in which the patient could embark on the difficult psychological work of growing-up and moving beyond the classic (immature) role of the psychiatric inmate.

In the communities, there was no great theorisation of work where work is understood only to be the shipment of patients for a few hours to an offsite workshop. Rather, the whole experience on the ward was a 'working-towards' recovery, in a similar sense to how therapy was understood not as a once-weekly private affair but a round-the-clock process unfolding between all community members. A hard-line philosophy of patient self-governance lay at the core of the therapeutic method and from cleaning bathrooms to planning entertainments patients were responsible for the day-to-day tasks of running the community. The crucial subtext of work in the communities was that patients *were* capable of negotiating complex social tasks but had for too long been encouraged into passive and stunted social roles by the apparatus of conventional

[11] As an example of the complexities of the relationship between pay, therapy and recovery, see an extract from one of my interviewees, Tom, in recollecting life at a hospital factory in Newcastle: 'What would happen is we would get a phone call, we would get contract work from firms. And we would get six packs of boxes and we would have to staple them together and put the stuff what they had made in the boxes. And then, they would open them again and check them, and then put them in other boxes. And that was the day. It was a bit boring but it was good getting paid. Well that's how you knew you were getting better because you did your job, and if you didn't get wrong for it then you'd get paid a bit more money you see so you'd think "I'm getting better". A bit more money and one or two less [Tom motions putting pills in his mouth]. That's how you knew you were getting better, you see. The only thing I regretted is getting paid a pittance for it—we were only allowed to earn five pounds a week!' (Tom, interview extract).

psychiatry. In correction, if patients failed to order vegetables or arrange a thanksgiving dinner, the task would not be done by anyone else either. (In fact, an interesting counter-narrative here suggests that the reason these strategies worked to the extent that they did was that during the war years, staff shortages in the health professions meant that often the 'lunatics' really had taken over the asylums, thus affording older patients the opportunity to develop the skills and experiences necessary for such responsibilities.) In the psychiatrist Jan Foudraine's autobiography of life at the Chestnut Lodge Community, Maryland, a month-long struggle to get the community to take responsibility for itself is described (including the deteriorating cleanliness of the ward and consequent interrogation by the Environmental Standards Department) alongside the psychological struggles each community member must first work through before accepting responsibility for making the ward inhabitable again (Foudraine, 1974).

It is interesting to reflect on the meaning of work in the communities. The communities understood themselves as a form of education (Foudraine relabelled his a 'school for living') and spoke little of work directly, yet it was through the complex work of 'doing community' that learning was imagined to take place. Patients were expected to act as co-therapists for one another and an essential work of community was to challenge individuals who were in infringement of community rules. The effects were often explosive and ended occasionally with violence—indeed, whilst the therapeutic communities were in many ways the antithesis of the straight-talking 'work cure' prescribed by Cabot above, milieu therapy was arguably the only intervention which approached Cabot's insistence upon the therapeutic necessity of danger and risk in work. Novelist Joanna Greenberg's fictionalised account of her life as a patient at Chestnut Lodge (five years before the arrival of Foudraine) captures well the frequent impossibility of this work. In one description of the aftermath of a particularly virulent argument:

> Dust motes blown and floating all the patients were, but even so there were some things that could not be done. Deborah knew very well that she could never ask Miss Coral why she had thrown the bed or how it was that Mrs. Forbes' arm had been intruded upon by that bed. Lee Miller had cursed Deborah for the burnings which had resulted in the whole ward's restriction, but she had never asked why they had been done. Miss Coral could never be confronted with throwing the bed, and her friends, such as they could be, would henceforth delicately expunge the name of Mrs. Forbes

> from their conversation in the presence of the one who had caused her to be hurt. (Greenberg, 1964, p. 184)

The idea of work mobilised in the communities was thus highly unconventional. However, whatever reactions their proponents provoked, at the least, in being permitted to face consequences of their actions, patients were unwrapped from the therapeutic cotton wool that had fettered work in both moral and occupational therapy. Unlike in the ITUs where an unwilling or unmotivated worker would simply be returned to the wards, in the communities no level of tiredness or distress would excuse the patient from the burden of his duty. Similarly, in comparison to the fussing removal of 'risky' activities such as pottery firing in turn-of-the-century OT, no kindly governor remained to protect patients from the possibilities of frustration. Yet, as the reader has no doubt considered already, the authenticity of work in communities was always at best contestable. In industrial therapy, work on the assembly line was under-challenging and paid little more than 'pocket money' (indeed, many of these wages would eventually be spent in the hospital tuck-shop). But it was not unlike what other (sane) low-skilled workers were doing in the competitive labour market outside the asylum and, in that sense, the ITUs constituted a serious attempt at engaging patients in conventional adult roles. Conversely, regardless of progressivist ideology, the therapeutic communities were built as playgrounds and classrooms for psychological healing. Despite the successes of Foudraine's adventures, the potential for staff intervention remained quietly omnipresent as an artefact of the institutional existence of the community itself. As for the 'real' world (for fear of diluting the therapeutic experience), patients in the communities were not even allowed outside.

Towards the Mainstream: The Recent History of Therapeutic Work

In 1970, founder of the Medical and Health Research Association of New York, Bertram Black, wrote of the future of industrial therapy, 'the best that can be said at this juncture is that industrial therapy for the mentally ill is here to stay [...] it will become more central to treatment programmes for the mentally ill and will be more clearly recognised for its role in the tertiary prevention of mental illness and the stabilisation of recovery states of patients in the community' (1970, p. 176). Today, it is difficult to see how such comments could be less accurate: whilst a growing culture of 'workfare' has indeed accelerated the return of patients and ex-patients to previous

or new employment, industrial therapy (at least in its original form) did not survive the welfare restructuring of the 1980s, and many have suggested that therapeutic work now is *only* a matter for historical analysis (Taylor, 2002). In this last section then, I shall embark on a speedy history of work therapies from Thatcherism and Reaganism until the present day before concluding with some thoughts about the nature of work as a therapeutic agent and its relation to recovery.

To an extent, what happened to (the institutions of) therapeutic work in the Thatcher/Reagan years is part of a broader story of welfare reform about which much has already been written (Peck, 2001; Painter, 2002; Philo *et al.*, 2005; Bambra, 2011). On both sides of the Atlantic, social policy saw a sea change in emphasis from providing sheltered and transitional work-placements for disabled workers to ensuring opportunities for people with disabilities in competitive mainstream employment. Ideas about the acceptability and desirability of long-term absence from the open labour market also changed, and coupled with transformations to procurement policies within the public sector which had effectively subsidised many of the ITUs, many sheltered workshops and hospital-based work therapies were terminated (Hyde, 1998). Ironically, New Labour (elected in the UK in 1997) made its mark from the Conservatives by continuing what they had begun—introducing a series of 'New Deals' to get disabled people and other marginalised workers into employment and offering a range of modified recommendations to the medical professions about the dangers of 'signing off' people from the workplace for extended periods of time. In place of workshop provision, the gold-standard for vocational rehabilitation became one of several new models of 'supported employment' in which individuals with mental health difficulties were assisted with the help of a named support worker or 'job coach' to find and retain employment in competitive work settings (Hyde *et al.*, 1999; Joyce *et al.*, 2010).[12]

Such events however say little about the recent history of *therapeutic* work (for such interventions are at their base social security reforms and belong more to a history of

[12] At the time of writing, the most favoured of these programmes is the Individual Placement and Support (IPS) model (more recently known also as 'evidence based supported employment'), which was a design principle for New Labour's flagship 'Pathways to Work' back-to-work programme. The characteristics of IPS include early placement of service-users into paid positions in mainstream employment; prioritisation of competitive employment; rapid job search; integration of vocational services with mental health care; responsiveness to user preferences regarding employment type (compared with the more limited choices in the traditional workshops); and time-unlimited support from a job-coach or support worker (Bond *et al.*, 1997; Crowther and Marshall, 2001; Fox, 2007).

(un)employment policy than a history of therapeutic practice). It is important to note that the traditional providers of therapeutic work—as well as the participants who embarked in it—did not disappear suddenly on election of the Conservatives or of New Labour or upon the launch of any of the aforementioned initiatives.

To deal first with occupational therapy, after the reductionist turn of the 1950s and 1960s (a period later conceived as a crisis point in the profession's history), OT entered a lengthy period of self-examination and self-redefinition—the results of which saw a refocus on the value of occupation in its fullest sense. Whilst diminishing populations of psychiatric in-patients eroded some of the more traditional outlets for hospital-based therapies, continued deinstitutionalisation simultaneously produced new markets for practice. Kielhofner (2004, p. 171) shows a 1978 photograph of a therapist supervising psychiatric patients on their first excursion on a shopping centre escalator as they prepare for life in a community setting (a reminder that for many long-term patients, social and technological changes in the outside world far outstripped their pre-institutional experience). As care in the community entered its maturity this flow of new dischargees slowed; however further reductions in service provision (notably in buildings-based daycare) placed more emphasis than ever on individuals being able to care for themselves. 'Activities of daily living'—that is, of personal care, house maintenance, grocery shopping and the rest—thus became the province of OT, alongside facilitating access to mainstream leisure, education and (on occasion) employment pursuits. Work (by which is here meant paid employment) was *part* of this equation, but *only* part. Whilst some practitioners moved to posts in integrated jobcentre/rehabilitative projects, elsewhere occupational therapists expressed greater concern about this incorporation into the back-to-work agenda.[13] However, it is unclear the extent to which this ambivalence stemmed only from the profession's defiantly broad view of occupation or from growing concerns about the *unrehabilitatable* nature of many clients in open employment conditions, especially in times of high unemployment. In a revealing chapter written in 1996 for the earlier second edition of Creek's *Occupational Therapy and Mental Health,* for example:

> In the current economic climate, what is the role of the occupational therapist in work rehabilitation? Assessment and preparation for work are key functions of occupational

[13] For example, Nelson (1997, p. 21): 'We need to resist the temptation to redefine ourselves with every new trend in health care. We are not rehabilitation professionals or job counsellors—we are occupational therapists whose mission is much more basic and enduring than even the rehabilitation movement!'

> therapy, including paid and unpaid work. On the other hand, recognition that clients may require preparation for unemployment has to be accepted as a reality. (Hume and Joice, 1997, p. 354)

In contrast to this reticence, 'buildings-based services' (including day programmes, drop-ins and traditional spaces of sheltered employment) have generally engaged more actively with the back-to-work/ community rehabilitation agenda (not least because, in the instance of statutory funded organisations, such cooperation has been a condition of funding).[14] Whilst it is essential to stress the survival of some traditional sheltered workshops (such as the place I have called Walter House in my own research), many traditional sheltered employment schemes have been reframed as social enterprises or else have been replaced altogether by training and education services with dedicated back-to-work directives (Philo *et al.*, 2005; Schneider, 2005). Day services (including the ones which were the settings for my empirical research) have also adopted a more assertively rehabilitative role—primarily through efforts to support clients in activities beyond the mental health community, but also through generating new spaces of activity within conventional day services themselves. In this sense, the recent history of diversional activities such as arts and crafts is interesting: to draw again from my own research, whilst a flagship development of the work programme at the Plumtree Project had been discarding the recreational crafts and jigsaw puzzles which had at one time constituted the limits of therapeutic activity, at Walter House (which had always been the more traditional of the day services), movement towards an activity-focused day programme including scheduled times for crafts, gardening and cookery was in itself a progressive move against the more prevailing culture of sitting, smoking and watching television.

With these comments in consideration, to what extent does a genuine appreciation of the therapeutic qualities of work have relevance to current discussions and practices of back-to-work rehabilitation? An initial response to this question is to state that rehabilitation (to paid employment or otherwise) has *always* been a goal of work

[14] 'Buildings-based' day services (as opposed either to groups meeting in mainstream community spaces such as libraries or colleges or outreach projects premised around one-to-one visits to clients in their private homes or workplaces) have been the target of widespread criticism and reform throughout the Labour government for their role in creating and maintaining (spatial) segregation between service-users and the wider community, even after deinstitutionalisation. Key reports (notably the Department of Health's 2006 *From Segregation to Inclusion: Commissioning Guidance on Day Services for People with Mental Health Problems*) list vocation-based services and commitment to supporting clients to access mainstream leisure and social spaces among central criteria for continued financial support.

therapies (where we are drawing a distinction between 'therapy' as engaged with addressing underlying disorder and 'rehabilitation' as simply retraining and reinserting the patient into society). In contemporary vocational rehabilitation, a neat example is the ongoing interest in skills acquisition, whereby through engaging in rehabilitative activities participants are understood to develop skills which not only help prepare the patient for life-after-illness (e.g., through improving their 'employability') but to develop specific cognitive-affective capacities such as concentration, memory and emotional regulation *which can then be turned inwards to treat, address, and mitigate against* the (perceived) initial mental disorder itself (e.g., Roberts, 2002). In the lived lives of people in distress, it should also be stressed that back-to-work itself can be experienced therapeutically (an idea that shall be returned to in greater detail later in the thesis). Again, this is nothing new: in what might be considered a very early articulation of the social model of disability, Faulkes (1927) states that whilst curative workshops might not always be able to cure disease, they *should* strive to cure disablement.

However, more importantly, an increasing momentum in policy and practice has emphasised the *natural* benefits of engaging in paid employment (for everyone, and not just the mentally ill). Social inclusion and independence from benefits are presented as unequivocal social goods with important consequences for both societal and individual health. In the vocabularies of supported employment, a closely linked idea is that of the 'natural support'—i.e., the co-worker or supervisor who provides informal encouragement in the workplace regardless of a client's mental health status (Nisbet and Hagner, 1988; Tauber *et al.*, 2000). This 'neo-naturalism', as we might call it, has echoes of the earlier belief in the therapeutics of work observed in moral treatment and occupational therapy—yet, whereas in these earlier formats such principles were ordered by the natural world itself, here the more obvious logic is that of the market and the labour contract as organising principles for society.[15]

Within this neo-naturalism, perhaps the most significant trend in the recent history of therapeutic work is thus a grander *coming together* or *blurring* of boundaries between the traditional realms of therapeutics and employment policy—evidenced not only by

[15] Of course such a position is but the underbelly of workfare itself as an ideology that goes beyond the belief that one should work for one's benefits alone, but which places equal faith in work as 'the best mechanism for delivering social goods to deprived groups in society' (Painter, 2002, p. 158). For more critical commentaries see, for instance, Essen (2011), Jamieson (2011), and Slater (2011).

the blurring of boundaries between so-called 'clinical' populations and the rest of society, but between the spaces of therapy and work rehabilitation, between mental health recovery and public health promotion, and between the health of the individual and the health of society (or, perhaps more accurately, the economy)—in illustration of the latter, for example, in the Department for Work and Pensions' *Raising Expectations Report*: 'That is the point of welfare reform: transforming lives and healing the scars on our communities left by previous recessions [...] for too many of those claiming incapacity benefits still do not engage in back-to-work activity. This is bad for them and bad for the country' (DWP, 2008, p. 79).

Notions of therapy thus both decline and are reborn in welfare-to-work. As seen in this last section, set-aside work activities are less likely today to be prescribed or even condoned for exclusively therapeutic intent for mental health patients, yet the idea that work is therapeutic nevertheless retains currency in the mainstream spaces of work and workfare. Regarding the therapy of work then, whilst in some respects and according to some analyses it is difficult to describe therapeutic work in terms other than a requiem, in other ways, naturalised approaches to the therapeutic qualities of mainstream paid employment—in requiring no therapeutic *mediator* of a professional or practitioner—are closest of all to the proclamation of work as 'nature's physician' made by Galen nearly two thousand years ago.

Conclusion: The History and Future of Therapeutic Work

In this chapter, a range of forms of therapeutic work and range of therapeutic mechanisms of work have been introduced and explored. From asylum farms and hospital factories to contemporary placements in mainstream employment settings, these have differed in their geographies, their understandings of the causes and treatments of mental distress and also in the underlying attitudes they reveal about the human value of occupation.

The purpose of the chapter has not been to promote the therapeutic value of work uncritically. As demonstrated in the passing points above, it is far from the case that work therapies have always defended the logic of capitalist employment, with concerns about the qualities of work in broader society forming the backbone of many of the practices we have examined. To show interest in modes of thinking about work

therapies thus by no means accepts any *a priori* benefit of work, to health or anything else (and with work-related-stress and related mental health issues consistently among the leading causes of employee absences in developed economies, this rider is of significant relevance). However, it *is* the case that for certain viewpoints—'anti-work' or 'refusal of work' perspectives, for example—the very values of working hard and keeping busy that underwrite each of the work therapies I have discussed will remain points of contention and divergence, and such points should be held in mind when reflecting upon this chapter and moving forward to the next. It has also not been the purpose of this chapter to accept uncritically the authority of therapy or its associated institutions. Whilst stereotypes of basket-weaving are without doubt simplifications of the true richness and variety of therapeutic work throughout history, to ignore the very real stagnating and stigmatising effects that institutionalised work has at times had for its workers would be similarly naive—and it is worth mentioning here that a series of more critical voices towards therapy and its associated institutions will appear later in the thesis.

Romanticism has been a recurring theme throughout this chapter and in reflecting on the more recent history of the therapy of work, it is important not to replicate such romanticism in our own discussions. The 'demise' of therapeutic work (if we must see it this way) is not reducible to narratives of government spending cuts reducing the quality or quantity of service-provision alone (in the way that welfare reform might popularly be perceived), but rather a reflection also of changing attitudes towards individuals who live with mental health difficulties and response to what such people themselves say they want from healthcare and rehabilitation (which according to the greater body of evidence, for the majority of individuals, includes inclusion in integrated employment settings).[16] To the extent that therapeutic occupations of the past were in part solutions to the iatrogenic and systemic crises of long-term incarceration, it should also be remembered that following major deinstitutionalisation some forms of therapeutic occupation (e.g., the ward-based activities to stave off boredom) are no longer required.

[16] The most frequently cited figure is that ninety per cent of current service-users want paid employment: see, for example, Grove (1999), Bacon and Grove (2010) or the National Mental Health Development Unit (2010)—although Essen's (2011) paper should not be ignored for its more critical appraisal of this evidence.

What then, finally, can be said about the nature of therapeutic work from studying its historic development? As I hinted at in the introduction, it is an easy temptation for histories of work-based therapies (particularly those which chronicle the development of the rehabilitative professions) to tend towards 'directionalist' accounts of the changing beliefs about therapeutic work. Certainly, in some respects, such perspectives are helpful: as supported by the research in this thesis, for example, in the period of history addressed in this chapter, practitioners of work-based therapies have experienced greater professionalisation and organisation. Relatedly, as other research has argued, work-based therapies have steadily attracted more systematic and 'evidence based' theorisations for their conceptual foundation (Mocellin, 1996; Blair and Hume, 2002). However, the greater purpose of this chapter instead has been to show that beyond such linear trajectories, complex ribbons of continuity and repetition can be observed in the challenges faced by the therapeutic professions. Such repetition appears not in the specific *kinds* of work that have variously been considered therapeutic (which, as seen, have been highly contingent on wider socioeconomic factors), but rather through the recurring *tensions* or *frictions* that have surrounded their application. In each of the episodes presented here, conceptions of therapeutic work have been faced with a host of recurrent tensions: between economically viable employment and specifically 'therapeutic' occupations; between the competing requirements of protectionism and reality; between works undertaken by the mass public and the golden work of a pre-industrial age. Not only in striking images of empty spinning wheels but from Tuke's 'mild management' onwards, therapeutic work has bounced between notions of 'working on the self' and 'working with one's hands' (the therapeutic processes of introspection and exteriorisation, respectively). Finally, in the myriad manifestations of a therapeutic work ethic, even the mechanisms of therapy have been disputed: does the patient get better through *doing* work or through the *rewards of work* (whether esteem or financial compensation); or as Foucault and Scull and other commentators have argued, is work not the mechanism of therapy, but rather the therapeutic *goal* (i.e., through rendering souls fit for the labour market)? As suggested in the introduction, a key point of this argument has been that such tensions emerge not as epochal moments to be conquered by the latest therapeutic fashion but as recurring impasses which must be encountered and worked through again each time.

Demonstrating the multiple modes and mechanisms of therapeutic work has been an important means of introducing more broadly the richness and complexity of the

relation between work and therapy—as well as demonstrating through argument and example the richness that accompanies a broad and non-essentialist understanding of work. In the next chapter, this theme will be developed in an exploration not of work as a form of therapy, but *therapy as a form of work*—alongside all kinds of other hidden work-forms associated with being a patient and getting better.

Chapter Two

Imaginary Planes

Recovery and the Work of Madness

A minor incident is taking place at the Plumtree Centre: a courier has just arrived at main reception and is looking for someone to sign for a parcel. Seeing me—apparently not a user of the service—he catches my eye and asks, 'do you work here?' Around me, boxes are being packed by the assembly team, laundry folded in the maintenance unit. Vera, one of the Centre's longest attending members, is rounding up people for the lottery syndicate. Dawn, who has been working upstairs on a computer-based cognitive therapy programme, has come downstairs and is looking for someone to talk to. In the corner, Trish, a paid support worker, and Toni, a student social worker on placement at the Centre, oversee the activity and idly discuss their plans for the evening. Sam, a younger member who lives in an imaginary world in which she is a pilot in a secret air force, talks about her latest military campaign and the recent successes of her career. 'I think we all do', I say...

The last chapter came to a close with the rise of an all-important discourse which would have profound effects on the ways in which work and mental health were conceived: a narrative of 'back to work' in which the only work of real importance came to be seen as that of paid labour in competitive employment conditions. Rather than in this chapter following such discourse into the mainstream workplace (a subject upon which much has already been written—for some evocative examples, see Kirsh, 2000; Marwaha and Johnson, 2005; Alverson *et al.*, 2006), instead I want to turn attention to a different series of work-forms and workspaces that are often overlooked

by 'back to work': the various work-forms and pseudo-work-forms that emerge through being ill and getting better from illness; the 'work' of engaging with mental health services and of being a patient; and the kinds of imaginary or delusional presentations of work that emerge in the lifeworlds of people living with psychotic disorders.[17]

The first purpose of the chapter is to demonstrate that, contrary to the assumptions that may be drawn from back-to-work as a discourse, being 'off sick' does not necessarily mean being 'off work' and that even the lives of the longest-term service-users (some of whom have never engaged in the competitive labour market) can be full of activity, effort and burden. The second purpose of the chapter is to bring under scrutiny the internal coherence of the construct of work itself—an exercise which is conducted both to unsettle traditional back-to-work narratives, but also to provide a baseline demonstration of the varied and non-essentialist understandings of work as I use the term in the remainder of this thesis. Through exploring a series of examples drawn from the narratives of contemporary mental health service-users, the chapter explores how even in the apparently workless spaces of mental ill health, work remains a pertinent navigational construct through which service-users order and experience their lives. Given the now well-established trend in critical scholarship of pushing out the conceptual boundaries of work to include various unpaid or socially contentious activities outside of formal employment (Oakley, 1974; McDowell and Massey, 1984; Glucksmann, 1995; Taylor, 2004; Pettinger *et al.*, 2006; Weitzer, 2007), the chapter asks how the service-user activities and vocations described here relate to conventional work, and whether these too might also comprise suitable candidates for inclusion in the category.

Examining the intersect between service-user work and what I shall refer to from now on simply as the 'conceptualising work debate' supplies an interesting focal point for this second chapter for several reasons. As has been argued by others, the work and activity of people with mental health problems have long been ignored or pathologised, or else reduced unthinkingly to the stereotypes of basket-weaving as described in chapter one (Foucault, 1967; Porter, 1987; Boyle and Harris, 2009). Where the activity of mental health service-users does appear in the public eye, this is too often for

[17] A version of this chapter is scheduled to appear in *Sociological Review* (Laws, J. Forthcoming. 'Recovery Work' and 'Magic' among Long-Term Mental Health Service-Users) and has been presented to the *Work, Employment & Society Conference 2010*, Brighton, September 2010.

random acts of violence rather than for the many positive contributions of mad people to society (Harper, 2005). Yet, more often, service-users are portrayed simply as passive and idle recipients of what other people do to them. Exploring mad work and its similarities to more conventional forms of employment thus provides an example of an interesting and atypical point at which the constructs of work and madness meet. Moreover, as I will argue in greater depth shortly, describing mad work and adding it to mainstream discussions about the concept of work is also an *ethical* endeavour, joining others already working to challenge ignorance about mad work and mad workers (van Dongen, 2002; Grove *et al.*, 2005; Parr, 2008).

However, as a second justification, attending to how service-users and the institutions of psychiatry position particular aspects of illness and recovery into vocabularies of work also provides a means of demonstrating the *power* and *breadth* of work as an organising principle in social life—even in places which seem, as suggested above, far from the traditional workplace. With this in mind, two complementary analytic strategies are adopted with regard to the empirical material presented in the chapter. In the first, which is primarily a mode of description, various forms of mad activity are described and comparisons made with instances of paid employment in late capitalism (and it is important here to work at the level of the particular since a non-essentialist reading of work will always demand that evidence arises from the local and contextual). It should be noted that this strategy does not necessarily seek to redefine these peripheral service-user activities within a greater category of work (as if making some ontological discovery); rather, the task is simply to disrupt the extent to which 'mad' and service-user forms of work are irresolvably different to more conventional occupations. In the second strategy, attention is paid more specifically to the rhetorics of work and the ways in which the linguistic choices of social actors position particular activities and identities within or outside of work-related discourse. Drawing on the work of authors such as Jenness (1990) and Cockburn (2011) who have used similar strategies to examine other marginal work activities such as prostitution and street newspaper vending, such an approach places particular attention on the emic properties of participants' narratives. Alongside these emic and descriptive approaches, throughout the chapter new vocabularies of work are sought to re-describe the boundary between mad and sane forms of occupation. In the first of my three case studies, the anthropological term 'magic' is introduced to encapsulate what is simultaneously fantastical yet productive about certain appearances of work in

delusions. Later in the chapter, hybrid terms such as 'service-user professionalism' and 'service-user production' extend this vocabulary to denote how an understanding of 'mad' work must also encompass and exemplify more conventional notions of work and career.

In the remainder of this chapter, the structure will be thus: first, drawing on material from my primary research, three divergent and challenging forms of service-user work that emerged in the lives of my participants will be discussed: the magical work that appears in delusions and obsessions; the recovery work involved in being a service-user; and the collective and semi-public forms of service-user enterprise that unfold in the contexts of niche barter economies in mental health facilities and the emerging field of service-user led healthcare delivery. As with the 'passing points' described in the first chapter, such groupings are partial and creative and do not seek to provide a comprehensive account but rather an examination of the breadth and complexity of the work of madness and getting better. Finally, a careful analysis is undertaken of the qualities of these work-like pursuits and their relation to an ever-widening construct of what it means to be working. Conclusions point to the ethics of recognising psychic and invisible forms of work, as well as to the conceptual difficulties in dissociating so-called 'mad' forms of work from other, supposedly saner occupations.

The Appearance of Work in Mental Health Narratives

Magical Work

> I am a pilot, I am going to join the Forces, I am a pilot, I am a pilot, yes! A war, it is a secret, a secret test pilot. You won't see the engine because I am travelling too fast. (Sam, participant in the sheltered work project)

A first and most vivid manifestation of the kinds of mad work that I want to discuss in this chapter is the appearance of unusual and imaginary work experiences in the alternative worlds of psychosis and obsession. Whilst psychotics (i.e., those who are deemed to have lost touch with reality) are generally considered the hardest to help in conventional occupational therapy programmes, conversely, the so-called clinical presentations of psychosis—the manifest content of delusional beliefs and obsessions—are often about work. According to epidemiological research, amongst

the commonest themes in delusions are 'being on a mission', 'following a calling', 'having especial abilities', 'accomplishing extraordinary achievements', and 'being a self-made man' (Leff *et al.*, 1976; Junginger *et al.*, 1992; Kim *et al.*, 2001; Bentall, 2003)—themes which, whilst rarely labelled explicitly as work-related in the clinical literature, can nevertheless be encapsulated by their shared centeredness on work.

Some of the participants involved in my research have believed themselves to have some unusual work to do. To take some examples: Sam, a participant at the Plumtree Project on 'day release' from a local in-patient hospital, is flying a secret new fighter-jet in the Royal Air Force. Her duty is to protect the nation. The mission is undercover, but we in the workshop are allowed to hear about it. In my first encounter with Sam at the day programme, she bursts into an in-progress focus group on mental health and employment with participants whom the staff had selected for me to speak with. 'I have a very important job', she says and pulls up a chair before proceeding to tell us about it.[18] Martin, a successful and well-liked businessman, must hunt for nylon shirts. Following a period of acute illness when he became worried he might be supernatural, wearing the manmade fibres now assures him he is a 'real' human and the shirts form an essential part of his daily attire. Given their increasing scarcity, the hunt for new shirts takes him on a national tour of charity shops and has also led to the start-up of an internet-based retro fashions outlet which he manages in his spare time. The work is enjoyable but not without its anxieties, both because of the time it costs him from his business, and the fear that the supply might run dry. Vera, one of Plumtree's most loyal members, resists any active part in the 'therapeutic activities' programme, except to organise the lottery syndicate. The day is punctuated by her shuffles around the tables, asking 'Got your 50p?' long after all likely participants have contributed or bowed out (and sometimes when there is no lottery draw to enter). People rarely attempt to dissuade Vera or disturb her in her work: to ask Vera for an interview, or to invite her for lunch or to play bingo, results in only an angry shaking of the tin—'I got to do the syndicate, ain't I?'. David, a man re-entering employment after several months of hospitalisation, must 'check' (lightly tap with his knuckles) the walls of his surroundings at frequencies instructed by internal voices. The work has sinister responsibilities: completing the rituals prevents 'bad' things from happening (the apocalypse included); as an apparent residue from his previous job at the bus

[18] The process of arranging this focus group, beyond the 'data' extracted from it, offered a telling insight into the understandings staff held about work, and about which service-users staff considered able to work, and to talk sensibly about their work. It is interesting that the staff had not selected any of the participants who appear in this section of the chapter to take part in the discussion.

depot, David tells me that the routine checks are also essential for the punctual operation of the public transport system.

As has been noted by others (Parr, 1999; van Dongen, 2002; van Dongen, 2004), in academic psychiatry and clinical case notes, the manifest contents of delusions and delusional work often appear 'deadened': discarded entirely as scraps of symptomology or else salvaged for case histories or psychoanalysis (in van Dongen's research [2002], the patient she calls Rosemary sets out her room on the ward as an office and types her magical stories on a typewriter as if to reconcile this difference between the vivacity of mad worlds and the formal world of recordkeeping). Yet, in the lived spaces of mental health care, delusional work refuses to remain in an underworld of the unconscious and prevails instead alongside more apparently real forms of occupation—bursting into conversations as Sam does to my research group and inscribing itself upon the bodies and minds of those who perform its duties.[19]

For the purposes of this chapter, how should we interpret these delusional forms of work? According to classic psychoanalytic understandings of delusions, the fantastical forms of work in psychosis and phantasy are little more than childlike rejections of an adult work ethic: regressions to an earlier and more preferable state of infancy in which the developing self experiences an 'omnipotence' of thought in which wishes are automatically gratified—as they almost are for the newborn (Weil, 1959). The florid contents of delusions, with their frequent renditions of heroism and triumph, are thus but elaborate ego defences to protect the psychotic individual from the more painstaking work of the 'real' workaday world. (And such views were certainly expedient in maintaining the mid-twentieth century image of the psychiatric patient as indolent and petulant: in the article cited above, for example, Weil compares the

[19] It is also the case that these delusional work forms take place in multiple temporal and spatial registers. The spatiality of Sam's delusions—at least from an outsider's perspective—was limited strictly to the internal space of the imagination; indeed one of the impossibilities of Sam's delusions was that they defied the spatial and temporal truth-telling practices of narrative. On addressing Sam, for example, who has been sitting in the same room as me all morning, a typical response might be, 'been out flying all day, just got back, busy day' whereupon no effort is made to account for the absence of spatial and temporal opportunity for Sam to have undertaken the mission she has just described. By contrast however, for Clive, another participant at Plumtree who worked in the kitchen team and who underwent a brief period of considering himself to be a master-chef as well as the catering manager of the Project, delusions *took place* (that is, occurred in and about the kitchen and involved the preparation of real food and giving genuine orders to co-workers at the Project who, in this particular delusion, acquired the roles of sous-chefs and kitchen assistants). Resnik (2001) talks about the possible psychoanalytic interpretations of delusional experiences as located (either or both) in intra-body space and inter-body space, only the latter of which involves mobility or 'acting out' of the delusion. We might also add to this discussion the implication for *praxis* of such spatial variances in the experience and enactment of delusional work.

'work-blocked' psychiatric patient to the weaning baby, reluctant to undertake adult work due to its likeness with the first work experienced by the maturing ego—the additional and unwelcome effort of chewing solid food rather than suckling from the breast.)

However, more contemporary evidence from cognitive neuroscience and social epidemiology gives reason to be cautious of such hurried dismissals of the work of delusions and obsessions. First, an increasing body of psychopathological research suggests that, clinically speaking, delusional beliefs and sensory hallucinations share far more in common with ordinary cognitive processes than formerly imagined (Roberts, 1991; Freeman and Garety, 2004; Bell *et al.*, 2006). Drawing on data which examines the cognitive and emotional differences between psychotic and non-psychotic belief systems, such studies suggest that the basis of delusional thinking may be less a psycho-emotional withdrawal from reality, and more a faulty attempt at engaging with reality. In a second band of research, cross-cultural and historical studies suggest that the type of work prevalent in psychosis is shaped by the kind of occupation respected by society at that time—an unexpected finding if we believe that the mad are in some profound way out of touch with work. In Burnham's historical analysis of case records in a mental hospital in Tasmania (1830–1940), for example, patients built railroads and farmed potatoes in their delusions—forms of labour much-needed in the industrialising colony (Burnham, 1980). In another study, Kim *et al.* (2001) demonstrate how the presentation of schizophrenia in contemporary Taipei, Seoul and Shanghai varies with broader cultural anxieties surrounding capital and livelihood. In Shanghai, delusions on the themes of business were most frequently associated with grandiose beliefs such as being a millionaire—apparently consistent with a broader Chinese obsession with money in the recently opened market. In Taiwan and South Korea, however, delusions about being robbed, cheated or swindled in business were more common, reflecting national anxieties about the instability of free capitalism among the Asian Tigers. In my own research, the stories of Sam and the others support this thesis. In a society where the armed forces are celebrated as heroes amidst unseen enemies and where the fighter pilot is the archetypal hero of all (a legacy from the Second World War), the work of an imaginary fighter pilot has a good level of cultural legibility. Likewise, in an economic environment in which errors and inefficiencies can indeed have 'apocalyptic' effects for businesses and their

employees, David's anxieties about performance and punctuality also resonate with wider socioeconomic concerns.[20]

Beyond occupational 'choice' (that is, the types of work that appear in delusions), the strategic play of work as an organising discourse in the delusions of the individuals I mention here similarly *works with* rather than against dominant work ethics. Sam's entree to the focus group, '*I have a very important job*' makes in no uncertain terms a claim to occupational status—moreover, it is interesting that the rest of us accept her apologies for being late and shuffle round our chairs to make space for her on account of the extraordinary assignments she proceeds to recount.[21] For David, '*I'm just doing my job*' and '*I'm just doing what I'm told*' instead provides a means of demonstrating to others his awareness of the strangeness of his tapping routines whilst simultaneously not desisting with them—a condition of separateness-from-the-task that is an almost inevitable structural element of working for someone else. For Vera, the strategic use of work is more subversive. Participating in the work-ordered-day programme is a condition of attendance at Plumtree, and Vera is expected to demonstrate some kind of activity for which she is responsible. The quasi-imaginary (or delusional extension of) organising the syndicate thus simultaneously says, 'I am a needed and valued member of this community' and, 'I am unavailable for any other work you have in mind for me because I am already busy'. Indeed, two of the commonest reasons for Vera, who rarely holds extended dialogue with others, to instigate conversation about the lottery is *i.* to remind staff that this is *her* job and that it is not to be allocated to anybody else, and *ii.* to protest that she cannot possibly undertake other duties at the Centre because she is already fully occupied (I am reminded here of a colleague at my own institution who confesses to 'snaffling' particular administrative roles before others can volunteer in order to avoid being given more arduous tasks later).

[20] Indeed, David's example takes us to the possibility of *occupational* legibility also, since for several decades bus driving has been highlighted by labour organisations as among the most stressful of occupations; partially—as David's delusions seem to articulate—due to the toxic combination of high demands and low control in the work environment (Tse *et al.*, 2006).

[21] Sam's strategic use of work can be hurtful on occasion. Sometimes she will assume the role of supervisor and will walk around the work units throwing out comments like, 'you're not very good at that, are you?' to other members who are getting on with their work, or she will pull the plug on a computer where someone is practising his or her typing skills, saying, 'you're too fucking slow!' On a pleasant summer day when I am walking with Kerry, another participant who is considering returning to University after a several year illness break, Sam comes and tells us that universities are stupid and that she already has a degree and that it was easy and boring which is why she found something more important to do with her time, and (for good measure) that my companion and I are both stupid and boring too. It is testimony to the power of work as a discourse as well as her expertise in applying it that it was not only the other participant who was upset after this outburst.

Following the work of the anthropologist van Dongen (and, before her, Lévi-Strauss), an interesting way to think of such psychical vocations is as a kind of 'magical' work: a work which is formally imaginary and yet in which, through the mimetic rearrangement of cultural symbols and myths, new ideas and identities are conjured into being (Lévi-Strauss, 1963; van Dongen, 2002; van Dongen, 2003). In contrast to other terms such as 'imaginary work' or 'delusional work', magic captures the creative duplicity of the work of psychosis: a complex interaction between, on the one hand, work as it appears in the *narrative* of the delusion (the fighter pilot, the inventor, etc.) and, on the other, the cultural work of narrative production itself. Through becoming a fighter pilot or living out the tapping rituals that will save the world, individuals working with the magical powers of psychosis thus find ways of speaking back to hegemony: either (as Sam does) to wrench open a discursive space in which she can enter cultural practices from which she is more ordinarily excluded, or (as can be seen better with Vera and David) to provide magical ways of escaping important discourses about, for example, the importance of work or the power of psychiatry. For the chronic patients described in van Dongen's research, magical stories were most often a means of counteracting the similarly magical rituals of therapy and psychiatric medicine around which many of their lives in the hospital revolved. Yet in the more community-based environment of Plumtree, another prevalent discourse to which delusions spoke might also be seen to be that of back-to-work itself: variously (to extrapolate imaginatively from the stories I have here described)—'*I am already working*'; '*my work is important*'; '*my mad work demonstrates that work is also relevant to me*'; '*I am too special for regular occupations*'.

Magical work is not always successful work and Sam and the others do not always reap the rewards for their psychic endeavours in the imaginary realm (a point which van Dongen makes in her own ethnography). Yet, as van Dongen puts it:

> [Mad] people fight against ambiguity and disappointment of the promises of cultural myths and values, knowing that their fight is in vain. They are unique individuals who live in their own created world, but they are united by their capacity to 'use' cultural repertoires and models. They are helped by the ambiguity of these repertoires and models, just like we are. The creativity here is not meant as the power to 'invent' something new, but as the vitality to re-invent and reconfigure elements of existing cultural models and myths. It becomes possible to be Christ and Hitler simultaneously, or Eve and Abraham's son. This need not be understood, as many

> studies of life stories suggest, as a search for identity. Instead these instances tell about the world of culture. They are also part of a search for a place within a culture where 'the rhetoric of suffering' has little meaning (and is described as 'a complaint', 'word salad', 'disorderly discourse' and the like). They comprise and attempt to regain a place in the social order. They are forms of magic to control what lies beyond control, to understand what is beyond understanding. (van Dongen, 2002, pp. 8–9)

For van Dongen and myself, 'magic' thus offers some possibility of gaining purchase upon the work that appears in delusions, by showing what is creative and productive in psychosis, as well as is what is incalcitrant and perverse. Magic transforms people from 'patients' into 'pilots' and provides the means for even the most occupationally deprived to find (the apparition of) job satisfaction and social status that individuals in quality paid employment might take for granted. Through stressing a surplus rather than absence of meaning in the work of psychotic people (the cultural legibility thesis), 'magic' articulates how the traditionally private qualities of madness extend into public realms also. It also shows how mad work exercises power over an ordinary workaday world yet, unlike some more conventional forms of paid employment, simultaneously resists being reduced to its laws and regulations.

As shown by its strategic appearance in delusions, magical work, like other forms of work, has the power to manipulate events and the feelings and actions of others. Whilst staff and other members at Plumtree might try to dissuade psychotic individuals from living out their mad vocations, at the level of linguistic practice magical work exists alongside the more mundane activities of packing and cooking. However, despite the ways in which imaginary planes and saviours of the world exist in ordinary as well as imaginary spheres, simultaneously, individuals such as Sam and David always appear strange and awkward in their work. Some prosaic manners of responding to the problems caused by living with magic will be addressed in the final chapter.

Recovery Work

> I was just trying to put myself back together, really. That's what my energies were going into. And what was happening here [in the therapeutic activities programme] was helping that, but getting better was a work and an end in itself. (Kev, participant at Walter House)

If work reveals itself in madness, the combined effort of living with and recovering from mental distress can bring its own work also. Therapy has long been understood (by its practitioners and its clients) as a kind of psychic recovery work (Riesman, 1950; Kanzer and Blum, 1967; Bartlett, 1973). For Freud, the process of 'working through' (or, the therapeutic process of repetition) was a central mechanism through which psychotherapy sought to replace maladaptive unconscious drives with conscious understanding (Freud, 1914). According to the theory, clients' difficulties had to be faced in a number of different contexts both with and without the therapist's support before change could be said to be authentic. In 'working through', a double work emerged: patients both worked *through* the repetitions (up to a point at which learning was complete), yet they also *worked* through the repetitions: i.e., the repetitions and their constant reinterpretation were acts of work themselves. Placing the therapeutic relationship within a material and social context of work—time-keeping, note-taking, the exchange of fees, etc.—was thus an important means of setting the tone for the psychic work ahead; the later psychoanalytic term 'working alliance' to describe the conscious and unconscious co-operation between therapist and client captures this well (Jacobs, 2004).

In more action-oriented therapies such as cognitive behavioural therapy (the current 'gold standard' in the treatment of depression), recovery is also described as an act of work. Indeed, the extensive use of individual *homework* tasks such as mindfulness training or 'thought logging' (a widely-used technique of recording and cataloguing moments of maladaptive thinking) is considered by many to be the driving mechanism of CBT as a therapeutic intervention (Addis and Jacobson, 2000).[22] As with analytic, and also the humanist traditions, such working formulas both describe the therapeutic process as understood by its founders and practitioners, but also the means through which therapy is understood to work. Geary (2002, p. 20), for example, writes that in comparison to the passive solution of taking medication, therapy is active, and that the

[22] Rather than existing as standalone units of work, such therapeutic tasks also interact with the delusional forms of work described above. David, for example, describes how the magical work of preventing the apocalypse is interrupted by the therapeutic commitment of chronicling his compulsions in one of the above mentioned 'thought diaries'. In his words: 'Well, it takes a lot out of your day, like. You do your thing [i.e., act out your compulsion], so I check the walls and everything. And then I have to go and write it down in this diary what the [occupational therapist] has given me to record that I've had an episode [laughter]. By the time I've done that and written it all down; and you have to put what you thought, what you did, and my writing's not that good anyway—well, after that, sometimes it's time to do another check! [More laughter]'.

'experience of actively engaging in something' is significantly more efficacious than medication, which risks reinforcing dependence and a feeling of being a victim.

However, it would be a mistake to suggest that these types of work taking place within the spaces of formal therapy are the only work undertaken in recovery. As Kev describes above, 'getting your head round things' is a significant form of work in itself, whether it is done in the therapy room or elsewhere; and whilst such work might not generate effects which are visible to the outside world, it nonetheless has the capacity to be time-consuming and challenging. In addition to this 'thinking work' of getting better, Gwyneth—another participant in my research to whom we will return in chapter four—explains how, in the depths of a depression, ordinary activities also acquire especial properties: moving a pile of books can take days, getting dressed can take hours and turning on a light switch can feel like a metaphysical struggle against gods.[23] A language of *work* demonstrates what has become so difficult about these tasks (compare also Tom's statements about being in the company of others in his first weeks at Plumtree: 'sometimes it's hard work just being here'). Yet the use of such vocabulary also seeks to disrupt traditional understandings between work and leisure and work and rest. In another 'hard work' quotation in which Shirley is discussing the difficulties of enjoying relaxation activities during the worst of her depression:

> It was hard work having the TV on or having a visitor. I would get Trevor [husband] to tell callers, 'she's sleeping', because I would find it too tiring to have a conversation. [...] They [self-help books] tell you to do something relaxing you enjoy but that's the problem—you don't want to do anything, you don't enjoy anything. You just want your head under the pillow. (Shirley, housewife)

Finally, as others have argued, becoming ill and negotiating a new status of 'psychiatric patient' also generates all kinds of additional cultural 'face-work' and 'identity work' in adjusting to a new social self (Goffman, 1961; Aneshensel, 1999). Goffman's 'moral career' of the mental patient primarily used the notion of career to describe the predictability of the social stages through which a psychiatric patient

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[23] Gwyneth describes more instances like this in her autobiographical self-help book, *Sunbathing in the Rain*. In the book, Gwyneth describes getting better in terms of the work of a detective: 'Every serious episode of depression is a murder mystery. Your old self is gone and in its place is a ghost that is unable to feel any pleasure in food, conversation or in any of your usual forms of entertainment. You become a body bag. Your job is to find out which part of you has died and why it had to be killed (Lewis, 2002, p. xiii).

passed in the course of his or her illness (a thesis from which Goffman drew heavily on earlier criminology studies of the 'professional thief', etc.). Yet, as more recent users of the concept have shown, such careers also have much in common with more ordinary careers in the paid workplace, necessitating similar points of planning and decision making as well as frequent psychological and cultural upheavals (Karp, 1996; Aneshensel, 1999).

If the above examples all describe predominantly intra-psychic labours, becoming a psychiatric patient and engaging with mental health services bring with them more down-to-earth forms of work too. Using Star and Strauss's concept of 'background work' (a type of invisible work in which the workers themselves appear visible, yet the work they perform goes unnoticed), Unruh and Pratt (2008) provide a revealing account of the multiple forms of behind-the-scenes work undertaken by patients in an outpatient cancer unit, such as travelling between care sites, finding information, managing medication side-effects and communicating with professionals. In the in-between workplaces of my own research, similar activities took place—and, as the narratives of several of my participants revealed, for users in non-traditional day services such as Plumtree, such work (especially with regard to finding the right kind of support or therapy) had often been particularly problematic, with numerous false starts or unsatisfactory experiences in statutory services or rehabilitative options elsewhere. It is important to recognise also the cumulative effect of such service-user forms of work, since in the work-based programmes at Plumtree or at the sheltered workshop such background activities of being a patient/ client/ service-user had to be completed before and around the 'real' (ordinary) work of gardening, catering and packing.

Again, an interesting route through which to analyse the work of being a service-user is to focus on the languages which mental health day services and back-to-work services use. Just as psychotherapy adopts an explicitly work-related vocabulary to describe its processes, in the daycentres, service-users sign care contracts, attend case conferences and annual reviews and, for older members approaching transfer to specialist geriatric facilities, often speak of 'retiring' (from what, if their activities at the day services were not in some compelling sense work?). Indeed, the generic shift in service provision from the term 'patient' to 'service-user' or 'client' is redolent of this heavily work-infused discourse. A recurring theme in this work-driven vocabulary is the reference to

users *managing* themselves. Discourses of patient self-management are undoubtedly modish in current UK health policy (see, for example, the publicly funded 'Condition Management Programmes' for patients with long-term health complaints), but it is notable that, again, service-users also speak explicitly and extensively of the managerial duties undertaken as a result of living with mental distress. This is encapsulated most clearly in an interview extract with Martin, the businessman who we met in the previous section:

> Martin: I can sometimes actually feel the electrodes of my mind fizzing away, and that's when I might decide to pop an extra haloperidol [anti-psychotic drug] or just chill out for a bit or go for a walk, but generally just lying down horizontal is the best way—so it's really about managing it.
>
> Myself: Hmm. I've noticed you've said that word 'managing' several times today?
>
> Martin: Yes I have said it several times because I manage the illness in the same way that I manage other things like I manage staff and manage finance and manage cash-flow or whatever it might be. It's just another aspect of my life that I need to take control of, because when you do lose control, that's when you end up in hospital.

In the instance of patient self-management, the material vocabularies of recovery are similarly work-related: one participant, under the advice of his occupational therapist, used a 'Blackberry' (smart-phone and digital organiser) to coordinate his busy schedule of medical appointments, medications and rehabilitation activities, whilst at the training and enterprise centre a six-week course in 'self-care and healthy living' gained accreditation with a local further education college during the period of my research. In the training centre, another important nexus of recovery work was found in the computer room. On the computers, users worked through CBT software packages, researched their psychiatric conditions or accessed peer-support on the internet, or else updated computerised forms of the thought-logging technique described above using purpose-made interactive spreadsheets. Again, this 'mad' work (i.e., work produced as a result of being mad) interconnects frequently with everyday work and concerns about employability, with more than one service-user commenting that the computer skills gained from learning to use the thought-logging software had been more useful than the more formal IT training provided by an external 'skills for work' tutor.

As a final comment on recovery work, it should be noted that the examples offered in this subsection stop strictly at the descriptive level. Just as conventional paid work can in different contexts be both psychologically rewarding and psychologically damaging, to observe that self-care and recovery is work-like provides little clue to its human consequences (and it is noted, following Foucault, that we might think of this project of putting-oneself-together and keeping-oneself-together in other terms also: as an *art* of living (*technē tou biou*) or an ethic of *care* toward the soul [Foucault, 1988]). For Freud (a romantic in this respect), the kind of work imagined in 'working through' was itself a therapeutic work: not the drudgery or danger of the factory, but a noble and uncomplaining lifework (Kirschner, 1996). Such similarly romantic notions of self-work as therapeutic-work were noted by some of my participants too. In an example which is reminiscent of the nature therapy in the previous chapter, for Ryan, an ex-soldier recovering from post-traumatic stress disorder and alcoholism, the work of digging out thorny bushes and replacing them with softer flowering plants seemed an appropriate metaphor for the mental cultivation that had been taking place in his head. For Pete, another recovering alcoholic, accepting this romantic-moralistic authority of work (i.e., that there was work to do) was an important part of his emotional and moral recovery. Indeed, for Pete, who was a construction worker by trade and who described himself elsewhere as a 'grafter', the very idea of recovery as a form of work offered comfort. In talking about his maintenance of a counselling relationship and commitment to an alcoholics' support group, for example: 'once I worked out what I had to do, I had to grit my teeth and stick with it. And that's something I know how to do'. (We shall come back to Pete in chapter six, where I take up again the concept of magic as an analytical tool in recovery narratives.)[24]

Yet such affirmative accounts of the work-like qualities of recovery are not the only experience available. It is worth comparing Martin's comments above on self-management to Karen's experience of dealing with the obsessive thoughts that disturb her in her work at the dental practice:

> Just think how much other people must be able to do! I have all these little people in my head and they are all wanting different things, telling me things. It takes me half my time to manage these, sort out who wants what of my attention… it is exhausting.

[24] Again, this example provides an illustration of the versatility of the work metaphor: compare the intellectual and managerial skills described by Martin (a manager in real life) to the grafting and teeth-gritting of Pete.

> And that's before I see to the patients. Other people must have so much time on their hands without having this to deal with, I can't imagine how much easier their jobs would be. (Karen, dental nurse)

Unlike Martin, for whom thinking of his self-care activities as management provided a greater sense of control over his unusual mental experiences, for Karen, management was thus perceived simply as an extra workload—and an unfair and unwelcome one also. Just as the status of paid work differed between these two respondents in 'real' life (with Martin a business owner and Karen a comparatively low-paid employee), intra-psychic work thus also differed in the ways that it tessellated with their broader experience of illness and recovery.[25]

As a last problematic to interpreting the significance of work as an organising concept in recovery, it should be noted also that there is a politics to self-work and self-management. Just as it is in the real workplace, a fine line exists between the experience of self-management described by Martin and the less desirable micro-management of workers described by many critical scholars as endemic to a neoliberal governmentality. Furthermore, for the critical scholar, a recursive interaction must be addressed between the redemptive experiences of self-work as narrated by Pete and Ryan, and the framing elsewhere of such redemptive practices as *technologies* of the self done by the subject unto the subject on behalf of the various institutions of the state and psy professions (I refer particularly to the ideas of Foucault and Nikolas Rose in this regard). For Rose, acceptance of the need to work on the self is one of the primary moral codifications of the psychotherapeutic state. The idea of recursion between these accounts is significant since, as Rose puts it, such technologies act not as confrontational encounters between the state and the individual, but as 'relays, bringing the varied ambitions of political, scientific, philanthropic and professional authorities into alignment with the ideals and aspirations of individuals, with the selves each of us want to be' (Rose, 1989, p. 217).

[25] It is possible to see a gendered dimension in Martin and Karen's differing orientations also. In a more upbeat discussion about her coping strategies, Karen on another day explains: 'no-one's ever taught me how to deal with the little people. I don't know, maybe I should be able to shut them up or something. But if you listen to them they feel like crying little children—really very anxious and worried—so if you sort of, mentally like, pick them up and you give them a little cuddle and you tell them, "look, really, it's going to be okay, it's okay…"', where the traditionally masculine (and work-ordered) concept of management is replaced by something more maternal and tactile, imbued with the qualities of responsiveness and listening. Having made such comments, however, it is important to acknowledge that good management will also be permeated with qualities such as responsiveness and listening, and so again the issue to which we return is the *vision* of work or management that is imagined.

Recognising what is work-like about being a mental health service-user is thus an effective response to the assertion that the 'mad' are 'not working'. However, extending this re-description to account for the value of such 'work' is more limited in application: just as other forms of work are varied and contested, the slipperiness of the concept in the outside world becomes reproduced in the intra-psychic spaces of madness also.

Mad Markets and Service-user Production

As a final (and briefer) discussion, a third presentation of work which is important to highlight is that of service-user markets, or to put it differently, the potential for mad work to transcend the level of the individual and form economies of trade and service-provision within the niche subcultures of psychiatric survivorship. In contrast to the above examples, in this instance it is less the *functions* of work (selling, providing, delivering) that are divorced from supposedly saner forms of work, than the self-sufficiency of 'mad' markets within the mental health community that is worthy of note.

A first, provocative example of this is a consideration of the various 'black' or underground economies present to varying extents at each of the day projects I visited—engaged in by a minority, but known about by most. In these semi-institutionalised spaces, exaggerated by the limited freedoms of some participants to access their own money or leave the grounds unattended, complex networks of trade were described by participants for the introduction and circulation of specifically mad commodities within the daycentres (and then frequently back into hospital wards). Such commodities, often condemned by conventional psychiatry but an essential part of day-to-day life for some service-users, included laxatives and weight-loss drugs for anorexics and bulimics and razor blades for self-harmers, as well as benzodiazepine sedatives (a frequent 'drug of choice' for psychiatric patients following dependencies developed during prescribed use on the wards), and could be exchanged as part of a barter economy for favours or other goods, or on occasion sold for cash.[26] Beyond

[26] Like other research on 'black' markets and illegal activities (e.g., Adler, 2004; Wiles *et al.*, 2006), in terms of research methods, many references to the practices I describe here were made in informal rather than formal research settings (ethnography rather than recorded interview), were reported in the third person, as hearsay or gossip, or in the past (confessional) tense ('something I used to do was...').

simple trading, descriptions by those taking part revealed such exchange circuits to have complex rules of governance: 'benzos' could be traded with other patients for other pills ('pill swapping') without evoking especial (expressed) ethical concerns; exchanging sedatives for cash by contrast, or with a trading partner who was not perceived to be acquiring or selling the medications for their personal usage, was more likely to be equated with other forms of illicit drug dealing and was appraised negatively. Laxative trade was described only in the context of a specialist eating disorder unit where two of my participants had been treated, where the practice was described by both women as common. In such trade networks, at different times various patients would come into possession of laxative drugs (which, beyond the hospital are readily available without prescription), which they then might choose to 'share' with other patients. Such sharing differed qualitatively from the sharing of other personal goods such as make-up however, in that it was *i.* not restricted to immediate friendship circles, and *ii.* formed an unspoken but mutually understood contract of reciprocity, which separated it from other practices of gift-giving. Potentials in the service-user communities for the sourcing of more idiosyncratic needs also existed: patients at the Walter House often discussed 'Betty', an obsessive collector of hats and postcards, who spent most of her time in high security care. Whilst Betty's family had long given up on her insatiable need for new objects, a ready crew of ex-ward mates appeared endlessly able to deliver the goods at visiting time in return for cigarettes (and, of course, the cost of the item repaid): as above, a work-based vocabulary prevailed; 'I'm on a job for Betty' was common shorthand for such excursions. In the provision and exchange of either hats or drugs/razors, functions (for suppliers) seemed to incorporate both elements of (material) profiteering and altruistic 'helping out a friend', and the search for esteem within an insider-community.

Perhaps what is most striking about these local mad markets for a social study of work is the simultaneous senses of exoticism and mundanity they evoke. On the one hand,

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Exceptions to this were recorded interviews with Emily and Bella who discussed at length practices at the Eating Disorders Unit, and Tom, a participant at Plumtree who for several months stopped attending the project because of practices in the Centre of selling drugs, contraband cigarettes and video games—activities which he saw as 'bringing the centre down' and 'bringing bullies to the centre' (Tom also stated that he wasn't aware of the same kinds of problem since the current manager had arrived). Perhaps it is for these methodological reasons that not many other accounts in the scholarly literature reference the trade practices I describe here (although see Fox *et al.*, 2005), although frequent references to them can be found on the internet and in the media—often in the context of badly run psychiatric wards or the dangers to physical health of pill swapping and sedative misuse (see for example, *The Observer* [2 February 2003] or the discussion thread on the 'gone too soon' message forum: http://www.gonetoosoon.org/community/area/thread_clozapine_clozaril/, last accessed 10 December 2011).

hidden economies of 'mad' goods and their somewhat contentious statuses seem most comfortable amidst a study of non-capitalist, ritual spheres of exchange whereupon items of symbolic value are frequently traded in separate social systems to everyday commodities (and to the extent that markets for postcards and razors and other such items co-exist alongside the 'ordinary' money market with only restricted interaction between the two, this assertion can be upheld).[27] However, in providing elegant solutions to supply and demand for specialist goods in difficult circumstances, the presence of exchange systems for prohibited commodities also seems a 'natural' and predicable effect of the invisible hand of the market akin to other specialised markets, and is a powerful means of reconnecting semi-closed spaces of psychiatric communities to wider logics of the market.

If bringing to the foreground these underground enterprises further pathologises service-user work, a less contentious case (and one to which we will return in chapter four of this thesis) is the increasing market-based outsourcing and delegation of support and rehabilitation work from state-led mental health and social services to third sector service-user organisations, through which patient networks begin to behave not only as channels of peer support, but as professional bodies able to receive care loads from public sector contracts (Chinman *et al.*, 2006; Boyle and Harris, 2009; Munn-Giddings *et al.*, 2009). Heralded by policymakers as a significant lever in the future of public services reform (and a career option for an increasing number of service-users also, as I shall discuss later), such 'partnerships' between conventional state-funded care providers and patient networks mobilise not only the political potential of service-user communities but also their expertise and efficiency at undertaking challenging projects. Speaking to a service-user coordinator of such projects, for example, I was told how the network had been approached by statutory services to facilitate a self-help group for people with personality disorders (conventionally considered among the hardest to engage) due to the network's strong record for work with 'difficult' clients. Such spaces of 'service-user production', as they have become known, open the way

[27] The most common example in this regard is the multi-centric economy of the Tiv of West Africa in which three exchange domains were seen to exist in parallel: trade networks for the exchange of subsistence goods such as yams, pigs and grains; economies of prestige goods such as cloth and gold rods; and the exchange system for marriageable women (Bohannan and Bohannan, 1968; Sillitoe, 2006). Exchanges were permitted within domains but inter-realm trade ('conversion') was socially unacceptable. The stories of social climbers and rogues who attempted to traverse realms, e.g., by amassing subsistence goods to exchange for social status, can to an extent be likened to individuals described by my participants above who broke trade rules—for example, by making an (unjust) profit on tablet exchange or selling to people who were considered to be a risk to themselves (another prohibition)—thus not only exposing their own morals to be suspect, but bringing into view the fragile space of ethics in which all exchange takes place.

for not only new forms of 'expert patients' but also new forms of service-user professionalism and, with them, new spaces of patient work. Unlike the forms of magical and self-work described in earlier sections of the chapter, these public forms of service-user contribution demonstrate the ability of service-user work to successfully transcend the intra-psychic realm in ways which are socially and economically beneficial. Moreover, such forms of work challenge stereotypical ideas about the disorganised, incapable and irresponsible nature of mental health communities and speak back to the growing attitude among policy-makers, introduced briefly towards the end of the last chapter, that 'buildings-based' mental health services where mental health service-users spend much of their time together, are breeding grounds for habits and attitudes which further distance service-users from the competitive labour market.

Finally, placed in this last empirical section somewhat clumsily, having described forms of goods and service-provision that are *directly* connected with the experience of illness and recovery, it is also important to note that individuals who appear in formal statistics as being off work on health grounds often assume significant responsibilities for more ordinary forms of unpaid and unrecognised work within the private sphere also (both through choice and otherwise). Such responsibilities differ qualitatively from the other forms of work discussed here, but are mentionable not only because they provide yet another account of how the lives of service-users can be busy and productive outside of participation in the paid labour market, but because they also demonstrate how individuals fulfil multiple social roles of which being a patient is only one. To take some examples which demonstrate how such care-work and domestic work intercepts illness and paid work experience: Christine is a mother of two, who worked as a librarian until the birth of her first child. When her second child started nursery, she transiently restarted this career but, after only a few weeks, found herself unable to continue due to the interference of her obsessive compulsive disorder with entrusting the children to daycare (who within a few months had tested nearly all of the facilities in the area since, at each one, Christine had found a 'terrible safety hazard' that necessitated their urgent relocation). In consultation with her husband, Christine decided to leave the position and apply instead for an illness-related out-of-work benefit and stay at home with the children. Whilst formally a full-time 'mentally ill person', Christine thus simultaneously occupies the ordinary (or ordinarily ambiguous) role of full-time mother and caretaker, which many women voluntarily choose. In a somewhat different example, Sue resigned from her work at the bank on health

grounds after a damaging set of experiences with depression, an ex-husband who stalked her at her workplace, and an employer who was unsympathetic to either of the above. However, on spending time at home, she soon found herself looking after on a daily basis (and only partially willingly) not only her son's young children but a neighbour's child also. Unlike Christine, Sue did not find this work conducive to her recovery and with three young children to look after, her depression worsened further. Jake, to whose story we will return in chapter five, both receives carers' allowance for looking after his father and is cared for by his father who is in receipt of the same benefit for looking after Jake: as I will discuss in chapter five, this mutually caring relationship has economic ramifications since without it Jake's father would need regular visits from a health worker to assist with his breathing apparatus, and Jake himself would likely have more frequent hospital admissions and mental health crises without a family member close by to offer support and encouragement.

Whilst arguments about the legitimacy of these activities as forms of work are well rehearsed (Oakley, 1974; McDowell, 1989), for people who undertake such duties after exiting the waged labour market on mental health grounds, gaining recognition for this work can be even more difficult than for other home-keepers and unpaid carers. Both at the level of national data collection and the perceptions of family and friends, receipt of incapacity benefit may obscure other forms of socially valuable production in which an individual might be engaged; with regard to *care* work, this may be doubly the case given the predominant and sticky notion of mental health service-users solely as *recipients* of care rather than care-providers themselves. It is noted that, as in Sue's instance, care work is not always freely chosen, and that just as paid employment can contribute to mental distress and suffering, unpaid work in the home can do the same (and in ways which interact with, and form layers upon, existing work of illness and recovery). Attending to 'ordinary' forms of unpaid domestic and care work also demonstrates how stigma around mental illness extends beyond the formal workplace into other arenas of social production. Sue, for example, described with some distress an occasion where the battery of her mobile phone had run out whilst taking the children to the park at the same time as the mother of her son's child popped by unexpectedly to collect the kids. Instead of waiting until their agreed pick-up time, the mother had started frantically telephoning family and friends, expressing concerns that Sue was un-contactable and that she may have 'done something stupid' to herself or the children.

Categorising Service-User Work

The purpose of this chapter has been to demonstrate the multiple presentations of work in the lives of people living with and recovering from mental distress. Empirically, three different kinds of ‘mad’ or service-user work have been examined and the argument made that these exist both as hidden planes, occurring beneath the perception of more economically driven studies of madness and work, and as activities which—like Sam’s interjection to the focus group or Martin’s fashion business—interrupt and intervene in ordinary, everyday life.

At the beginning of the chapter, two different analytic strategies were identified which have been used by others to take seriously non-traditional or non-paid work activities such as the ones I have here described. In the first (a project I linked primarily to second wave feminism), an onto-political classificatory debate was identified which sought to ‘open up’ the category of work beyond paid employment to include marginal or non-economic activities which also have work-like credentials. In the second, focus shifted from classificatory concerns to the *rhetorics* of work and the contexts in which work is employed by social actors to defend and justify particular forms of activity (a comment primarily about the power and centrality of work as a navigational construct in society). Whilst the chapter has sympathised with these approaches and provided empirical examples which speak to these debates, it is also noted that each gets into difficulties when dealing with work in a strictly non-essentialist manner, as the chapter has also attempted to do.[28] In response, throughout the chapter I have sought to alter the frames of these debates: not to ask ‘is this work?’ (or exclaim, ‘this *is* work!’) but instead ask what are the similarities and differences between these forms of mad activity and activities such as paid employment which are unproblematically considered by society to be work?; second, rather than commence an examination of how actors *legitimise* their actions through recourse to work vocabulary (a unidirectional hypothesis) I have sought to demonstrate the *multiple* contexts and motivations in which work is evoked in rhetorical struggle.

[28] In the former strategy, in order to make the decree that activity X counts as work, some more-or-less rigidly delineated definition of the concept must first be accepted; in the second line of analysis, in placing work in the context of a rhetorical struggle for legitimacy, something vital—essential even—about work which gives it this rhetorical significance is accepted without critical discussion of the counter-possibilities.

As discussed in the introduction of this chapter, problematising and re-problematising the conceptual boundaries of work has been a classic line of critique in the sociology of work and beyond, most often in the form of opening up the category to non-traditional kinds of worker previously excluded from its reaches. Prominent examples include feminist treatments of homemaking and caring (Oakley, 1974; McDowell and Massey, 1984; Pratt and Hanson, 1993); examinations of marginal economic activities such as prostitution or street newspaper vending (Weitzer, 2007; Cockburn, 2011); research into unpaid work in the voluntary sector (Taylor, 2004); and, further afield, anthropological studies of non-capitalist societies, exploring the work-like qualities of subsistence modes of production (e.g. Kaplan, 2000). Joining such literatures, a host of additional contributions have emerged on cultural 'work', consumption 'work' and other activities traditionally considered beyond the boundaries of the construct. An overarching strength of such literatures is their collective power to reveal how traditional notions of work 'marginalise and devalue' the work of atypical workers (Taylor, 2004, p. 30). Yet, as noted by Watson (2009), such radical extensions of the concept also risk destabilising the word to the point it loses utility, or breeding a 'me too' tendency in scholarship in which ever more examples of human task performance are put up for consideration in the category.

With the above comments in mind, how best should we interpret the 'mad' forms of work described in this chapter, which simultaneously seem so workful and workless? If an essential criterion of work is to bind the individual to a material reality—and this was indeed at least partially Freud's therapeutic conception of work—then on first glance the magical work of delusions and obsessions (the first of my three categories) cannot be real: David's 'checks' in the hospital will ensure the timely arrival of buses no more than Sam's aeroplanes will 'really' protect the nation.[29] However, whilst this might appear a convincing argument, a precursory survey of the contemporary job market demonstrates that, conversely, much conventional paid work also fails to match this reality criterion. The rise of the information and service sectors—those which are often definable by their very retreat from material production (particularly of the kind

[29] There is a tension regarding the reality criterion in early psychoanalytic thought in that Freud attempts to hold *both* the 'ordinary professional work available to everyone' (Freud, 1929 p. 23), which he illustrates with the manual labour of gardening, *and* the mental labours of the artist and intellectual as the most fitting occupations for mental health. Whilst Freud writes more extensively on art than manual labour, on balance it is nonetheless pursuits with more committed materialisms that Freud prefers, for fear that intellectual work may encourage the patient to turn his back further on reality and enter a psychotic existence (Freud, 1929 pp. 18–19). In later psychoanalytic accounts, this complexity has generally been lost: Weil, for example, simply describes work as activities 'involved in changing something in the outside world in a useful, purposeful way' (1959, p. 41).

that was offered in the workshop or factory)—has led some to class the increasing immateriality of labour as a key harbinger of ‘economic postmodernisation’ (Hardt and Negri, 2000, p. 280). Nor does the quality of fantasy which characterises much delusional work necessarily set mad work apart from sane. Whilst classic critiques of capitalism have long stressed the mythical elements of business and the market (e.g. Arnold, 1937), striking contemporary examples such as the ‘virtual sweatshops’ of computer gamers in the developing world who are hired to complete the easy levels of online games on behalf of money-rich, time-poor westerners highlight the extent to which capitalist waged labour can also operate on a primarily fantastical level (*The Observer*, 13 March 2005). The concept of ‘magic’, introduced to explain the mad work of psychoses, has similar utility in describing the ritual modes of visioning and ordering the world that are common to late global capital. Like the work of the service-users in my study, such sorcery does not always have happy consequences: the financial models of the bankers in the lead up to the 2008 financial crisis, which failed so dramatically to relate to the ‘real world’, capture a vivid moment at which this magical ordering fails.

As a further objection, whilst it is tempting to assume that delusional work (i.e., the work of psychotic patients) is inevitably intra-psychic and otherworldly, from the more grounded examples of my ethnography it can be demonstrated that, like non-mad work, mad work demonstrates a host of relations with the outside world. Whilst Sam’s aeroplanes do not exist in any real-world sense, by contrast, although Martin’s beliefs about the powers of nylon might make little sense to us, materially (no pun intended), the shirts are undoubtedly real. Indeed, for Martin, the crucial factor of the shirts is the assurance they provide of a tangible, man-made reality. The online fashion store demonstrates a high level of activity, ingenuity and skill, as well as generating economic profit. Furthermore, whilst the obsession with nylon and the pilgrimages to Newcastle’s charity shops might be considered a *private* work and a *private* madness, an actor network theory perspective, for example, might see instead the interface of the internet business as laced with transactions between a private and public sphere, conjoining psychic, virtual and material economies for Martin and his customers. In many ways, then, it can be demonstrated that the magical work that appears in delusions appears on a continuum with other forms of paid employment.[30]

[30] As a continuation to note 19 (p. 54) in which the different spatial and temporal registers of delusional work were considered, it is interesting to note that higher levels of overlap between magical/delusional work and the ‘real’, non-psychotic world do not necessarily lead to a greater realness of such work’s

To turn to the second of my ethnographic examples, the 'self-work' of being a service-user presents a different set of challenges to the murky task of defining work. In a now famous analysis of the subject, Catherine Hakim draws on a long heritage of work theorists to arrive at what she calls the 'substitution rule' or 'third-person criterion' to distinguish between activities which constitute work and those which do not. According to the rule, an activity is deemed to be work only if it could be undertaken by a substitute (i.e., someone other than the one benefiting from the activity) without the task losing its value; conversely, if an activity would lose value or fail to 'make sense' if a substitute took over, then in Hakim's framework, this is not work (Hakim, 1996). The utility of such a framework appears in the consideration of household activities (the focus of Hakim's research), where activities such as playing with one's children (which are presumed to have intrinsic value to the doer) are differentiated from other tasks such as routine cleaning which could be performed by an external party with no detriment to the work or its outcome.

Following this line of thought, a 'working on the self' seems highly problematic to notions of 'real' work as defined by Hakim. In the kinds of work that service-users do to and for themselves, not only do the kinds of task described (regulating one's emotions, modifying one's thoughts) have an intimacy that makes them intuitively inalienable from the self, since worker and object of the work are one and the same, the premise of 'third person substitution' appears practically as well as philosophically impossible. Yet, in the instance of mental health service-users, this can be problematised again. Given that, ordinarily speaking, a professional therapist is considered to be doing legitimate work, how are we to distinguish work on someone else's self as necessarily different from work on one's own self? Remote technologies

effects. Whilst similarities can be drawn between the spatial engagement of Clive's activities in the kitchen and Martin's work delusions (i.e., in contrast to the *a*material and *a*spatial character of Sam's delusions), these similarities did not extend to the 'success' of the two men's work in the wider non-delusional world. Whilst, as described above, Martin's online business was commercially successful and efficiently operated, few of Clive's own culinary inventions made it to the table and many of the accomplishments for which he demanded recognition were in fact uncomplicated duties such as vegetable peeling or dishwashing, which had been done under the direction of the actual catering manager. This observation is interesting because, in terms of the standard mode of categorising delusions as per the Diagnostic and Statistical Manual of Mental Disorders, out of Martin, Clive and Sam, only Martin's delusions about the necessity of nylon can fully be identified as 'bizarre' (i.e., clearly implausible within standard metaphysical reference points) since although Sam and Clive were clearly mistaken about their occupational talents, both fighter pilots and master chefs are real occupations in which a person could—in theory—be engaged. In other words, the spatial engagement of delusional work in everyday materialities, its value as an 'authentic' or profitable employment, and the 'severity' or 'bizarreness' of a delusion as judged in a clinical context have no necessary relation to one another. A more substantial critique of hierarchical levels of truth or delusion will be developed in chapter six.

such as the CBT computer programmes described above further break down this distinction since, whereas in traditional face-to-face psychotherapy it might be argued that the client is receiving a service (in the same way that she might receive a massage or pedicure), in this instance, whilst the work may be managed by the computer programmers and therapists producing such software, the in-the-moment labour of therapy seems undertaken by the patient solely. Similarly, if the original feminist premise is valid that informal care-work (e.g. in the home) is equal in value to paid employment in the care sector, then why should the particular forms of self-care that a person with mental health difficulties might do to or for herself be excluded *a priori* because the carer and recipient of the care are one and the same? As an unusual example to illustrate this latter point, one of my interviewees reported an occasion where, during a 'manic' phase, she saw advertised a free 'training and treats' day for carers of the long-term mentally ill. The woman applied, listing in detail the myriad tasks she did for herself to manage her mental health difficulties. The curiosity of the application went undetected and the woman was offered a place, but on disclosing her particulars to other participants on the course she was asked to withdraw, since the (literal) self-centredness of her work had offended other presumably more legitimate carers.

In an age where the boundary between personal development and formal work has become very blurred, the philosophical concept of psychological self-work becomes even more relevant. In a conventional framework, a client in counselling or group therapy would not be considered to be working—yet, an equivalent individual taking part in a highly similar form of self-reflection and psychosocial learning, as part of (for example) personal or professional development within the workplace or a *Kaizen* continuous-improvement ring, would likely consider such activities to be part of their working day. Whilst a convincing counter-argument might be that, in this example, the person in group therapy is developing herself for own benefit whilst the employee is developing herself for the benefit of her employer, two points cast doubt on this position. First, if personal development in the workplace is *only* for the profit of the employer, then to what purpose is it often advertised in recruitment materials as an employee benefit (the covering letter for my recent teaching qualification describes the certification as a 'valuable portable asset'!)? Second, whilst people enter therapy for many different reasons, it is also acknowledged that on multiple levels therapy does seek to return to people to their regular occupations: famously, Freud said that the key

aims of psychoanalysis were to enable the patient to love and to work—a statement which he later went on to define as heterosexual, monogamous love and paid employment (Smelser and Erikson, 1980). More contemporarily, a rollout of policies such as the Increasing Access to Psychological Therapies (IAPT) programme explicitly seeks through the powers of cognitive behavioural therapy to reduce unemployment figures in Britain. In this sense, following the logic of Glucksmann and others, in repairing and replenishing capitalism's labour supply, therapy (like *Kaizen*, mentoring or PPD) is also a form of self-development that simultaneously supports economic ends.[31]

Finally, the work underpinning mad markets and service-user production seems most of all the three narratives of work I have discussed here to be 'proper' work, conventionally described. Such work acts upon a real world, addresses clearly articulated needs or gaps in the market, and shares many of its constituent activities with more conventional forms of work. Yet, even where individuals are legally and competitively employed for their services (for example, the service-user professionals I introduced towards the end of this section), in the day-to-day linguistic structures of inclusion and exclusion, employees still report struggle in receiving recognition for their work. Benji, the service-user coordinator in the above section, for example, tells me, 'still my family say to me, "when are you going to get a proper job?" I don't think they see me as gainfully employed'. As will be discussed in more detail in chapter four, this classificatory ambivalence towards self-labelled service-user occupations stands in contrast with the work experiences of individuals who as a result of their mental health experiences retrain as mainstream mental health or social care professionals—who, whilst often experiencing prejudice from non-mad colleagues as a result of their personal experiences—at the least are spared the experiences of exclusion or non-recognition that Benji and others in non-traditional employment forms experience. It is my argument that this persistent under-recognition of 'mad' work is not only a case of a generic undervaluing of unpaid or non-traditional forms work in contemporary society (Glucksmann, 1995; Levitas, 2005), but also evidence of a more profound difficulty in aligning the apparent unpredictability and intimacy of madness with the efficiency and manageability of the productive capitalist workforce.

[31] A more cynical rendition of this story is the classic 'anti-psychiatry' claim that psychiatry and psychotherapy act as agents of the state to fashion souls fit for capitalist labour; yet it is not necessary to subscribe to such views to follow this argument.

Conclusion: Navigating Work Narratives

In this chapter, I hope to have offered a number of intersecting contributions to an understanding of work and madness. First, in providing a thick description of the ways in which work appears (consciously and unconsciously) in the narratives of out-of-work mental health service-users, the chapter shows how even in the traditionally workless spaces of psychiatric day services, work remains a relevant and important construct through which service-users understand and navigate their lives.

Second (and relatedly), the chapter shows how in a culture of 'back-to-work' for welfare recipients, the construct of work becomes a strategic device through which service-users legitimise a series of economic and non-economic activities traditionally outside the work remit: whilst Sam's expressions of her pilot career might best be seen as a longing for work, conversely, in the second and third of my three work narratives, service-users speak of work assertively: in classifying the activities of recovery and co-support as work, they say 'my activities are important and effortful social contributions'.

Finally, a focus on mad work finds ways of exploring why policies to get mental health service-users off benefits and back into paid employment often *don't* work as anticipated by planners and practitioners (and evidence suggests that this is the case—at the point of finalising this manuscript, government projections for the latest back-to-work scheme for incapacity benefit recipients have again been downscaled [National Audit Office, 2012]). Drawing attention to what is 'genuinely hard' about being ill frames the negative effects of living with a long-term illness in ways that are respectful rather than patronising towards mental health service-users. Yet more centrally to this argument is the observation that recovery takes *time* and *energy*. In the previous chapter I noted that in welfare-to-work, returning to paid employment was positioned as a moral imperative which had therapeutic benefits not only for the individual but for the wider community as well (p. 45). Yet contemporary policy puts emphasis on the responsibilities of *patients* also, positioning the maintenance of one's health as an equal moral absolute for the ethical citizen (Evans, 2007). Considering the time commitments and energy investments of getting better thus demonstrates how, in the context of mental health recoveries, demands both to work on oneself and to get back to work may be difficult to satisfy simultaneously. This is not necessarily an argument

against early returns to work and it is recalled from the last chapter that returning to work may in itself constitute part of the working-on-the-self that is involved in getting better. What this argument *does* suggest, however, is that for back-to-work projects to work on any convincing scale, greater support for those who are working the 'double shift' of paid work and recovery work are likely to be very important.[32]

There are reasons to be cautious about promoting the various forms of service-user activity described here as work. Simplistic tales about mad people being better workers than others need to be avoided, as do crude etiological accounts which posit mental illnesses as straightforward outcomes of a pathologically over-active capitalist work ethic. Moreover, as many participants in my ethnography would be keen to stress, this chapter strictly does not uphold the suggestions that mad work, if it is work at all, is an appropriate or fulfilling alternative to quality paid employment: again, as I have suggested already in this thesis, many long-term out-of-work service-users are highly motivated to join the labour market and despair of the multiple barriers they face in getting there (Grove *et al.*, 2005). Yet, perhaps most significantly, the danger of demonstrating what is work-like within madness is that it reproduces the idea that only that which can be shown to be work has value. Watson has warned of current directions within the sociology of work that have 'imperialistic ambitions' in speaking to ever more areas of human activity (Watson, 2009, p. 870). In the intimate spaces of the psyche described here, perhaps such imperialism is most objectionable: certainly, to the extent that capitalism is critiqued as an unbridled force of governance over the human soul, the creativity and recalcitrance of 'madness' (at least on a cultural level) offers one of few remaining safe-havens from a relentless capitalist work ethic.

However, notwithstanding the above reservations, there is nevertheless an 'ethics of description' at play in bringing into focus the tremendous work of madness and recovery. In an age where (like it or not) work is posited as a moral duty, an acknowledgement of mad work offers a more respectful position towards mental health service-users and draws attention to the busyness and competence of even the most

[32] It is beyond the scope of this chapter to provide an extended discussion of possible courses of action here, but suggestions from participants in this study include flexible working arrangements, 'reasonable adjustments' to the workplace, graded returns to work after mental health crises, and understanding and support from employers, e.g., around 'time out' to attend to medical appointments. Grove and Membrey (2005) describe the case of a woman who negotiates with the chair of governors to be permitted to step out of school council meetings when necessary to reason with the voices in her head—an adjustment that thus allows her to continue to hold a position on the council—and this is also very much the kind of support I have in mind.

'workless' members of the mental health community. Yet such (re)-descriptions must be always ironic (as is much of 'madness' itself), in that they stress what is workful about work and yet simultaneously concede that work itself is a fractured term that *doesn't* work as an organisational device for categorising action.

In future chapters, ideas emerging in this chapter will be developed in several ways. First, the project of assertive description, as I have phrased it here, will be extended throughout the thesis as a means of documenting unusual experiences of recovery and work which are not always represented in more traditional accounts of the working lives of mental health service-users. Concepts of service-user agency and the productive potential of mad experience also appear again in the thesis and, in chapter four, a fuller and more philosophically developed discussion of the service-user professionals I introduced briefly in the third section of this chapter will be provided. Beyond these, it is hoped that in conjunction with the previous chapter, the chapter provides a baseline demonstration of the plurality and richness of work as it appears in the narratives of people living with mental health difficulties; of the multiple identities that being a service-user or living with mental distress can generate; and the multiplicity of interpolations between these two constructs.

For now, however, I will leave this chapter simply with the idea of the burden and busyness and duty of being a service-user, especially in a context of back-to-work. The complex relationships between work and mental health are important contemporary research topics in the social and clinical sciences with direct impacts on policy and practice. A greater attention to ironic forms of mad work might contribute to understandings of why conventional back-to-work policies often don't work and, conversely, help ring-fence safe space for people like Sam and Vera, whose recalcitrant work in the alternative worlds of psychosis prevents their engagement in a more ordinary workaday world.

Chapter Three

An Ethics of Relation

On Alienation and Liking One's Work

> All men should desire to live most happily, and should know that they cannot so live in any other way than by cultivating the soul, and yet leave the soul uncultivated. (Apuleius, cited in Foucault, 1988, p. 45)

> If I stayed late in the library to finish stuff off, the other people on my course would say, 'you're naughty, you are—you're always working', and if I turned up late in the morning, they'd tut-tut about that, too. It's like they thought everyone had to work the same nine to five even if that's not what suited them. [...] I think they blamed me in part for my depression because they thought if she just got on with her work in the right way she wouldn't be under so much pressure all the time. (Ginny, occupational therapy student)

Having explored in the first two chapters numerous means of conceptualising the relations between work and therapy and work and madness, it is time now to begin expounding more explicitly a theory of relation, and what a focus on relationality in a critical study of work might entail. As the first of two chapters taking relationality as their focus, ostensibly, the subject of this chapter is the imagined relationship between a worker and his or her work—the subject, of course, of the classic accounts of alienation, which probably remain the most comprehensive account of the connection between paid work and mental ill health in capitalist modernity—but also, as I go on to

demonstrate later, many more contemporary approaches too (in the next chapter, attention will turn to the relation between one's self and one's madness and the ways in which that relation can be conducted in the workplace). Whilst the chapter takes seriously the notion that in conditions of late capitalism, the relation between work and worker faces particular challenges (see Josephson and Josephson, 1962; Braverman, 1974; Sennett, 1998; Crawford, 2009, for a review), a purpose of the argument is also to think critically through the underlying ideas such hypotheses harbour about the kind of relation one should have with one's work.[33]

In what follows, the chapter consists of three stages. In the first section, I introduce some classic approaches to work and workmanship (to include romanticism, Marxism and industrial psychology) with a view to demonstrating not only the historical interest in work-worker relations across a range of scholarly traditions but also the normative ethics around which many of these positions can be seen to be based. In the second, I make a series of comments to draw out the implications of these classic notions of relationality for understanding human flourishing at work, particularly in the case of mental ill-health. In the final section, returning once more to my empirical material, I offer some lived examples from participants in my own research both to illustrate but also destabilise the ways in which the relation between work and worker and the significance of that relation have traditionally been conceived. The central purpose of the chapter is to demonstrate how the relationship between work and worker has become trapped between two powerful discourses of nature and ethics which together act to delimit the relations that are deemed appropriate for humans to hold with their work. With particular reference to those such as Ginny (above) who suffer from the constraints of appropriate relations, conventionally perceived, in conclusion the chapter attempts to reclaim the ethical nature of humankind's connection to work without the normative and even moralistic connotations that talk of ethics can bring.

[33] A version of this chapter is scheduled to appear as Laws, J. (in press) 'Madness, Alienation and Enjoying One's Work'. *In:* Sahu, P. and Cuzzocrea, V. (eds) *Valuing Work: Challenges and Opportunities.* Oxford: Interdisciplinary Press, and appears in abridged form in the e-book *The Value of Work: Updates on Old Issues* (ID Press, eds. Laws and Cuzzocrea, 2011).

The Theory of Work: A Relational Tradition

Whilst not always described as such, a history of the theory of work has long been a relational tradition.[34] Although it is probably the case that theories of work have always included some notion of relationality (that is, an attention to the relation between worker and his or her work), perhaps the most iconic birth of a history of relation is the Protestant reformation. Prior to the Reformation, philosophies of work—where they had existed—focused mainly on the issue of what kind of work was preferable for whatever given aim (health, happiness, godliness, etc.). Famously, Aristotle denounced manual work in favour of the political and contemplative life of the philosopher. Likewise, in medieval monasticism, notions of ideal work constituted the life of prayer and contemplation, with trade and commerce considered dangerously immoral. At the heart of the Reformation, Luther swept away such notions of 'higher' and 'lower' callings and said no longer was it holy to depend on the spiritual life of the Church for one's work. Instead, the best way for the Protestant to serve God was by doing most perfectly the work of his or her trade or occupation. Humble labour and toil were Godly characteristics and were thus applicable to everyone and all kinds of work equally—providing their relation to the work was in good Christian faith. Such shift to focusing on the *relation between* worker and work constituted the birth of the modern work ethic since whilst only a monastic elite could have practiced holy work in the pre-Luther understanding of what it meant to be holy, in the new theology, anyone could strive to *relate* to their work in a Godly fashion.[35]

Far from the ascetics, the ideas of the romantics—both in early examples such as Rousseau through to the later nineteenth century Arts and Crafts movement—were also deeply connected with relations. Whilst the Arts and Crafts movement offered strong commentaries on the importance of 'good' kinds of work from a systemic point of view (as I have already discussed in chapter one with regard to the movement's denunciation of mass production and revival of craftsmanship), it also placed a degree

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[34] Whilst there are links to be made between the two arguments, the context in which I am discussing relation here should be separated from the context in which it is used in 'systems' approaches such as the adoption of complexity theory in the social sciences (Byrne, 1998; Curtis and Riva, 2010). In the latter, relation/relationality more expressly refers to the interaction or correlation between different elements in a system, rather than (as I use the term), the connection or bond. As further reading, Harrison (2007) provides a review and critique of the ongoing interest in relation in geography more broadly, to which the second half of this chapter might loosely be considered to speak.

[35] See Tilgher (1977), Applebaum (1992, chapter fourteen) and of course Weber's *The Protestant Ethic and the Spirit of Capitalism* (1905) for a more comprehensive overview of the ways in which conceptions of work changed during the Protestant Revolution.

of *personal* responsibility on the worker for relating to his work in good spirit: as William Morris put it, 'the *pleasure* which ought to go with the making of every piece of handicraft has for its basis the keen interest which every healthy man takes in healthy life' (Morris 1883, p. 174). Indeed, the tragedy of industrial society was that it 'forced' workers 'to lead unhappy lives or *allowed them to live unhappily*' (*ibid.*, my emphasis). 'Good work' was thus a matter both of external conditions and mental attitudes (although Morris was also in this sense an educationist and as such considered there to be a recursive relation between society and attitudinal dispositions). In addition to romanticism's interest in the affective connection of worker to work, many romantic texts, especially in the Arts and Crafts movement, invited a third partner into the work-worker dyad. This partner was *nature* (or the environment): in his oft-cited account of 'an afternoon walk in the suburbs of one of our large manufacturing towns', for example, Ruskin complained that the industrial workman was deprived of the possibility to create anything beautiful, since working with a beautiful mind was a product of working in a beautiful environment (1859, p. 137). Unlike other critiques of factory work which focused on the injustice of the *ownership* of production in the developing capitalism, for the romantics, the disruption of nature and the 'natural' bond between worker and work was the greatest injury of industrialism.

However, analysis of the connection between worker and work was without doubt most extensively and elaborately developed in the writings of Karl Marx. For Marx, the sacred connection between man and work constituted one's *gattungswesen* ('species-life' or 'species-essence'—i.e., that which distinguished man from animals). Rejecting the nostalgia of Rousseau and many other Enlightenment thinkers for some original state of nature in which humans were at one with the world, Marx saw the natural world as inherently alien and awkward to man. Work—i.e., acting productively and creatively upon the world—was thus a central mode by which man could transcend this original alienation from nature and make himself 'at home' in the world, socially, politically and materially (Sayers, 2005). For Marx, the necessity for *gattungswesen* to be a *working* essence was thus self-evident (a reason, perhaps, why in all of Marx's writings there fails to be any extended delineation of his understanding of the term): so long as we understand humankind as a social being (that is, a species aware of its existence and membership to a community of humans), then if man creates his world through his work, by implication he also creates his social world and thus *himself* through his work as well. Accordingly, work must necessarily occupy a position of

absolute primacy for the existence of man as a social species, since work is not just a means for the species to survive, but a precondition for species life.

Whilst there is comparatively little written in the secondary literature about Marx's views on work compared to his political and economic writings, it is probably no exaggeration to argue that the importance of the relation between work and human nature was the single most important aspect of Marxist philosophy.[36] When Marx wrote 'workingmen of all countries, unite!' (Marx and Engels, 1883), this was because he considered man's identity as a worker to be the foremost character of his humanness. And whilst it is certainly true that Marx was moved by the cruelty and suffering he observed in the factories burgeoning around him, his rousing descriptions of the workingman's plight ('the worker, who for twelve hours weaves, spins, drills, turns, builds, shovels, breaks stones, carries loads, etc.—does he consider this twelve hours' weaving, spinning, drilling, turning, building, shovelling, stone-breaking as a manifestation of his life, as life?') only gain their *true* Marxian significance when it is remembered that, for Marx, such industrialism not only placed the individual worker in miserable conditions for the larger portion of his day, but also robbed him of that which was most precious to his essence—his capacity for free, self-defining work (Marx, 1849, p. 23).

For the purposes of this discussion, what is interesting and significant about Marx as a thinker is that it was not the qualities of work itself (weaving, spinning, shovelling, etc.) that interested him, nor the qualities of human essence that drove his theory. Instead, it was the relation between both of these fields—between *gattungswesen* and life-activity—that fascinated Marx. In *Capital*, this is made most explicit in the famous bee analogy. To synthesise the argument (which appears in alternative forms in his earlier writings also), it would be easy to imagine that through their superior use of technology, humans were separable from the rest of the animal kingdom by their ability to produce (indeed, here lies the origins of earlier conceptualisations of man as *homo faber*—a term which in *Capital* [p. 309] Marx attributes to Benjamin Franklin). Following the work of Hegel, Marx argued however that this was a mistake (or at best, a simplification)—after all, according to that famous quotation, 'a spider conducts

[36] For some readers, this remark will appear most applicable to the Early Marx, where Marx's humanist persuasions were strongest (see especially Althusser, 1953). The extracts in the following paragraph from *Capital* however demonstrate the extension of (at least some of) these relational ideas into Marx's later writings.

operations that resemble those of a weaver, and a bee puts to shame many an architect in the construction of her cells’ (1906, p. 174). Instead, it was the *relation between* work and worker that distinguished man from ‘mere animals’. Humans and animals both have the capacity to act as producers. However, since animals produce only according to instinct or immediate need, animals have no ability to *relate* to their work as separate from themselves—as Marx put it, ‘the animal [...] does not distinguish itself from its life-activity. It *is* its life activity’ (1844, p. 68). By comparison, humans—who can and do choose to produce independently of immediate necessity—have the entwined abilities both to think upon their work as an activity separate from them, and to make decisions about how it should be carried out (or, at least, how they would like it to be carried out if given sufficient choice). In this way, as Marx explained, ‘what distinguishes the worst architect from the best of bees is [...] that the architect raises his structure in imagination before he erects it in reality’ (1906, p. 174).

Despite the differences between the two traditions concerning the hospitability of the natural world, Marxism and romanticism thus converged in their absolute faith in the natural and *vital* link between work and worker. In both traditions, the relationship between work and worker surpassed merely a glorious justification of work, but regarded work as the ‘vital impulse that unites matter and intelligence as the essence of man’ (Applebaum, 1992, p. 475). Alienation, a topic to which I shall return more extensively in the second half of this chapter, thus constituted the ‘separation of things that *naturally* belong together’ (Mejos, 2007, p. 79). Accordingly, the industrial worker’s life was not only an unhappy one, but an unnatural one also.

Whilst Marxism and romanticism are only two of many possible traditions that might have been introduced here, it is fair to say that relationality (a focus on the relation between work and worker) permeates other less critical literatures also. Whilst contemporary industrial psychology and management studies have little in common with nineteenth century romanticism and socialism, here too a surprising focus on the vital relationship between worker and work can be found. From the foundational ideas of Maslow emerges a core belief that the healthy, ‘self-actualised’ worker will ‘naturally’ engage actively, mindfully and joyously with work; furthermore that the healthiest worker will experience ongoing ‘growth motivation’ (i.e., will strive for new challenges and experiences) in his occupation (Maslow, 1954). Moreover—as I will discuss in more detail later—disturbances to the imagined connection between worker

and work constitute the backbone of many work-based illnesses: in the literature, workaholism is described as a 'disease of over-commitment', and at the opposite end of the spectrum, depression and burnout as 'detached concern' and 'distant attitude' towards one's work, often caused by perceived over-use or injury (metaphors of a snapped ligament are here suitable).[37] Likewise, whilst again it is not within the reaches of this chapter to review such literatures, in recently fashionable philosophical-evolutionary-clinical perspectives such as Tallis' *The Hand*, a focus on *doing, acting*—and by implication—*working* are seen as psycho-biogenetically crucial aspects of emerging human subjectivity, thus uniting the possibility of first-person being with the experience of person-activity relation (Tallis, 2003; see also Csikszentmihalyi, 1973; Kane, 1996).

Developing Connections

So far, there is nothing especially radical about what has been presented above—certainly, Marx, Ruskin, Luther and the rest are unsurprising entries for a history of the theory of work. However, it might be helpful at this point to consider exactly what is at stake in thinking about the inherent *relationality* implicit in the structures of these ideas, and how we might separate this from other kinds of theoretical concerns (for the point must be made again, whilst it is very much the argument of this chapter to suggest that connectedness and relation run through the diverse intellectual traditions reviewed here, rarely would any of these bodies be described explicitly as a theory of relation in the first instance). Briefly, perhaps four major significances of focusing on relation can be seen (I name these wholism; an interest in 'howness'; a relational relation; and an *ethical* orientation towards connection):

(a) Wholism

In short, this concerns the focal point of investigations into the connection between work and humankind. As stated above, whilst some implicit notion of relationality has always tied together the loose ends of philosophy required for explaining the apparently 'vital' character that work has for man, it is a step further still to shift this

[37] Verbatim extracts taken (in order) from Cherniss, cited in Iacovides *et al.* (2003, p. 211); Karger, (1981, p. 271); and Schaufeli *et al.* (2008, p. 173).

idea of relation to the centre of conceptual focus. If imagined visually, many theories of work, conventionally conceived, appear thus:

human work

with the components 'human' and 'work' accentuated (emboldened) and the essential connectedness (the dotted line between the two) there-present, logically necessary for the progression of the argument, but left implicit and overshadowed by the more prominent passages of the argument. A relational perspective concerns thus a shift in focus rather than substance; a squint of the mind's eye to bring relation to the forefront:

human work

Despite the subtlety, there are some serious implications of this manoeuvre, especially in a context of mental (ill) health. First, to acknowledge the importance of connection within theories of work is to say that good work is not (just) about the characteristics, skills or mental health of particular workers, either individually or collectively as a workforce. Given numerous encroaching trends towards individualism in the mental health at work literature, this is significant since highly individualised approaches tend to obscure wider organisational, cultural and economic reasons for worker ill health or unhappiness (Friedman's infamous 'Type A/ Type B' personality traits as a predictor of workplace stress are a good example [Friedman and Rosenman, 1974]). Similarly, focusing on relatedness disqualifies the alternative hypothesis that good or healthy or therapeutic work is (just) a property of the work itself, as if any one particular form of work—gardening or handicrafts, for example—could be identified as equally good for everyone (a lingering concern about those therapeutic ideals of work introduced earlier in the thesis). As seen above, the Arts and Crafts movement and Marxism risk being read in this light; although, as I shall go on to demonstrate later, this fails to highlight their full potential.

Partially, the effect of this 'squint' is a trend towards methodological wholism: the sum of the qualities of worker and work are greater together than the sum of both expressed separately. But the effect created is also one of *process* or *dynamism*—that the presumed collisions and linkages between human and work (which are, of course, in

the main imagined) are not just empty finger-spaces between workers and work but are themselves filled with characterful presence.

(b) An interest in 'howness'

It's not what you do; it's the way that you do it. Again, the subject of this second element of relationality concerns shifting attention from the isolated qualities of worker and workmanship to the qualities of the working relationship itself. This notion of 'howness' covers both structural elements (the terms of one's working conditions and the qualities of freedom in work) but also dimensions which might vaguely be expressed as 'in the heart' of the worker too—what I shall talk about later as matters of *ethical* orientations. From this latter perspective, from the broad literature on work (including that which I have reviewed already in this thesis) a selection of recurring imperatives can be identified for how the 'good' worker must relate to his work, most of which fall under the general heading of character or virtue ethics. To provide a synthesis:

- You must cultivate in your work a sense of greater purpose beyond personal financial gain—be this serving God (cp. Luther), seeking excellence in your craftsmanship (cp. Ruskin), or actualising your *gattungswesen* (cp. Marx).
- You must seek joy in your work. As seen above, this was central to the Arts and Crafts movement, but see also contemporary organisational psychology and management models (a favourite example is the fishmongers of Pike Street Fish-market, Seattle, who have acquired world fame in their attempt to enjoy their rather smelly work. The fishmongers sing songs, juggle the fish and engage shoppers and tourists at the market in participatory fish-throwing fun—and have more recently become motivational gurus and consultants on issues of joy at work.)[38]
- Similarly, you must seek a future in your work. Marx's future was class emancipation. For others, this is the personal ambition of career progression. Carl Rogers (1980), the founder of the humanistic counselling movement, for example, describes humans as seedlings, 'naturally' seeking growth and development (Rogers called this the 'human actualising tendency'). Failure to exhibit such tendencies in the workplace or elsewhere was seen by Rogers as evidence of

[38] See the management text, *Fish! A Remarkable Way to Boost Morale and Improve Results* (Lundin *et al.*, 2001), for an example of these fishmongers' motivational merchandise.

pathology (and the organic image of seeds and its role in according particular character traits such as ambitiousness a seemingly natural status resonates well with my earlier comments on vitalism).

- You must be responsive to your work. This is a point that will be developed later. Tomatoes on the vine cannot be rushed (the first of several points that concern *time* in this chapter); craftwork must respect the qualities of the material as well as of the tool. In work which works upon people (the service industries and helping professions, for example), the personhood of the worked-upon as well as the worker must be allowed to shape the relationship.

It is fair to say that Marx did not cultivate a virtue approach in his writings on work to the extent that had appeared in the romantic or theological traditions. To a great extent, Marx overlooked the individual subjective experience of the worker entirely and thus such psychologistic perspectives had little place in Marxist thought—indeed, the great paradox of alienation was that the content and committed employee under conditions of capitalism would be as alienated as the unhappiest worker, since on a structural level both experienced the same abstraction of their labour into the hands of their employer. For some commentators (Mészáros is an example), this observation was what was most novel about Marx: that alienation and its eventual transcendence (i.e., communist revolution) was an ontological assertion rather than an ethical ought. However, it also seems fair to argue that Marx did not *avoid* this character tradition entirely, either: whilst the growing class consciousness that Marx saw as a condition for revolution may well have been a matter of ontics over ethics, and whilst the relational character virtues I have described above (commitment, mastery, joy, etc.) had little place in Marx’s diagnostics of alienation, a strong relational ethics was nonetheless present and is no harder to find than in the *Manifesto* itself. In ‘workingmen of all countries, unite!’, we see Marx’s answer to *how* one should relate to one’s work was this: politically.

(c) A Relational Relationship

Perhaps this is the least instinctive implication of taking seriously the relationality of work, and is thus worth examining in slightly more depth. Put succinctly, observing relationality concerns the realisation that people have a *relationship with* as well as a *relationship to* their work—i.e., that work relates to the worker as well as the worker to

the work. (Perhaps this might also be encapsulated in the semantic difference between 'relationship' and 'connection', where the former signifies a more sentient and reciprocal engagement—although I have not gone as far as to make such differentiation in my own writing). I have called this a *relational relationship,* not because the term adds anything new (what other kind of relation could there be?) but to *remind* the reader (and writer!) of this two-way relation; that is, to pre-empt and guard against the anthropocentric metaphysics that will otherwise draw us back into a means of conceptualising the link between work and worker that is exclusively human-driven.

Perhaps the most ready illustration of this relational relation can be observed in the Judeo-Christian conception of 'vocation' or 'calling' (*beruf*) as a Godly-guided choice of occupation for the individual to best fulfil his purpose in life, which again we might trace to the Protestant Revolution and to Luther and Calvin. In the imagined biblical past, men and women had been conscribed to God's works by means of direct recruitment such as Yahweh's dramatic appearance to Moses during the revelation at Mount Sinai. By the age of Luther and Calvin however, God's method of calling men had turned instead to the more mysterious means of divine providence. Characteristic of a thoroughly rationalistic religion, the Protestant tradition attempted to overcome such abandonment by advocating a systematic examination of one's aptitudes and talents (and the perceived virtues of the trades) as a means to discern one's vocation—Rousseau's concerns for a suitable trade for the imaginary Emile are an entertaining example:

> Emile shall learn a trade. 'An honest trade, at least' you say. What do you mean by honest? Is not every useful trade honest? I would not make him an embroiderer, a gilder, a polisher of him, like Locke's young gentleman. Neither would I make him a musician, an actor, or an author. With the exception of these and others like them, let him choose his own trade, I do not mean to interfere with his choice. I would rather have him a shoemaker than a poet, I would rather he paved streets than painted flowers on china [...] I was wrong. It is not enough to choose an honest trade, but let us remember there can be no honesty without usefulness. (Rousseau, 1762, p. 172)

Yet (as is the point of the passage in *Emile*), *true* calling came from work itself—from the land or tools or sentiments of some or other profession. Whatever Rousseau's *hopes* for Emile, ultimately these were futile: 'the world is full of [workers] who have no native gift for their calling, into which they were driven in early childhood, either

through the conventional ideas of other people, or because those about them were deceived by an appearance of zeal’ ... ‘this spirit [of work] shall guide our choice of trade for Emile, or rather, not our choice but his; for the maxims he has imbibed make him despise... vain labours’ (p. 172). Signs of calling thus lined the world, guiding the receptive worker into action. In Luther’s vivid imagery from *Psalms*, ‘the pious farmer sees this verse written on his wagon and plough, a cobbler sees it on his leather and awl, a labourer sees it on wood and iron: Happy shalt thou be, and it shall be well with thee’, such calling provided gladness and purpose in work (cited in Applebaum, 1992, p. 323). As Carlyle writes, ignoring such audible cries of work—or being unable to answer (as in the instance of underemployment, which is the subject of his concern in this extract)—was tantamount to madness:

> In the Union Workhouse [...] they sat there, nearby one another; but in a kind of torpor, especially in a silence, which was very striking. In silence: for, alas, what word was to be said? An Earth all lying round, crying, ‘Come and till me, come and reap me’;—yet we here sit enchanted! [...] The Sun shines and the Earth calls; and, by the governing Powers and Impotences of this England, we are forbidden to obey. There was something that reminded me of Dante’s Hell in the look of all this, and I rode swiftly away. (Carlyle, 1843, p. 237)

A significance of this ‘relational relationship’ for human flourishing is that there is a certain ‘there-ness’ or ‘otherness’ in work; that work acts upon us as we act upon it, nurturing particular forms of connection between the mind and reality. Smith discusses this in relation to craft work:

> In doing work that demands craft skills we cannot wholly impose ourselves on the world of things, yet as we master the work, the gulf between us and things, so often cause of baffled alienation, diminishes to the point where we can, as we say, ‘put something of ourselves’ into what we do. Thus we learn a proper relationship to the world, one in which we are neither so distanced from it that, like animals, we can only submit to its contingencies and obey its iron law, nor so at one with it that, like gods, we can make the world respond to our will as readily as our daydreams do. (Smith, 1987, pp. 197–201)

Sennett develops this point helpfully to distinguish between ‘found’ and ‘made’ resistances and their relation to character virtues such as patience: ‘just as a carpenter

discovers unexpected knots in a piece of wood, a builder will find unforeseen mud beneath a housing site. These found resistances contrast to what a painter does who scrapes off a perfectly serviceable portrait, deciding to start over again; here the artist has put an obstacle in his or her own path' (Sennett, 2008, p. 215). Such resistances—the refusal of wood or paint to surrender its own properties to the fancy of the craftsman—is the prerequisite for work, since without such opposition, action becomes like a free-wheeling bicycle with no bite on reality. Of course, talking in such a way about work breeds its own kind of romanticism and I shall return critically to this notion of a 'proper relationship' later in the chapter. In terms of mental health, however, a relational relationship with work nonetheless provides some small safeguards for sanity. Work allows for a relationship with the world in which the fragile self can be seen to achieve something in its material environment (which is important, as Gwyneth—the poet and author we met in the previous chapter—says, it is easy to feel powerless in the face of objects when one is depressed, since even the inanimate world can appear to have more strength than you [Lewis, 2002]). Yet being forced to face the *resistance* of work also protects the soul from an unregulated megalomanic flooding onto the world—as Smith suggests above, the stuff of daydreams—or worse, psychosis, since the psychotic condition is one in which human consciousness has become detached from the constraints of a physical reality.[39]

Observing a relational relation (the focus of this subsection) develops the first, wholist claim (above) into an examination of the *dynamic* interplay of the connection between man and work. In diagrammatic form again,

becomes,

Yet, if taken seriously, such thesis also stands as a caveat to the character ethics that underwrote much of the second claim (the issue of 'howness'), since in a *relational* relationship, connection or attachment are not properties of the individual worker but

[39] This position of course draws much from Heidegger, for whom the individual is always 'thrown' into the there-ness of existence and for whom authentic existence depends upon finding one's unique place in the world (Heidegger, 1927).

comprise the interactions of *both* parties (work and worker) as they act upon the other.[40] This notion of relational ethics will be developed in the next point.

(d) A Doctrine of the Mean

Having established that there are relational relations between worker and work, the final character of relational theories that I wish to draw out is their implicit commitment to an Aristotelian golden mean of relationality—i.e., that it is possible both to be too connected and not connected enough to one’s work—and (following the Aristotelian tradition) that transgressions from such norms are contraventions of both nature and ethics.[41] To return briefly to Marxist theory, it is straightforward to say that the separation of worker and work that Marx envisaged taking place in capitalism was both dangerous and undesirable. However, as demonstrated in the bee analogy, it is equally important to stress that for Marx, *some* degree of separation between worker and work was also not only desirable but requisite for engaging in work at all (put more formally, objectification and externalisation are conditions of acting upon the world; for Marx, this exterior was of course nature itself). Ditto, as evidenced in the opening line of the quotation from Smith above, in the establishment of an appropriate relation of craftsworkers to crafts materials (not too connected, and connected enough). Indeed, in this example of craftwork we might remember the patients at the Marblehead sanatorium (chapter one, p. 30), who were unable to ever finish the pots they were making due to their fears that the wares might break in the firing process, and suppose that they had somehow stepped outside this ‘safe’ range of relatedness.

It is in this construction of a golden mean of relatedness, brought about by the coming together of morality and healthiness (nature), that the significance of relationality for a study of mental health emerges. As described above, relating to one’s work in the right way is depicted as an ethical ought but also (as per the tenets of vitalism) one dictated

[40] Although this is not to suggest like-for-like reciprocity—for just as Heidegger draws a distinction between the way in which the lizard touches the stone and the stone touches the lizard, we realise that the metaphorical way in which work touches the human and the human handles his work are not the same but have their own particular qualities (Heidegger, *The Fundamental Concepts of Metaphysics*, in Ingold, 2010).

[41] Aristotle suggested that all examples of the virtues were caught between the extremes of corresponding excess and deficiency, ‘in which excess is a form of failure, and so is defect, whilst the intermediate is praised and is a form of success; and being praised and being successful are both characteristic of virtue. Therefore virtue is a kind of mean, since, as we have seen, it aims at what is intermediate’ (*Nicomachean Ethics,* Book II, Chapter 6, §24–28). To Aristotle, the notion of such mean tied together ethical health, mental health and physical health and his illustrations are taken from examples as diverse as portion size for food, courage and temperance, which consciously traverse all three areas.

by the *natural* laws of human existence. As such, a series of mini theses can be imagined: *i*. That transgressions from the golden mean constitute pathology, as a sign of poor embodied and ethical health; *ii.* That the limits of healthy relations are defined both by nature and by ethical standards; *iii.* That there is a component of responsibility in work-related health—that is, that remaining within the bounds of good relation is the personal duty of the individual as well as an effect of broader social structures of work.

In both the clinical context and the construction of everyday pathology, work-based illnesses and poor mental habits refer back to these (imaginary, implicit) golden relations. We have already mentioned workaholism and burnout as diseases of connection (we shall consider some empirical illustrations shortly). Perfectionism and its antonym, carelessness, are other neat examples—indeed, in the literature, both of these deviations from more healthy relations to quality and performance are linked to a common psychological flaw: low self-esteem.[42] The old Freudian concepts, to be anally retentive or anally expulsive, also warn of the dangers of transgressing the golden mean of appropriate relatedness (leading to fastidious and cautious, or creative yet haphazard behaviours respectively)—and whilst such concepts are usually dismissed in contemporary psychoanalysis, it is nevertheless striking to note their ongoing presence in the conversational diagnosis of common workplace maladies ('he's anal', etc.).

There is also an ethics of time and space which come to bear on this 'mental hygiene' of good worker-work relations (the term mental hygiene, invented in the mid-nineteenth century to describe a range of personal practices for the maintenance of mental and moral wellbeing, is apt here with its connotations of orderliness and cleanliness, and is popular in workplace psychology in this context).[43] As such, the hours and days of the week that can be worked, the places in which work can take

[42] Particularly in the context of school children. In the instance of perfectionism, the child is perceived to lack the self-esteem and confidence to tolerate mistakes; in carelessness, she does not see herself as worthy enough to strive for perfection, or indeed any kind of quality at all. See Cigman (2009) for a discussion.

[43] See, for example, the chapter entitled, 'Mental hygiene: Working on yourself', in Morris and Laufer's *Dysfunctional Workplaces: From Chaos to Collaboration—A Guide to Keeping Sane on the Job* (2008). The chapter begins, 'this is the most important chapter in the book, because it's about the most significant working relationship in your life: your relationship with yourself. This relationship, your inner life, not only shapes how you feel moment by moment, it also determines [...] how well you function at work, and how your presence in the workplace impacts everyone else there' (p. 169). Among the many practices which are cited in the book as examples of good mental hygiene are management of perfectionism, dealing with worry, and behaving in ways to ensure one 'gets noticed' at work without obsessing over whether one is 'getting noticed' or not.

place, and the micro-organisation of workspace become conscripted into particular ethical/health-related significances. Notwithstanding the drive towards presenteeism and the long-hours culture in many workplaces, simultaneously, 'taking work home', staying late in the office or failing to maintain a particular work/life balance constitute infidelity to one's own occupational self-care regimes. (Later, I introduce Maurice, an artist and glassworker who in the height of a manic-creative rush, breaks such norms by choosing to work for several days without sleep until a task is done—to the intense disapproval of his psychiatrist. In a rather more sombre story, Ginny—the occupational therapy student at the start of this chapter (p. 79, opening quotation)—talks despondently about how her co-workers chastise her when she stays late in the library to catch up on work, which she finds takes her longer than her peers due to the sedating side-effects of her anti-psychotic medication. 'You're naughty—you're always working', they tell her—and eventually she starts smuggling her work home in secret or leaving the campus at the same time as them just to turn back when they are out of sight). Management of the volume of papers in one's inbox, regulation of one's desk-tidying practices, resisting (or not) the temptation to open work emails at home and ensuring a healthy expulsion of work-related materials from the bedroom (common advice for promoting good quality sleep) thus all contribute to the myriad ways through which the care of the self must be enacted through the maintenance of particular worker-work relations.

(e) A Relationship in Crisis

Finally, in what is less a comment on relationality itself, but more a reflection on theories of relation, is a fifth point concerning an ongoing narrative of crisis in which worker-work relations are often presented: that is, as dominant modes of production in society move ever further from more primitive forms of engaging with work, our natural human relationship with work becomes increasingly under threat.

Perhaps the most touching testimony to the centrality of work in Western society is the oft-seen temptation to anthropomorphise work and the relations we have with it. In clinical psychology, the loss of work is considered a *bereavement* in which the person who has lost her work must grieve as for the loss of a human relation (Vickers, 2009). Such grief and mourning is observed at a cultural level too. In the wake of the first industrial revolution, Marx grieves for earlier modes of artisanship in which 'the

labourer and his means of production remained closely united, like the snail with its shell' (Marx, 1906, p. 480)—a vision of wrenching apart which Marx saw as indicative of capitalism. In the second and third revolutions (to automation and then deindustrialisation), similar wrenches are documented. For an evocative and oft-cited extract from Braverman:

> Thus, after a million years of labour, during which humans created not only a complex social culture but in a very real sense created themselves as well, the very cultural-biological trait upon which this entire evolution is founded has been brought, within the last two hundred years, to a crisis, a crisis which Marcuse aptly calls the threat of a 'catastrophe of the human essence'. The unity of thought and action, conception and execution, hand and mind which capitalism threatened from its beginnings, is now attacked by a systematic dissolution employing all the resources of science and the various engineering disciplines based upon it. The subjective factor of the labour process is removed to a place among its inanimate objective factors. To the materials and instruments of production are added a 'labour force', another 'factor of production', and the process is henceforth carried on by management as the sole subjective element. (1974, pp. 170–171)

Amidst such narratives of crisis, it is indicative that the essential relation between human and work becomes central not just to one's working life but to life as a whole. Likewise, throughout such narratives, the once *structurally* defined phenomenon of alienation becomes widened to a broader state of cultural malaise and unhappiness attributed not only to work-worker relations but to the total system of work and consumerism as it unfolds in late capitalism—in the United States, the publication of Josephson and Josephson's *Man Alone: Alienation in Modern Society* (1962) catches the moment well.

The elements of relationality I have discussed above—wholism, vitalism and an ethics of the golden mean—thus come together in the nostalgia of crisis discourse, creating a compelling framework for healthy relations to work yet simultaneously always already mourning the inevitability of its encroaching end.

Lastly, it is noteworthy that in certain accounts, alienation has also taken a political turn to the right in the context of crisis discourse (this is an alienation which owes more to Durkheim than Marx, given its focus on social order). Marx's alienation—as

we have now established fully—was a *structural* concern; the severance under the conditions of capital between worker and his rightful work or *gattungswesen*. The new, right-wing alienation instead observes a cultural and psychological alienation of specific subgroups of society from the labour market. Young people, single mothers and people on long-term sickness benefits (including the mentally ill) have lost the natural narrative pull towards paid employment—an alienation which such subgroups self-perpetuate through under-investment in their working lives. Policy interventions to get people back to work (especially in the UK and US) have increasingly followed such discourse: the depressed are envisioned to have 'lost touch' with the labour market, becoming 'trapped' in a culture of benefit dependency (note the difference here to Carlyle's enchanted unemployed workers in the Workhouse above, wherein again an experience of entrapment is described but in which instance appears to the horror and angst of the workers who are unable to respond to the World's calls). According to such models, ongoing cycles of despair are thus created: depression leads to worklessness which leads to alienation which leads to more depression. Notions of in-work alienation of the kind Marx discussed—if mentioned at all—become overridden by talks of financial incentives such as 'minimum wage' or 'working tax credits' as if these counteract the need for a more vital human fulfilment in work. Such ideas are not developed further in this chapter but are worth holding in attention due to their clear impact on mental health policies.

Relationality, Work and Mental Ill Health

Having established more explicitly some features of a relational focus to work and its relevance to mental ill health, in the remainder of this chapter I turn to some empirical case studies to explore how relationality might inform an analysis of the narratives of people with mental health problems, but also to provide some way of critiquing the implicit assumptions of appropriate relationality that classic theories of relations have harboured. The reasons for introducing so-called 'clinical' populations (i.e., people with diagnoses of mental illness) to the discussion are multifold. First, if we think we have established grounds for a 'right' or 'healthy' relation to work and workmanship, then considering the narratives of people with unusual work relations provides one way of exploring what becomes of those who transgress such borders—that is to say, those who appear too connected or not connected enough to their work. (To add some indicative questions: Is, as some of the classic perspectives suggest, madness or mental

ill health an *inevitable* result of poor worker-work relations? And conversely, are such 'alternative' relations between work and worker in and of themselves sufficient evidence to identify pathology?) Second, a focus on 'mad' relations addresses a current lacuna in the literature: in psychiatric literature as it is with theories of work, notions of relationality are ever-present, often even casting the moulds of psychiatric diagnoses themselves ('attachment disorders' as the most obvious of examples)—however, as it is with work theories, rarely are psychiatric accounts of ill health *explicitly* discussed in vocabularies of relation as I have framed them here.

However, it is not my purpose to spend the remainder of this chapter arguing that relationality should instead become the new centre point of research into work and mental health (for to do so would of course itself give way to a new form of reductionism). Rather, what I hope to do next is, using the narratives of individuals living with mental health difficulties, to explore how our assumptions of relationality (and particularly of the 'right' relation) often falter in the empirical context. In what might be read as a series of disruptions to the ethico-medical basis of the golden mean of relation, the four major points with which I take issue here concern *i.* the privileging of particular types of work for healthy relationality; *ii.* the romanticisation of the worker-work relation, illustrated by the compacting of alienation into a disease of under-connection only; *iii.* the primacy of the *task* in work-worker vitalism (another form of romanticism about work); lastly, *iv.* the notion that work-worker relations which transgress the implicit mean of good relation are necessarily damaging.

Suitable Work

We shall begin with some very simple points: in the first instance, to speak to the virtue ethics I discussed in (b) above. We should cultivate in ourselves, we are told, connections to our work which contain joy, ambition, purity, attunedness, etc.—and that such good relations will then go on to nurture our wellbeing further. Yet, do the appropriateness and opportunity for such orientations not depend themselves on the type and quality of the work we are undertaking? It is worth expanding these questions in light of the discussion of craftsmanship above, to focus on a particular material—glass, the production of which has been associated with the North East Coast since the

early eighteenth century.[44] Maurice and Simon, both of whom are glassworkers, each in different ways describe their relation to this material and to their work. Maurice is an artist and glassblower who rents workshop space and a retail unit in a visitor craft attraction. He is one of the individuals in this research project who treasures his madness for the creativity it bestows upon him—and yet whilst he sees value in his madness for assisting him in his work, he also sees the value of his material connectedness to his work in keeping him in grounded contact with the material world:

> When I get some shop time [i.e., rented time in the workshop], the glass is just right [...] I stop noticing the heat or thinking about the people watching me. Hot glass looks like cold glass—that is what they teach you at art school, so you learn to be careful because you are talking three thousand degrees. But it means you have to use your instinct, you have to feel it [...] Your whole body gets in line with the glass, I feel very in touch with the glass.

(We will come back to Maurice in the next chapter.) Simon's experience of glasswork however comes in the form of factory work in a plant making industrial-grade glazing panels further down the coast. The job, from which he resigned eight years ago, was a major tipping point in his nervous breakdown—and a particular incident to which he returns was his involvement in a serious industrial accident in which a colleague lost a limb after one of the panels fractured when he lifted it. As Simon describes it, the accident had been 'waiting to happen' not only because of managerial corner-cutting with regard to health and safety and the quality of raw materials (triggered in part by the economic difficulties of sustaining a manufacturing industry in the UK in the face of international competition), but also because the automation of the glass making process stopped employees having a good practical knowledge of the glass. It is worth quoting a section of the conversation at length:

> Myself: Would you describe it as a skilled job?
>
> Simon: Yes. Well, no. Semi-skilled. It's more about nerve than skill. It was a bit of a dangerous game really and there was no health and safety or anything like that. As my confidence got worse, I was never really one for missing work but it got to any excuse not to show up on a morning. I just didn't have the nerve to pick up the sheets of glass

[44] Elliott makes this point more polemically in his critique of the contemporary tendency to treat work-dissatisfaction and alienation as if it were a *clinical* disorder: 'What could a psychiatrist say to the happy slave? What could he say to an alienated Sisyphus as he pushes the boulder up the mountain? That he would push the boulder more enthusiastically, more creatively, more insightfully, if he were on Prozac?' (Elliott, 2000, p. 11)

> anymore. That's also how you cut yourself, not just if you're too cocky but if you're frightened of it, if you're too wary of it.
>
> Myself: So you have to have just the right amount of confidence then? Not too much, not too little?
>
> Simon: Yes, the people who are too confident are the ones that tend to get hurt. It's a dangerous game. That was what happened to Wilf. It was the management's fault, we never had gloves nor hats nor anything like that that we were supposed to in the factory, but Wilf had got too cocky with the glass. When you pick up a structure you're meant to check it for runs or anything and he didn't. He just picked it up and that was it.

(In the aftermath of this incident, Simon explains how, after the injured worker had been taken in the ambulance, Simon had been refused permission to leave the floor to get changed, even though he was covered in blood and was very shaken). In these two stories, then, Simon and Maurice both see their relatedness to the 'there-ness' of the glass as tightly bound with their mental health (or lack of it): in Maurice's case, a healthful relation which supports his wellbeing, and in Simon's case, the breakdown of a relation which in the end makes him incapable of work in the glass industry at all (*'I'm not trained for anything else but I'm scared of the glass now'*). More than just illustrations of good and bad relationships however, these stories demonstrate how the ethical properties of glass are inscribed differently in different contexts of work and how the structures and qualities of employment make appropriate different kinds of relatedness with one's work (would we not worry about an employee who was entirely blasé about the accident at the factory or for whom such an experience did not alter at all their relation with the material?). The entry on glassblowing in Diderot's *Encyclopédie* of the arts and crafts (1751–1772) is interesting to historicise this point. The anonymous author (possibly Voltaire, according to some sources) describes how the natural bubbles and irregularities of handmade glass are virtues, both giving the glass a distinctiveness or 'character' that makes it unique, but also developing in the craftsman a more patient understanding of his own limitations as a worker. The introduction of the rolling machine—the first technology to make window panes a workable possibility—is described both with an Enlightenment enthusiasm for progress but also with an already-present concern for the loss of these ethical boundaries that hand-blown glass had naturally provided (Diderot and d'Alembert, *Encyclopédie, ou Dictionnaire Raisonné des Sciences, des Arts et des Métiers*, discussed in Sennett, 2008, pp. 88–104). Yet rather than see Maurice and Simon as

reflective of an undifferentiated narrative of crisis in worker-work relations, we might add more nuanced details too. Maurice's work is not straightforwardly a traditional form of craftsmanship but itself is a reaction against the staidness of much commercial art (and more broadly, as we shall discuss in the next chapter, Maurice's decision to work full-time as an artist reflects his desire for a celebratory lifestyle of creativity that suits the manic aspects of his personality). Just as the arts centre in which his workshop is based celebrates the regeneration of an industrial landscape into one for leisure and economic re-growth, Maurice uses reclaimed industrial glass found along the North East beaches to re-inscribe meaning to decorative glasswork. Likewise, the factory in which Simon (and his father, and his father's father too) had spent all their working lives—at the point of Simon's breakdown and the industrial accident—was not the home of the experimental rolling machine of its day, but a struggling business in an industry in decline in a local region which no longer expected itself to have international prestige for the goods it manufactured. It is all of these factors that must be taken into account together, beyond the virtue ethics espoused by the 'joy at work' scholars and the Pike Street Fishermen, to understand the possibilities and nuances of work-worker relations.

Illustrating the impact of the structural, technological and cultural environment on our relatedness to work is thus useful in understanding the plurality of work-worker relations, and the examples of Maurice and Simon are indicative of arguments about the largely negative human consequences of moving away from more traditional work forms (the narrative of crisis, discussed above). However, if this takes us to the idea that different kinds of work have different levels of quality (a central idea in the narratives of crisis/degradation of work arguments above), to turn this on its head, we might simultaneously state that ideas about the kinds of work in which we are presumed to find quality are themselves governed by romantic ideals. As seen in chapter one, particular forms of work have long been considered (in a relatively untested way) to have especial healthful or therapeutic qualities: craftwork, traditional manufacturing occupations, gardening and other nature work, (sometimes) the helping professions and other romantic occupations too; whilst simultaneously other types of work—the call centre, the fast-food restaurant—gain for themselves a bad name. As shown in chapter one, this has long been a concern of the therapeutic traditions, but in the contemporary scholarly literature on work, a resurgence in such neo-romanticism has again been seen, with particular emphasis on the value of embodied, 'handy', 'thingy' work-forms—Crawford's somewhat unsubtly titled, *The Case for Working*

With Your Hands, or Why Office Work is Bad for You and Why Fixing Things Feels Good captures the mood (for further examples, see Tallis, 2003; O. James, 2007; Warr, 2007; Sennett, 2008).

Without wishing to reject all value in these ideas (and I recall individuals such as Ryan and Kev from the previous chapter for whom exactly these kinds of work—the gentle activities of gardening and craft—have exactly the therapeutic properties described), Sennett's utter dismissal—ridicule almost—of the apparently abstract work of the Computer Aided Design technicians he describes in *The Craftsman,* for example, poses serious difficulties for understanding Amy, another participant in my project, for whom computer-based design work is an activity (and a career) which has a total therapeutic absorbedness in very concrete ways. Similarly, whilst working as a dental nurse might seem highly suitable for Karen, who has a germ phobia and hates to see her hands looking dirty, the 'getting oily' that Crawford recommends in mechanical work is unlikely to work out for her so well. Whilst these points might seem as simple as the observations of the studio/factory above, again in reading the literature on 'good' work, on craftsmanship, on the merits of working with our bodies and our hands and being (literally) in touch with the world, it really can become difficult to remember that for others, more abstract work, disembodied work, office work (repetitive work, even) can be experienced as equally acceptable and sometimes more preferable to more traditionally therapeutic occupations. We shall continue these discussions with some further empirical examples below.

Alienation/Desiring Connection

If theories of relation to work are susceptible to the romanticisation of particular (hands-on, crafty) occupations, then what of alienation? Alienation, as I have argued above, is presented to us as the archetypal disease of relation and also the archetypal disease of capitalist modernity—as Baudrillard has it, a *total* alienation constituting not only the pains of the workplace but the 'very structure of market society' (1986, p. 190). Yet how do we visualise alienation? What kind of cameo or case study can best represent the alienated worker? The first answer, typically, has been 'no-one'. This is the great Marxist crisis of empirics—since the alienated worker is obscured from recognising his or her own alienation (i.e., the condition of false consciousness) there is no one figurehead to say 'I am alienated'. A second answer invokes a witness: with

no agent to say ‘I am-’ the witness testifies to the state of alienation as they experience it in others. Guest quotes from an interview with an assembly worker’s wife at the height of 1970s automation:

> He comes home at night, plops down in a chair, and just sits for about fifteen minutes. I don’t know much about what he does in the plant, but it *does something to him*. (Cited in Meakin, 1976, p. 11, emphasis added)

A third answer invokes everyday low-level under-fulfilment, as Sayers describes, ‘a general sense of meaninglessness, malaise or discontentment’ (Sayers, 2005, p. 609)—neither mad nor dangerous, just empty and pervasive. Variously then, alienation appears in the background rather than foreground, as chronic rather than acute, as neurotic not psychotic, and as normal and normalised rather than disturbing and extraordinary. In the point I wish to develop here, alienation also appears predominantly as an *under-* rather than *over-* connection between worker and work. Yet historically, we know this is not inevitable: referring briefly to my earlier points on the Aristotelian mean of ‘good’ relations, alienation in a technical sense refers merely to the transgression of relationships from this healthy ideal: literally, a making *alien* or making *strange* of connection). What then of the over-connected alienated? I shall turn to some examples.

Sally is a cashier in a supermarket. She works long and late hours. She has become increasingly convinced that her body is part of the till: that her hands transferring money from customer to cash-drawer are just part of the machinery, and her bright persona (‘*Do you want any help with your packing?*’) pre-programmed. Appropriately for a machine, she has actually lost feeling in both arms: indeed it was this symptom rather than feelings of mental ill-health that encouraged her to consult her doctor.

Barbara is a solicitor, the first of her family to complete higher education and join a ‘profession’. The only female employee in her firm, she feels progressively under siege at her workplace; increasingly suspecting her male counterparts of ‘stealing’ her work and systematically confiscating from her the prestigious contracts she has won (a claim that is eventually upheld in an employment tribunal). Describing her success as the ‘only thing that had ever made [her] parents happy’, Barbara refuses to take time off work due to fear of falling behind. Frequently spending all night at the office,

Barbara gradually loses the ability to leave her desk or belongings unattended, and eventually invests in a laptop and portable workstation which she carries everywhere—including on trips to the bathroom—to prevent other potential attacks on her workmanship. She has also begun recording on a Dictaphone the day-to-day activities of the office so that it might be used in evidence if necessary. Alarmed by such behaviours, Barbara's supervisors recommend again that she goes home, but Barbara says she feels happier remaining in the office. Days later she is arrested and 'sectioned' under the mental health act after refusing to leave the office block foyer, where she had been found asleep, laptop and portable workstation in hand, in the middle of the day.

Michael owned a motorcycle repair business that he had built up whilst working at the local coal mine as a youngster. When the mine closed, Michael survived by turning to the bikes full-time and for nearly a decade the business flourished. However, when a change in EU legislation flooded the UK with 'parallel imports' of new motorcycles the market for second-hand parts collapsed and the business failed. Michael too collapsed. No other work—separate from the bikes and business he loved so much—seemed palatable. After several failed attempts at finding similar employment opportunities, he cleared the premises, gave away his dog and drove to a motorway service station to kill himself. (As it happened, he survived.)

What can be said about these case studies? In accordance with the overarching argument of this chapter, understanding the relationship that each of these individuals have with their work seems essential to understanding their emotional experiences (and in a way that appears much richer than simply citing a psychiatric diagnosis). Yet such individuals are not 'alienated' in the simplest sense of *severed* connections; rather, it is that worker and work are *too* entwined—i.e., it is the character and quality of the working relation itself that has become alien. These narratives are not without their politics: in each, broader conditions of capitalism may speculatively be said to have 'done something' to the person—the physical merging of self and work reported by Sally reminiscent of the Chaplin sketch where Chaplin, playing an assembly line worker, becomes wrenched into the movements and mechanisms of the machinery (*Modern Times*, 1934). Yet the quiet portrait of alienation (exhaustion) in Glass's assembly workers neglects this second, over-connected distortion between worker and

work. To quote from a different witness, the sister of one the workers portrayed in Kaiser's expressionist play, *Gas*:

> I speak of my brother! I did not know that I had a brother. A man went out of the house in the morning and came back in the evening—and slept. Or he went in the evening and was back in the morning—and slept. One hand was large, the other small. The large hand never slept. It moved constantly to and fro—day and night. It fed on him and grew out of his whole strength. This hand was the man! Where was my brother then? Who played by my side and build sandcastles with his two hands? He rushed to work. Work needed only one hand from him—that pressed and raised the lever. (Soliloquy of a gas worker's sister, Kaiser, 1973, p. 179)

Are Sally's or Barbara's or Michael's connections with work *vital*? Certainly, as for Kaiser's gas worker above, they are corporeal, reshaping the body and delineating sleep and movement and—in the case of Michael's suicide attempt—nearly life itself. Vitality as a life-force connecting work and worker can thus be destructive as well as wonderful. The alienation of under-connection is important to the study of (non) flourishing work. But a full theory of relation must account for overly vital, overly connected relations to work as well.

Questioning Vitalism

The next disruption again concerns vitality, this time with regard to the 'essence' of work to which humans are presumed to be connected. Described above, Marx's alienation comprised not one but four dislocations: *i.* between worker and the product of his work; *ii.* between workers and their working conditions; *iii*. between worker and his fellow workmates; and *iv.* the connection between humankind and his destiny (*gattungswesen*). In each, we can see how a subtly different meaning of the word 'work' is advanced, and thus a different connection supposed:

> *i.* worker---work / task of work (*verb,* 'I am working')
>
> *ii.* worker---work / product of activity (*noun*, 'a sample of my work')
>
> *iii.* worker---work / socio-temporal-spatial conditions of work (work as a *workplace*, 'I am at work')
>
> *iv.* worker---work / the community of workers ('I am *in work'*)

Yet how is this pluralism treated in accounts which try to develop relational ideas empirically? Whilst slightly dated, a useful and oft-cited paper in terms of the empirics of (Marxist) alienation is Braybrooke's classic; see particularly the following extract:

> It may be asserted that there are three conditions under any one of which, according to Marx, a worker, N, is alienated from his work, X: first, if he does not have an intrinsic purpose in doing X, whether this is because he does not know what the Y is that doing X can be expected to lead to, or because he has only an extrinsic purpose in doing X; second, if he does not have a sense of purpose in doing X or third, if the Y in question is produced for exchange without prior arrangement between N and the buyer, and there was no opportunity, in the course of developing a common plan in which he and all other productive member of society had a voice, to consider whether there were no socially more useful alternatives to N's doing X. (Braybrooke, 1988, p. 71)

After positing these claims, Braybrooke fleshes out numerous empirical synopses that problematise such statements. First, there is the person following the instructions of a trusted leader who feels great purpose in her work yet knows little about the overall strategy or goal of the project. Then, there is the person who believes in and finds purpose in her work but is not currently able to *sense* its purpose (for example, because it is too tiring both to do the work and at the same time maintain a subjective awareness of its purpose) yet who nevertheless continues doing it until the point she can say, 'it is done!' (Undertaking a lengthy piece of research, such as a doctoral thesis, might be a good example here.)

There is much in Braybrooke's analysis which appears helpful here. However, taking Braybrooke as an example of a genre of relational thinking, the critique of classic accounts of alienation I wish to develop here is that in his focus on purpose, i.e., the *task* of the work (sense *i.* above), Braybrooke neglects the other semantic possibilities of the essence of work.

To turn once more to my case studies: Ian (who has lived with bipolar depression for a number of decades) owns and manages a railway station. He is passionate about trains and is one of few remaining independent stationmasters in the UK. During crises in his mental health, Ian has arranged to be admitted not to his nearest hospital (a purpose-built unit on the outskirts of town) but the older inner-city psychiatric hospital

which is in sight and sound of the rail tracks—a source of great comfort to him during his distress since he can watch the trains go by. Yet despite this clear connection to his work, the day-to-day tasks of managing the station (organising staff, consulting with train companies, meeting and greeting passengers) constitute only part of Ian's connection to work. In a deliberate pun, Ian says besides the work-itself, work is also a 'platform', linking him to a range of wider social benefits ranging from status and friendship among colleagues to opportunities for civic engagement in business clubs and local associations and an outlet for his Christian calling—through the station, numerous charity and missionary events have been promoted. Whilst work is a task (managing the station), it is also a time and place and set of social conventions; and it is these together which hold importance for Ian.

June, however, a long-term sufferer of anxiety, works in an office which deals with customer accounts. On asking her to narrate the story of her recovery, work features prominently. Yet the work itself (data processing, basically) appears little in what she says. Indeed, when she is asked what she actually does, answers instead tend to be on the lines of 'I work under such-and-such supervisor', or 'we process stuff that comes from the applications department'. On pressing harder, it appears quite difficult for June to describe for what the records she is entering will be used or how her treatment of the figures will be helpful to the organisation at large. Certainly the matter has little personal consequence for her ('well I just keep the records up-to-date, really'... 'I don't really think about what I'm doing, I just zone out'). In many ways, June's apparent lack of connection to the work—her inability to articulate it, even—appear classic signs of alienated, abstract labour, yet it is far from true to suggest June does not like her work; indeed, when the prospect of a transfer to another department arose on the grounds of her mental health difficulties, she resisted this strongly: 'It's a good unit I work in, I like the people, I have lunch breaks with a friend, people here will make me a cup of tea if I'm feeling low'.[45] Instead, meaning for June is derived from the rhythms of lunch-breaks and tea-breaks and the day-to-day generic activities of being-in-an-office. On the second time we meet, the department has a new procurement system for ordering office supplies which is confusing and stressful; on our fourth interview (in the run up to Christmas), there are parties to be planned and someone has hung baubles on the yucca plant. Such events are unexceptional but meaningful milestones in June's recovery. The purchasing system is more complex than its

[45] These comments might be seen as good illustrations of the 'natural supports' present in paid employment that I discussed in chapter one, p. 44.

predecessor; this gives June an anxious few days as she feels unconfident in learning new skills but she is delighted to find she has coped. Christmas is a milestone—last year she would not have felt able to attend the office party, but this year she's made it.

What is interesting about these details is their simultaneous workfulness yet worklessless. Parties, stationery orders, maintenance of the office pot-plant are undoubtedly part of 'going to work' yet have little to do with work (verb) itself, just as Ian's civic and Christian engagements are made possible by his paid work but have little or nothing to do with train stations. Referring back to the Braybrooke quotation at the beginning of this sub-section, Ian's connections to work traverse the conditions *i–iv*: he enjoys the work; he owns the product of his work; he gains much from the socio-spatial-temporalities of working (as he says, work is a platform). For June however, work-itself features little in her recovery story: to re-quote Braybrooke, her motivation is not in 'doing X' but in being at the place where X happens. Yet it is evident that in different ways, both benefit significantly from their employment in terms of their mental health recovery.

As a final example, Phil worked as a PE teacher in a secondary school—a job he professed to like and which he was good at and in which he frequently engaged in additional voluntary tasks above and beyond the duties expected of him by his colleagues or managers. When Phil became ill with depression and insomnia however, he found he no longer wanted a job that enthused him or that stretched him to his full potential and, in returning to work after a period off sick, chose employment as a driver for a delivery firm—a post he says suits him much better as he can 'switch off', feel okay about not always working his hardest, and can avoid sleepless nights thinking about the next day—something that had proved a real problem during his teaching career. Whilst this example is by no means extraordinary it is useful here for two reasons: first, it introduces the idea of voluntary career downgrading (a comparatively common decision made by workers in the context of improving 'work/life balance' or the 'slow living movement') without the inherent romanticisation of particular forms of work that often accompanies such moves. Unlike the individuals who sacrifice high-power, high-paid jobs for lower-paying alternatives that in other ways fulfil them (and there *were* these individuals in my research), Phil moves in the *opposite* direction: from a job he enjoys and which many would see as fulfilling to a faceless role in a large corporation. Phil thus disrupts the idea that there are particular forms of work

that are always and necessarily ‘good quality’ for everyone (and the presence of some teachers later in this thesis who find their work extremely important to their mental health helps to make this point more vivid). Yet Phil’s story also disrupts, somewhat disconcertingly, the idea that *liking* the activity of one’s employment is always desirable—again, in contrast to the oft-heard stories of stressed out teachers inundated with marking and bureaucracy—Phil’s restlessness at night was not always due to *worry* or *frustration* about the school day ahead but excitement, anticipation and mental rehearsal of tomorrow’s events.[46]

Despite the humanist appeal of vitalism, a vital connection between oneself and one’s activity may not then be the only or indeed the most important way in which work can be therapeutic. To pander to idealism, we might say that it is preferable for workers to be placed in work which fulfils them both through task *and* environment. Yet in terms of a mature theory of relations, before disregarding the possibility of any therapeutic work which doesn’t focus solely on the *doingness* of work, attention to ‘platforms’ and Marx’s work-forms *ii–iv* must also be considered.

The Right Relation

Finally, what can be made of the claims above that there is a *right* way to relate to one’s work, or a *healthy* way? If appropriate relationality exists as an Aristotelian mean between on the one hand workaholism and the other disengaged alienation, are such extremes then clinical or *ethical* dilemmas? If evidence of ‘dangerous’ relationality can be found—the stories of Barbara or Michael, for example—does this therefore provide a positive basis for delineating particular ways in which an individual *ought* to relate to his or her work?

June has already taken us part of the way through this argument. Despite her formal alienation from the ‘doingness’ of her work, June likes her job and finds it helpful to her mental health. Her relationship to the tasks of the work is scarcely ‘vital’—it matters little to June *what* data she is processing; indeed, frequently she doesn’t know.

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[46] The growing interest in ‘slow living’ and associated ideas of downgrading, downshifting and voluntary demotion (see also slow food, slow travel, slow schools) describes itself as a ‘growing cultural shift towards slowing down’ and addressing the time paucity of late capitalist life. See http://slowmovement.com/ and www.slowplanet.com for some community resources, or Merrifield’s *The Wisdom of Donkeys* (2009) or Parkins and Craig’s (2009) *Slow Living* for academic, autobiographical accounts.

However, her articulate explanations of what she *does* like about her job (the socio-spatial-temporalities of employment) convince us that her relation to work is at the least doing her no harm. Similarly, Ian, the stationmaster, occupies a space outside of 'ordinary' working relations—frequently working through the night or through weekends, investing most of his personal savings into his business, and as mentioned above, even arranging his medical care so that he can be close to the railway he loves. Yet vociferously Ian rejects the notion that his constant long working hours and eccentric business ideas are 'just' an element of his manic condition. Rather, he says simply that he likes his work, that he is good at it, and that there is a lot of work to be done.

However, I do not wish to cite June and Ian as anomalies in an otherwise sound framework; rather, the argument I am presenting is that there are serious problems in imagining these narrow bands of 'appropriate' relationality as healthy or desirable. Bob works in a cake factory: much of his job consists of scraping out cake tins before they go into an industrial dishwasher. He is an intelligent man with a daughter about to start university, but the idea that he might seek 'career progression' seems to baffle him. 'It's warm, the pay's okay, they don't mind if you eat the leftovers. Why would I want to change to something else?' Yet when he is diagnosed with depression his lack of ambition is taken as one more symptom of his illness; furthermore, when he enters counselling to explore the *causes* of his depression, working in a job which is 'below his ability' is *automatically* seen by the counsellor as a problematic area in his life.

Michael—the motorbike mechanic from above—started his mental health 'career' at the point of his suicide attempt with a diagnosis of clinical (reactive) depression at the collapse of his business: an unsurprising diagnosis, given the facts. A couple of years later, still out of work and having turned down several offers of rehabilitative work placements in jobs that were of no interest to him, when Michael explained to his psychiatrist how *happy* his motorcycle business had made him, the diagnosis got 'upgraded' to manic (bipolar) depression: 'no one should be that happy in their work, I was told—you were either imagining it or you were high!'.

Hattie's career to-date has consisted of numerous phases: after abandoning a place reading theology at Oxford, Hattie became a pastry chef, and after that, a columnist for a London magazine. However, failing to build a consistent theme for the column,

Hattie was not offered a permanent position and resorted to freelance journalism instead—writing on a range of topics from spirituality to culinary fashion. Hattie is diagnosed with Borderline Personality Disorder (BPD), a condition of 'emotional instability' relatively common among young female graduates. BPD is characterised by frequent changes of mood and identity—including (according to the *Diagnostic and Statistical Manual of Mental Illness*) frequent changes to job and career choice: Like Bob and Michael, Hattie's relation to work is seen both as a clinical *symptom* of her 'illness', a personal behavioural deficiency *exacerbating her condition*, and *evidence* of her pathology.

On balance, it seems unlikely that Michael's love for the motorbike business is 'truly' evidence of a clinical pathology. If Michael's passion had instead been selling insurance or toilet brushes we might still forge ahead with this argument as a purely analytic strategy; however, a boyhood love of motorbikes turning into a decade-long business success story would for many bikers be a 'dream job'. Indeed, even in the academic literature on work, motorbike repair is accorded a particular romance (Persig's 1974 novel, *Zen and the Art of Motorcycle Maintenance* is the classic example; thirty years later, Crawford's above mentioned monograph also takes motorcycle repair as the archetypal 'good' occupation). Michael's 'obsession' (if we must think of it in this way) taps into a cultural narrative about masculinity and motorbikes; it is not an individual madness.

Similarly, could Hattie's 'borderline' personality not indeed be a more general manifestation of late capitalist culture? Of portfolio career-making? Of a (very understandable) rejection of the corporate fast-track schemes which have become a cliché for graduate job-hunters or of the career-building pressures which appear to have driven Barbara and many others to literal insanity? Indeed, in this latter sense, might Hattie's relationship to her career development be less evidence of madness or frivolity and more a sign of *caring for* or *safeguarding* her health, especially if she is aware that she is particularly susceptible to emotional stress (which she is).

Focusing on relations can thus obscure subtle distinctions about what is 'natural' and what is simply expected; and between what might be considered *unusual* and the point at which such unusualness becomes *pathological*. Similarly, any attempt to discern 'appropriate' relations must be particularly sensitive to the distinction between what is

undesirable on an absolute ethical level and what simply fails to fit with current modes of ideal citizenship. Sceptical and 'anti-psychiatric' critiques of psychiatric diagnosis have long established a historic link between the categorisations of certain populations as 'pathological' and the needs of a capitalist workforce: Hattie must learn to commit to a career path and Michael must sacrifice his motorbikes for a more profitable type of employment if the logic of capitalism is to go unchallenged. Emotionally and existentially, it may or not be the case that Hattie, Michael and Bob would become happier if they changed the relations they had with their work (or the relations that work had with them); however, this is sharply different from identifying pathology on the basis of their non-compliance.

Conclusion: Returning to Ethics

Shifting the conceptual focus from work or worker to the relations between the two is a subtly radical manoeuvre. If we are prepared to believe that it is the character of relationship that is at stake, then the locus of the problem is not the individual and neither is it the work, but rather the interaction between them. Again, this goes further than to say that the individual relates to her work 'wrongly' but rather stresses a two-way relationality between worker and work that surpasses the characteristics of either alone. From the perspectives of a social model of mental distress, such moves are welcome because not only do they allow for a pluralist vision of what kinds of work may be satisfying for individuals, they also move beyond a culture of blaming the individual for what are considered to be his or her own problems in living. However, given the infancy of such study (or rather, the infancy of such study in any *explicit* form), there are numerous places where further consideration is needed to expose the relation of relation to mental health. The purpose of this chapter, as I have conceived it, has been just to raise a few of these issues.

As I have phrased it here, the initial issue I have raised with theories of work relation concerns primarily the romanticisation of the relationship between worker and work, as evident in much of the classic work literature. In the first 'difficulty' I discussed, the (unguarded) desirability of connection is called into question, with destructive and damaging examples of over-connectedness to one's work introduced as counter-illustrations to more common visions of (disconnected) alienation. Next the

romanticism of ‘doingness’—the vitality thesis of activity-as-humanity—is re-examined in terms of its primary position in therapeutic discourses surrounding work.

Finally, the chapter expresses concern with the normative governance of relationality in the context of psychiatric sub-populations, which as I have shown in my empirical examples, has possibilities for harm. The idea that one *ought* to be connected to one’s work in any particular way is of course an ethical one (as the word ‘ought’ implies). However, such statements are articulated only rarely in an explicit language of ethics. Certainly this is the case in Marx, for example, where the ‘impotent ‘ought’’ of human nature is presented as the *natural* laws of ‘species life’ (Mészáros, 1979, p. 72). Instead, in romanticising and reifying the connection between work and worker, the ethics of work fail to recognise themselves as these—value statements bound by tastes and cultures. Instead of emphasising the importance of relationality (a helpful move in my opinion), such views also presume what such ‘healthy’ relations might be like, as if based on innocent facts about what a healthy human being is like and needs. In such views, deviations from prescribed relations—workaholism, burnout, lack of career progression, etc.—appear as unhealthy pathologies as readily as they do moral failings. It is not the ethics of relation themselves that are problematic but rather their easy and unreflective naturalisation that here causes concern.

Of course, there are good reasons for thinking that certain kinds of relation to work are more healthful than others. The literal translation of the Japanese *karoshi,* to ‘work to death’, captures the natural parameters or embodied experience of a particular kind of hyper-attachment to work, in this instance driven by particular economic and employment conditions. Likewise, certain strategies such as ‘competitive waking’ (a term coined by *The New Yorker* to connote employees who compete for the earliest start time) presumably give way eventually to the natural demands of sleep or exhaustion. Ian the Stationmaster—whilst insistent that his passion for work was *not* reducible to his mental illness—nonetheless conceded that opening a second station had been the key trigger to his most recent breakdown. Interestingly—as seen with Martin in chapter two—Ian’s management techniques for his enthusiasm towards work included selective use of prescription medicine (anti-psychotic sedatives and sleeping tablets) to help him ‘ration’ his energies—implying that there were some (health-related, corporeal, ‘natural’) boundaries at work in his relations.

Similarly there are counter-arguments to the claim that what we desire and hope for in work are matters of personal free choice. Marx's response to Bob and June would surely be that of false consciousness (bad faith, to put this into an existential vocabulary): in order to sustain capitalism, capital must systematically suppress the ambitions and desires of the greater portion of its population. To reuse the ideas of J.S. Mill, one might argue that (in the case of Bob) enjoying the warmth of a factory and eating cake crumbs are not the 'highest' of pleasures—had Bob been offered more opportunities in life, indeed, had he not been depressed—perhaps he might have found something better still.[47] Many of the people whose narratives I have told in this thesis came from cultures of almost unimaginably dampened expectations, written and rewritten by further demarcations of mental illness and stigma. (My most poignant illustration of this came not from my own research but from one of my undergraduate medical students, whose community health project—a compulsory part of contemporary undergraduate medical education—I was supervising. The student, who was from an affluent family in the south of the country, had been helping at an after-school project for children from a deprived area of the North East. Despite seeing much evidence of material hardship on her placement, what *really* shocked her was that when on asking a young girl what she wanted to be when she grew up, the child shrugged and said she didn't really want to be anything. As the student wrote in her dissertation, her own siblings and the children from her neighbourhood whom she babysat always had a hundred answers to this question, even if they were only the fantasy statements 'I'm going to be a butterfly' or a 'fairy' or a 'superhero', rather than a sustainable career choice. Meeting children with no imaginative ambition seemed to her the biggest—and most troublesome—marker of class and deprivation.)

However, notwithstanding these comments and despite the inability of classic models of wellbeing to account for the apparent contentment of the Bob in the cake factory, it still seems highly problematic to suggest that there is nothing necessarily 'wrong' with either Bob or his work. Similarly, whilst June's lack of connection to data processing seems a prime example of alienation in the classic way in which Marx saw workers as separated from their life activity, it is less clear that such severance hurts her in any way. Whilst it might be tempting to apply all kinds of theory to Bob and June—that their lack of ambition or lack of interest is one more symptom of their depression,

[47] John Stuart Mill developed Bentham's utilitarianism by distinguishing between higher and lower pleasures. Famously, he argued 'it is better to be a human being dissatisfied than a pig satisfied; better to be Socrates dissatisfied than a fool satisfied' (1863, p. 10).

for example, or that their apparently modest aspirations are based on a ‘false consciousness’ or ‘bad faith’—it is perhaps our insistence (obsession, even) that there is something pathological going on that is more in need of examination.

The connections one has with one’s work thus pose interpretive problems in the landscape of psychiatric survivorship. For some, ‘going mad’ seems a story of how their relation with work has broken down. Yet at other times, unusual connections with work appear to be labelled as ill or even insane simply due to this—their difference. In certain respects, such relations are thus better understood as matters of ethics (values and human significances) than matters of health or wellness where such conceptions are rooted in wholly natural or even medical discourses. Yet to insist that relations to work are irreducibly ethical and thus in no way ‘natural’ does not entail taking a view on how people ought to relate to their work or what a ‘good’ work ethic might look like.

Maintaining health (mental and physical), as Metzl and Kirkland (2010) argue, has become the ‘new morality’ in a wide range of arenas. As the contributors to their edited collection argue, it is important to note that this morality is not separate from the conditions that produced it: the motivation of the psy industries and the pharmaceutical industries, the beauty and the dietary business also. The moral code that advocates particular healthy relations to work also functions to get people (back) to work. (Berlant [2010, p. 28] illustrates her argument here with reference to the Sudafed advertising campaign, which famously markets its products not for the physical and emotional comfort they bring, but for their ability to get the consumer into the workplace even on days when they are sick.) I do not believe this is the whole story, but it is part of it. The kinds of ethical governance presented by romanticism and neo-romantic ideas about work have a different heritage—one that, in part, seeks to protect the individual from being consumed by the capitalist work machine in the way that Berlant and others describe. Yet the normalising effect of these ethics still produces a demand for a particular kind of relation to work which, whist suited and helpful to some, also risks excluding and pathologising others.

The conclusion is not to abandon ethics. Rather, the challenge is to return work (explicitly, courageously) to the realm of ethics; to re-establish that the kind of relation one has with one’s work is a matter of choice and personal autonomy in the rich sense

that ethics traditionally implies. An example that gives me great hope is that of the recent history of attitudes concerning gender and sexual practice in which matters such as homosexuality or unmarried motherhood have gradually shifted (or more accurately, are shifting) in the public mind's eye from categories of unnaturalness and mental disorder to matters of choice and personal lifestyle. Of course, this does not mean that issues of sexuality, gender or relationship status exist somehow outside of ethics (for what area of human life could or would want to exist as such?) but rather that the kind of ethics that are gradually replacing the more restrictive codes of the past are ones which attend more thoroughly to the ethical complexity of the good life and its contingent and relative nature.[48] My suggestion in this chapter is that the work ethic has some catching up to do with the sex ethic. To do this, what is ethical (i.e., concerned with values) must first be recognised in the relations we hope to have with our work.

It has been my contention throughout this chapter that so-called 'mad' people have too long suffered from narrow conceptions of ethical conduct. Systems that prevent or pervert flourishing connectedness to work are ethical concerns and Marx and the romantics present a crucial point in encouraging us to think carefully about what kinds of relationship with work our current systems of production permit. Yet the extrapolation of the more normative undertones of romanticism (that *this* is the 'right' relation to work) to all work-forms and all workers may be less helpful in understanding the rich variety of relations between work, worker and human flourishing that can be observed, especially among survivors of mental distress.

In the next chapter both the notions of relation and ethics are carried forward to consider, this time, the relation between oneself and one's madness, with particular focus on a diverse groups of individuals who in different ways make a livelihood from their experiences of distress or madness. Just as this chapter has attempted to tell a different kind of story about the work-worker relation and especially about the vision of alienation, in what follows next, a different series of narratives are sought—especially for individuals living with mental distress—about that 'most important of relations' between one and oneself.

[48] Michael Warner's (2000) *The Trouble with Normal* provides some of the theoretical underpinnings to this argument.

Chapter Four

Putting Madness to Work

Mad Artists and Insider Industry

> **Use, n.** ...The act of putting something to work, or employing or applying a thing, for any (esp. a beneficial or productive) purpose; the fact, state, or condition of being put to work, employed, or applied in this way; utilisation or appropriation, esp. in order to achieve an end or pursue one's purpose. (*Oxford English Dictionary*)

> I wanted a career path where I could use this experience and make good of some of the negative things I'd been through.... (Helen, counsellor and ex-psychiatric patient)

What do we do with our madness at work? Can madness be useful for anything? What abilities or skills might living with or surviving an experience of mental distress cultivate in a person? The purpose of this chapter is to examine the experiences of individuals who, in various ways, have 'put their madness to use' in their working lives. Rather than address the putative correlation between mental illness and ability *per se* (although see Jamison, 1993; Kaufman, 2001; Beresford, 2003; Woodward and Joseph, 2003), the chapter focuses instead on how productive aspects of madness tessellate in the lives of such service-user workers with broader discourses of work and career.[49]

[49] Methodologically, as indicated in the introduction, the empirical material in this chapter differs from previous chapters in that certain participants (Gwyneth, James, Marie, Meghan, Nick and Steph) were purposively recruited for this discussion and, in comparison with the 'extremely open-ended' interviewing method adopted elsewhere, conversations in such interviews were steered more specifically to the relation between work and madness. I am indebted to the participants of the one-day seminar, 'Unsettling

To an extent, the theme of this chapter continues the exercise in assertive description that has been commenced in earlier parts of this thesis. Amidst the sheer quantity of attention given to issues of unemployment and perceived unemployability among mental health service-users, there is something potentially radical about adding to the research archives records of those who not only work whilst living with a mental health condition but who attribute their success at work to the nature of that experience itself. However, beyond such a function, the chapter also seeks to disrupt or challenge the romanticism that talk of the 'talented mad' can inspire. Gwyneth, a poet and self-help author, talks about a fellow author and depressive who died of an (accidental) overdose whilst writing his memoirs, to which people responded, 'it's what he would have wanted'. Such romanticised attitudes to madness and the creative spirit—as Gwyneth points out and as I shall repeat later in the discussion—are a simplistic and often inaccurate way of discussing 'mad ability' which obscures diversity and occludes the real-world hardship and limitation that mental distress can cause.

The second theme of the chapter returns to the issues of relationality and to the ethics of relating that were at the heart of chapter three. How ought one to relate to one's madness? If madness can be put to work usefully does this therefore provide the mad person with an *obligation* to work madly? As I shall argue, as it is for relations between work and worker, the relation between one's self and one's madness is governed by an often cautious ethics—the pleasant romanticism of the talented artist countered by an equal distaste towards applications of madness that appear too showy or self-serving (later in the chapter we shall consider 'misery writers' and 'service-user celebrities' who seek fame and fortune from their mental health experiences as examples of individuals who appear to 'break' such rules—although, again, it is my intention to question these ethics more rigorously and with less normative connotations).

The main body of this chapter is arranged around three interrelated clusters of mad workers who in various ways make a living from their madness and experience of mental ill health: the traditional creative or innovative professions with which mad people have been historically associated; the service-user professionals and insider

Relations: Mad Activism and Academia', at the University of Central Lancashire (12 April 2011) for their assistance in recruitment and in helping me to work through some of the issues raised in this discussion.

experts who I introduced briefly in my discussion of service-user production towards the end of chapter two; and individuals who, as a result of their mental health experiences, have retrained to join the helping or empathic professions in order to help others in distress. The signature of the chapter is that of the *example*—that is, through careful examination of the narratives of different mad workers to demonstrate the intrigue, complexity and diversity of putting madness to use. Two further tropes which appear later in the discussion include speaking of participants as 'survivors' and as 'narrators'—to engage with the indebtedness to some of the narratives here with recovery/survivorship models of mental distress in the first instance (Jacobson and Greenley, 2001; Grove *et al.*, 2005); and in the second, to retain emphasis on the individual's self-framing of the lived relationships between work and mental health experiences.

A Borrowed Muse: Madness and the Creative Professions

> He who, having no touch of the Muses' madness in his soul, comes to the door and thinks that he will get into the temple by the help of art—he, I say, and his poetry are not admitted; the sane man disappears and is nowhere when he enters into rivalry with the madman... (Plato, *Phaedrus*, 245a)

It is worth beginning briefly with the most familiar (perhaps the *only* familiar) means through which madness bring gifts—that is, of course, in the context of the creative, artistic and innovative professions. Van Gogh, Plath, Shelley, Woolf, Hemingway, Gauguin, Pollock, Nietzsche, Nash (almost forgotten until the release of *A Beautiful Mind* in 2001)—schizophrenics or manic depressives the lot of them apparently. The list goes on.[50]

Historically, the equation of madness with creative genius is traceable to antiquity, with Plato's famous account of poetic inspiration as 'divine insanity' (Plato, *Ion,* 553e) or Aristotle's claim, reformulated by Seneca four hundred years later, that 'no great

[50] An interesting but discrete link between creativity and mental health with which I have not engaged explicitly is the 'arts for mental health' agenda, which in the last decade has spawned numerous community arts-based projects across the country for a range of marginalised groups, including mental health service-users. Unlike the 'mad creators' in this discussion, such projects place less priority either on artistic excellence or on making a livelihood from one's occupation—but rather see in creative practices (especially participatory ones) opportunities for cultural inclusion, promotion of wellbeing, and social connectedness (Anglia Ruskin University and University of Central Lancashire, 2005; Macnaughton *et al.*, 2005; Sharp *et al.*, 2005; Parr, 2006).

genius is without a touch of madness' (cited in Heehs, 1997, p. 46). Towards the end of the eighteenth century, romanticism relit this interest, with madness depicted as an exalted state in which access to higher truths could be gained. Interest in mad ability continued into the twentieth century with the fashion for *art brut* (or 'outsider art') in which the artwork of asylum inmates became prized as examples of so-called 'pure' creativity unfettered by the pressures of civilised society (Beveridge, 2001). In the last thirty years, establishing an empirical basis for the link between mental illness and ability has become the concern of academic research also. Notwithstanding the difficulty in ascertaining causality in correlation studies, to date, recurrent findings based on epidemiological studies and historical surveys include higher rates of mental illness in the creative industries than in other professions (Jamison, 1989; Post, 1994); higher rates of mental illness at the top end of the creative professions (world masters, geniuses, prize winners, etc.) than across such professions as a whole (Ludwig, 1995; Kaufman, 2001); and higher proportions of creative workers among the mentally ill than in the general population (Rothenberg, 1990; Heehs, 1997).

It is of course beyond the scope of this chapter to contribute to this debate at an epidemiological level; rather, the aim is to take the discussion into the subtly different topic of *work*—by which I here mean employment, livelihood and the career trajectories of mental health service-users pursuing creative occupations. First, and in a question which is almost entirely absent from the existing research literature (although see Jamison, 1993; Parr, 2006), if madness can be advantageous in certain forms of creative work, how does mad ability fit into the career and employment strategies of creative workers living with mental health conditions? Second, with regard to the broader theme in this chapter, what can be said about madness in the creative professions with regard to a 'philosophy of use': that is, in the context of the creative professions, how is madness *used* or *made useful*? In what way does it differ from saying 'I am mad and I do X', to say 'I use my madness for the purposes of X'? (Recalling the teleological school from Aristotle onwards in which it is stated that to fully understand a thing, one must see and understand it *in use*, it is hoped that this analysis will not only open discussion on the nature of being mad at work, but also on the qualities and characteristics of madness itself.)

To address some of these questions I introduce five individuals who in different ways speak to this issue: Maurice, the glassworker from the previous chapter; Brett, a

(former) professional violinist; Lucy, a participant at the Plumtree project who has recently received an enterprise grant to establish herself as a professional writer; and then Charles and Martin, a self-declared 'mad scientist' and the entrepreneur whose shirt-selling business was considered in chapter two, for their contributions to the 'innovative' side of this discussion. (It is recognised that these most different manifestations of creative work have many internal differentiations; for the purposes of this discussion we shall keep them together simply because this has been the strategy in the classic treatments of the subject.) Whilst this must necessarily be a condensed discussion, it is hoped that at least the combined impressions of *multiplicity* and *possibility* within these cases can be conveyed.

For convenience, I shall start by summarising the diverse career trajectories of these individuals:

> Maurice (mid forties): Has 'always' wanted to be an artist; has enjoyed painting since a child. Explicitly links his creativity to his periods of mania, during which he will stay up all night producing artworks (or occasionally destroying those which are not to his satisfaction). Maurice turned to a fulltime artistic career after the closure of the shipyards where he had previously been employed. Since graduating in 2001 with a Bachelors' degree in Glass and Ceramics from Sunderland University, he has been self-employed, renting a workshop and gallery at a crafts visitor centre, which he runs with the support of the Enterprise Project.

> Brett (late thirties): Trained as a professional violinist in his hometown in Germany, before being invited to the UK after several years touring with a Rhineland Philharmonic Orchestra, where he was spotted by a prominent British ensemble. In the 'early days', Brett found his unusual mental health experiences 'congruent' with his musical lifestyle and considered his mood and music to depend on the other. More recently, however, Brett reports himself to have 'burned out' and has not worked in any musical capacity for five years besides occasional after-school tuition.

> Lucy (late twenties): Worked as an audio-typist between intermittent bouts of depression before entering a lengthier period of unemployment and ill health in

> the early 2000s. Began developing her interest in creative writing whilst participating in a writing class at the Plumtree project (which she now leads), and then later, through a regular poetry slot in a service-user magazine. Has now had several short stories published, a play performed at the Edinburgh Fringe festival and has received an 'in principle' statement of interest from a mainstream publisher for a full-length novel (genre: 'humorous romance'). Lucy cites as one influence in following this career path Susanna Kaysen's semi-autobiographical novel *Girl, Interrupted,* in which the protagonist embarks on a new career as a writer after a spell in a psychiatric hospital.
>
> Charles (late fifties): After gaining a doctorate in particle physics in the 1970s, Charles worked in universities and research institutes in the UK and abroad, developing an international reputation for his work and receiving several awards—a success he attributes largely to his 'ability to see the world differently'. However, as the negative effects of schizophrenia worsened, the interpersonal aspects of working in a university became more challenging. Charles took medical retirement from his chair at a Northern University in 2008 although he still partakes in certain honorary academic roles.
>
> Martin (early fifties): Owner and manager of several successful businesses specialising in publicity and online trading (not to mention the retro fashion store). Has worked for over three decades through oscillating periods of mania and depression, including distance-managing the enterprises from a psychiatric ward. Finds his 'wacky' hypo-manic tendencies an advantage in the workplace—although he emphasises that his business knack supersedes that of mad inspiration alone.

To comment first on the issue of career trajectories, from these brief synopses, it is possible to draw out several emergent themes. First is a clear sense of diversity in career pathway, material circumstances, type of work and illness narrative across these different stories. Whilst not an analytic point as such, in what has become a running theme throughout this thesis, such diversity provides a stern warning against homogenising tales of mad talent or inspiration. Second, notwithstanding this diversity, is the spontaneous and explicit linkage made by each of the narrators between their creative careers and experiences of madness (a comment which is

significant with regard to the correlation/causality problem highlighted above: whilst, as is the case for large-scale correlation studies, individual narrations cannot conclusively verify a causal relation between madness and ability, exploring how individuals themselves understand and narrate this link is another way of approaching the problem). The third point to be noted for the purposes of this chapter is the *embeddedness* of mad inspiration and mad career planning within the ordinary structures of employment and unemployment (to include market trends, employment policy, organisational culture, support for disabled workers, etc.). Despite the observable success (historic or ongoing) of each of the narrators, some level of occupational disadvantage also persists as a theme in all five accounts: mental illness has caused significant periods out of work for each of the participants; two of the narrators effectively ended their careers as a result of illness and two more depend on a third-party mental health organisation to keep their businesses alive.[51] Beyond these comments, and ultimately more relevantly for this chapter, however, in the narratives of Maurice, Brett, Lucy, Martin and Charles accounts of living with madness can also be found which begin to move *beyond* the pre-modern, mystical view of madness described above (inspiration lent by gods and muses) and instead into something which might be considered a more mature philosophy of use (I shall explain this comment shortly).

It will be helpful to begin by recapping these earlier visions of productive madness. In the classical model, whilst creative madness was accorded status, mad individuals themselves were seen not as owners of the insight to which they were privy, but as '*vessels* of superior knowledge' from whom *others* could divine truth (Heehs, 1997, p. 45, original emphasis). Such narratives interlinked closely with mysticism and mythology, with muses (as *goddesses* of poetry and literature) often equated with madness. In the Romantic revival and forward into the European fascination with *art brut,* a similar 'vessel' analogy was seen, this time placing the troubled depths of the human as the source of mad creativity (from the turn of the twentieth century on, this source became rephrased in Freudian vocabularies of the 'unconscious' although most of the collectors of *art brut* claimed to be anti-Freudian). A key term here was *surplus*, with notions of unconscious neurotic or psychotic energy overflowing into artistic

[51] Lucy receives business mentoring from Plumtree, as well as benefiting from flexible social security payments negotiated by the Centre, to reflect the fluctuating amount she earns from her writing. The financial side of Maurice's business is managed almost entirely by the Training and Enterprise project, which also offers him access to a labour bank who open the shop for him if he is unwell. Both Lucy and Maurice suggest there have been times their enterprises would have failed had it not been for this support.

works of great merit. Such spillages had cathartic as well as artistic potential, but—like the Ancient version before them—lacked sense of deliberate or controllable 'use' of madness in any great sense.

The first thing to note is the persisting relevance of these classical and romantic extra-conscious ideas (what I shall hereon refer to simply as 'vessel' accounts) in the narratives of the contemporary workers above. For Maurice, who speaks extensively and gladly on the topic, madness is: 'an energy'; 'a muse'; 'the source of artistic guidance'; 'the thing that drives me to perfection'. As Maurice describes, 'I don't think I could keep this up [i.e., producing commercial art] without these visitations'. When swells of madness arrive, Maurice describes his creative wits sharpening and he enters both a highly productive state and a highly critical one also.

A similar narrative can be found in Brett, although with less happy outcome:

> These melancholies would set in and I would retreat into myself. When they arrived, I would be in turmoil, quite wretched, but these states made me play [the violin] very well indeed. I was a very passionate, emotional player ... which is crucial when you are performing in symphony.

As Brett goes onto explain, however, unlike Maurice, over time, these *creative* depressions (what he distinguished as 'melancholies') diminished and were replaced instead by a more pervasive numbness that made all but the most perfunctory performance impossible. To date, Brett still plays the violin, but only in the context of after-school tuition (a 'lesser' artistic endeavour)—and his primary source of income remains out-of-work benefits.

Whilst such narratives support fairly faithful renditions of classical 'vessel' hypotheses in many ways (particularly in terms of the location of madness outside of conscious control), from the point of view of *work*, it is evident that both men also developed particular strategies for harbouring this force as and when it arrived (an indication of agency *not* present in classic vessel accounts). Two particularly clear examples of this concern decisions surrounding medication use and the spatiotemporal organisation of workload. Regarding medication choices:

Maurice:

> I have given the matter much thought and I don't think medication is for me—it dampens down my artistic temperament [...] I feel cloudy and fuggy and no inspiration.

Brett:

> I was given Clomipramine [tricyclic antidepressant] but I didn't take it for very long because it interfered with my work. I had recently started taking an SSRI when I had my final breakdown and I have wondered whether that is what caused it [i.e., the onset of the numbness].

In terms of the second, both men reported particular manipulations of work time and space to suit or accommodate mad inspiration. At the craft centre, Maurice negotiated permission to work late into the evening on projects when struck by inspiration, as well as securing with the enterprise centre support from the labour bank to cover his shifts in the gallery when madness made him nocturnal (one condition of rental at the visitor centre was that units were opened during core hours). At his parents' home in Germany, Brett adapted a basement into a soundproofed studio to allow for long periods of practice during his melancholias. Since Brett felt solitude was a necessary element of his melancholic periods, during these years he devised with his parents a particular code of practice concerning disruptions, whereupon his mother would satisfy herself daily that he was alive and had eaten, but where beyond that, the family would consent to not entering the studio. Whilst neither Brett nor Maurice suggested any control over their 'visitations' of madness, such strategies were thus important means of maximising creative inspiration as and when it came.

Whilst Maurice and Brett thus *partly* challenge the notion of the madman as only a conduit for un- or extra-conscious expression, in the next examples I shall demonstrate a much greater rupture from the vessel hypothesis.

To begin with some quotations (my emphasis added):

Martin:

> I have some tremendous ideas for publicity when I'm high, it is quite a <u>resource</u> [M tells some of the stories reported in chapter two]. Some of them are a bit, shall we say,

> wacky and they don't go anywhere. But some of them are very valuable, it is a very valuable business resource to get the upper hand, to get customer's attention, to be memorable.

Charles:

> As a schizophrenic, I am good at seeing patterns and connections. I tend to see connections others may have missed. [...] It is an advantage to be very interested in following rules but also to think very differently in this profession. I have learnt to value this aspect of my character.

Lucy:

> I have reached the high notes and the low notes of the emotional scale. I've been through some very dark days and I've learnt [to be] very sensitive towards joy also. I draw on that experience in developing characters' psychologies or in painting a particular picture of events and situations even though mental illness has never been a topic I've addressed in my writing. My own life is a whole library of inspiration.[52]

As I have highlighted in the underlined passages above, in these extracts numerous ruptures can be seen which separate such accounts from vessel narratives. First, in originating not from an external force (*as if possessed...*) or from an unruly unconscious, mad inspiration appears as a semi-stable, semi-reliable aspect of the self, or—as Martin puts it—a 'resource' from which the self can draw. (We might make something of the difference here between 'resource' and 'source', which was one of Maurice's descriptors above, where the former indicates a much higher level of domestication.) Second and relatedly, in these extracts a level of *ownership* of madness can be demonstrated whereby narrators both accept responsibility for mad thoughts and experiences but also express ability to draw on them where relevant and appropriate (a sense that was more or less entirely absent from the vessel accounts, whereupon madness was simply awaited). Third and finally, a level of distance or compartmentalisation is identified in each of these accounts between mad and sane experience, and between mad parts of the self and agentic (working) aspects. (To the extent that in the previous chapter I suggested that a level of separation was one minimal ground upon which proper relation can be defined, this is significant.) Lucy's

[52] It is interesting that Lucy's assertions about the links between emotionality, character-formation and storytelling have not received particular attention in the academic literature, although a small body of literature (e.g., Stirman and Pennebaker, 2001; Thomas and Duke, 2007) demonstrates the converse effect of how the emotional pathologies of depressed writers 'seep through' into their work, leaving a series of characteristic cognitive flaws and muddles in depressed people's writing.

imagery of a *library* is indicative here as a bounded store of affective memories which can be alternately visited or locked away, as is Martin's comment below (a neat comparison to the spatiotemporal strategies of Maurice, who we remember sought to be as close and as immediate to his mania as possible):

> I try to put some time between having an idea [i.e., a manic idea] and carrying it out. I sleep on it and in the cold light of day I think is this really a good idea? Is it sensible? Will it make money? Will it get me sectioned? What will it do to my friends and family? (Martin)

With regard to a philosophy of use, these three elements (resource, ownership, and compartmentalisation) are thus significant. To draw an analogy temporarily with the use of *physical* resources, as Tallis (2004) points out, a mature and uniquely human expression of usage involves not only the selective employment of objects to enhance the existing capacities of the self (a feature present elsewhere in the animal world—to reach with a stick rather than just a limb, for example, or to smash with a rock rather than a hand) but a productive engagement with objects in ways which add new dimensions to capacity or selfhood. In the selectivity and separation manifest in these later narratives of Lucy and the others it is thus this mature usage I suggest here becomes visible.

Attending to individuals' own framings of the links between creativity and madness provides a different kind of insight to the causality debate provoked by the classic correlation studies of ability and mental distress. Of course, that Lucy understands her madness as a library or Maurice his as an extra-psychic muse does not in itself offer 'proof' about how mental illness connects to creative ability (and we observe that these narratives are themselves creative expressions which produces additional layers of complexity). However, as I suggest here, observing articulations of ownership and strategic resource management gives insight into the possibility of *using* madness or, put differently, of putting madness to work. Such examples also add to existing appreciations of creative experiences as 'pre-dominantly calm interior spaces that service-users can access as part of a strategy for recovery' (Parr, 2008, p. 119), demonstrating how highly creative mad experiences might also be rich reserves of energy and inspiration that creative workers can access strategically for career and artistic progression, as well as for making a living.

What I hope to have demonstrated in this section, at its simplest, is that even within the highly stereotyped and niche arena of mad creativity, a multitude of relations between madness and creative output are identifiable. Simultaneously, numerous propositions can be *rejected* about mad creativity. First, is the notion of *genius* which has a tendency to muddle discussions on this topic (it is noted that none of the creative workers in this discussion are *geniuses*, rather, what is interesting about them is the way in which they enfold mad experience into more-or-less conventional understandings of livelihood). Second is any lingering notion of romanticism: it is clear—not just from the narratives of Brett or Charles who had to give up work because of their mental health difficulties—that choosing to embrace mad creativity at work has psychic costs. Decisions such as medication-use were made carefully and often reluctantly. Maurice, for example, describes it as ‘very disappointing’ that medication didn’t suit his artistic temperament and also made clear that in principle he would *gladly* sacrifice his glassblowing in return for remittance from the uncomfortable highs and unbearable lows of un-medicated bipolar disorder—except that when he was *not* doing his artwork he felt just as bad anyway.

Finally, these accounts reject universalising narratives of mad creativity. It is obvious that enhanced creative sensibilities are not reported by everybody diagnosed with a mental health complaint. Yet conversely, for mad creators, mad inspiration constitutes just one of many aspects of career and livelihood narratives. Martin’s distancing strategies, Lucy’s editing tasks and Maurice’s engagement with the visitor centre and the labour bank are all evidence of a beyond-mad creative career which interacts with the ordinary structures of the working world. Perhaps, to some extent, it is the very presence of these strategies—of the purposeful translation of ‘pure’ mad experience into commodifiable produce—that helps to define what Lucy, Martin and the others do as ‘work’ at all. In the next section, this final idea of *distance* will be built upon to consider the alternative context of health services development and mental health campaigning as an outlet for mad experience.

Insider Industry: The Service-User Professionals

The second kind of utilisation of madness that shall be discussed here breaks quite abruptly from these creative pursuits to a different form of work: a category of activities that one advocate describes as a ‘growing industry of service-user

professionals': service-user consultants, campaigners, researchers, representatives and advisors who in various ways use their experiences of mental distress and status as mental health service-users to represent the service-user community, to develop mental health services and to provide public information and advice about issues relating to mental illness.

Benji, who we met briefly in chapter two, is the co-ordinator of a regional user and carer network for service-user-led self-help, health promotion, and research groups. Margaret is employed as a manager in a leading mental health charity, as is Nick for a user-led involvement project. Felicity works as a freelance service-user consultant for the NHS, providing a user voice on service developments and facilitating ongoing user evaluations. James is a service-user lecturer delivering sessions to medical and social work students at several North East Universities. Meghan and Steph are employed by a different university as service-user researchers. This list of public and third sector workers is supplemented by a small but growing private sector of mad consultancy businesses which I shall discuss later in the chapter, as well as a host of unpaid positions within the insider industry.

In contrast to my first example, what draws these professions together in terms of a usage of madness is not a creative genius or mad inspiration but rather the privileged status of *being a service-user* and the associated 'insider insight' that this status brings. As I shall discuss later, such positions from the point of recruitment onward distinguish themselves as user-privileged or user-exclusive (that is, people without experience of mental ill health will be unable or will find it hard to apply); furthermore, in these positions, openness about being a service-user and being able to refer to that experience forms a crucial part of one's working day. Whilst it is certainly a niche job market it is notable that relatively significant numbers of people are occupied in such positions. In the course of 2010, thirty-three service-user posts (including paid, unpaid, *ad hoc* and permanent positions) were advertised across the North East region's two major service-user mailing networks.[53] Similarly, although the author is unaware of any other literature bringing these occupations together explicitly under a banner of work or professionalism, a growing body of academic research from both empirical and conceptual persuasions is emerging which takes seriously the

[53] Figure based on archives for the service-user mailing lists Launchpad and the North East Service User and Carer Network, January–December 2010.

contributions of individuals employed in these fields (Reed and Reynolds, 1996; Church, 2001; Beresford, 2002; Boyle and Harris, 2009; Munn-Giddings *et al.*, 2009; Lewis, 2010; Moran *et al.*, 2012).

After a brief discussion of the evolution of these mad professions, the strategy in this section is to consider first the articulation of insiderness within the service-user professions before developing the conversation above about *using* madness and transforming raw experience into a useable commodity.

Whilst the modern political context for employing service-users in service planning, provision and policy (an agenda known today simply as 'involvement') is largely traceable to a series of Department of Health initiatives in the early 1990s (DoH, 1990; DoH,1991), the history of patients becoming involved with the running and development of mental health services is almost as old as the history of the asylum itself (Barnes and Bowl, 2001; Crossley, 2006). Since the seventeenth century, records exist of asylum protests and inmate revolts as patient-driven cries for involvement (the 1620 dispute at Bethlem in which inmates petitioned the House of Lords about asylum conditions is an oft-cited example). Simultaneously, a heritage of clinician-led involvement can also be demonstrated: in chapter one, I described how at various points in history psychiatrists have encouraged patients to take on responsibilities on the wards on *therapeutic* grounds. A similar history can be found of utilitarian justifications for involvement also: Walk (1961) describes how in the establishment of Bicêtre, Pinel's chief nursing assistant Pussin (an ex-patient himself) made a habit of recruiting staff from the convalescing patient population in the belief that because of their experiences, they would be all the more competent. Driven by the increasing market logic of public services towards the end of the twentieth century, service-user involvement in its contemporary form appears as a coming together of each of these influences, framed both around the neoliberal discourse of 'partnership' between users and providers of public services but also renewed criticality among user populations, especially concerning public sector cuts and the instigation of new mental health legislation concerning compulsory treatment (Boyle and Harris, 2009).

It is within this landscape that service-user professionalism as a specific type of involvement activity exists, marked most clearly by a *formalisation* of user involvement, a shift towards *competitively paid* positions for individuals representing

the service-user community and a 'white-collarisation' of service-user campaigning from asylum revolts and radical action to largely office-based work within the mainstream structures of service delivery and development (Chinman *et al.*, 2006; Munn-Giddings *et al.*, 2009; Moran, *et al.*, 2012). Within this professionalisation, significant diversification in the opportunities available to service-user professionals has arisen with posts today available in policy and planning contexts, public health and education, and the production of social research within the academy and beyond (this is not to say that equality has been achieved between service-users and professionals in these fields but rather to demonstrate the range of potentials). In the last decade particularly, this diversification has been accompanied by an increasing sophistication in the organisational structures of service-user professionalism—often at a national or regional scale. In 2007, the European Commission announced funding for the innovative 'Ex-In' (i.e., 'expert insiders') project to instigate the formation of an internationally recognised 'Experts By Experience' qualification as well as to promote user involvement more broadly (A. James, 2007). At a similar time, many service-user organisations and mental health charities also added training in the skills of consultation, advocacy and research to their own core activities. A more recent development still has seen the emergence of several regional and national level involvement hubs and employment agencies to match user-representatives to organisations in need of them, to provide larger scale coordination of local-level involvement activities, and (increasingly) to provide standardised data collection and independent monitoring of involvement activities.[54] What brings all of these developments together is the increasing taken-for-grantedness of the multiple assets of insider experts. Quoting Phil Hope MP, the then Minister of State for Care Services, March 2009: '[Service-user involvement] makes the system more efficient, more effective and more responsive. More importantly, it makes social care altogether more humane, more trustworthy, more valued—and altogether more transforming for those who use it' (cited in Boyle and Harris, 2009, p. 1).

As with my discussion of the creative professions in the first case study of this chapter, the effect I hope to achieve in this section is to demonstrate the heterogeneity and inherent complexity within what, from the outside, might appear an otherwise homogenous and uncomplicated arena of service-user work. As an initial example, a

[54] For a successful Northern example, see SERV-USER (Support, Education, Resources and Vision Uniting Service-users and Carers for Effective Results); aspects of the Mental Health Research Network (North East Hub) undertake similar functions.

first obvious instance of complexity concerns *positionality*—that is, the various ways in which insider status is framed and articulated in service-user-only posts. Given that insider exclusivity is employer driven (i.e., built in to the recruitment process itself), a useful illustration constitutes the various formal job descriptions, job advertisements and other recruitment materials used to advertise such positions. In figure 4.1, a selection of four positions taken from the thirty-three vacancies advertised in 2010 are summarised: an unpaid research position within a mental health consultation exercise (position A); a project manager vacancy for a service-user involvement group (position B); a hospital-based position promoting awareness of the spiritual needs of psychiatric in-patients (position C); and a consultancy position within the Royal College of Psychiatry's National Audit of Schizophrenia (position D).

*Figure 4.1 'Service-user only' positions: four service-user vacancies**

Position	*Job Description*	*Person Specification*	*Remuneration*
(A)Project Volunteer *Service-user 'have your say' project within national service-user involvement charity*	*Volunteers required to help with the construction of a user-led report as part of an NHS consultation exercise. Volunteers will take part as respondents in the research and will be later involved as data collectors themselves.*	Person-centred: *'People with mental distress' to include 'service-users and people who do not currently use services'.*	*Unpaid position.* *Volunteers are 'free to choose how much or how little they are involved in the process.'*
(B)Service-user Development Worker *National Mental Health Charity, Sunderland*	*Project manager sought to develop and facilitate an inner-city service-user group to promote user involvement in the running, planning and delivery of mental health services.*	Provider-centred: *'You will have knowledge of mental health services from a user perspective. Applications from people who currently use or have used mental health services are welcomed'.*	*30 hours per week, including flexible working where possible.* *£22,221 pro rata/£17,777 per annum*
(C)Patient Involvement Worker *Specialist Psychiatric Hospital, Rehabilitation and Recovery Division, Northumberland, Tyne and Wear NHS*	*Hospital-based position working one-to-one with patients and staff to promote awareness of the spiritual aspects of mental health recovery and to develop spiritual services in the hospital.*	Recovery discourse: *Essential criteria include 'personal lived experience of recovery from mental health problems' [...] 'A key feature of the post will be the person's unique lived experience of recovery and how the wisdom that comes with this can support others on their personal journey.'*	*Full time position,* *NHS Grade 3 £15,000–£18,800*
(D)Service-user Advisor *National Audit of Schizophrenia (NAS), Royal College of Psychiatrists*	*Vacancy to join project team for the National Audit of Schizophrenia. The successful applicant will take part in all aspects of the audit including managing the service-user/ carer module.*	Medical discourse: *'Recent or current experience of mental health services; including experience of taking antipsychotic medication'*	*Consultancy fee £200 per day, plus expenses* *75 days July 2010–December 2012.*

* All quotations are from recruitment materials. Posts have been anonymised where details would compromise the anonymity of specific research participants.

Whilst on first glance such roles appear highly similar in their insider-only status, from examining even a small selection of vacancies such as these, it becomes clear that the underlying understandings of ‘insiderness’ within the positions are not only diverse but also contradictory. In the first three positions (roles A–C) insiderness is defined in broadly social rather than medical terms; in D, by contrast medical terminology is retained. Position B (the project manager) and post D (the consultancy post) specify particular services or treatments the successful candidate must have experienced; in A and C, such service-oriented requirements are substituted for a more person-centred approach instead. In each position, a different temporality of insiderness can also be demonstrated: in post A, it is specified that the candidate should have current or recent experience of mental distress, although the post-holder may or may not currently use services; in post C (the hospital position) an individual is sought who has at one time experienced distress, but who can demonstrate that they have now recovered.

A similar diversity can be demonstrated in the table in terms of attitudes to *work* and to the project of repositioning the mental health patient as an active and competent worker (again, a diversity with significance since a primary refrain within the involvement agenda has been to challenge stereotypes of the psychiatric patient as a passive and incapable recipient of care). Positions A and D (the two research posts) demonstrate this variance well. In the voluntary position (see also figure 4.2), the role of the traditional patient representative is most closely resembled. Volunteers ‘help’ to run focus groups (but don’t organise or facilitate them); they ‘use’ questionnaires, but with less of an active role in research design. Significantly, whilst sporting some of the accoutrements of a regular employment vacancy (e.g., the presence of a formal role description and certain person specification), the role involves no employment/ volunteering contract, no set hours, and allows the individual participant to select the activities she does or doesn’t want to do. Whilst admirably *inclusive* in its design, the imagined applicant—if we are allowed to speculate—is notably impaired by their mental health difficulty, lacks confidence and experience, and is poorly skilled/ educated. In the associated leaflet for initiation training for new volunteers (figure 4.3) this effect is intensified, with jolly layout, casual typeface, clipart illustrations and reference to ‘having fun’ and ‘meeting people’ suggestive more of a social club or therapy group than a site of serious service-user work.

Figure 4.2 Position A, job description (anonymised)

Let's Work Together

Role description

Area of involvement (please tick):

Recruitment		Training		Steering Groups		Research	
Policy development		Campaigning		QA / evaluation		Media	
New business		Marketing		Other	X		

Role title: Project Volunteer:

Background to role:

is looking to recruit people with experience of mental distress to work with us as volunteers and help us to engage with a broad range of service users about the modernisation of mental health day services in .

The volunteers will be involved in ensuring that people have the ability to share their thoughts, views, ideas and concerns, and choose the most appropriate ways for them to do so. They will also have a role in producing a report on the consultation which will inform PCT's consultation process on modernising day services.

Tasks:

Volunteers will be free to choose how much or how little they are involved in the process. However, there is opportunity to be involved in all aspects of the consultation, including helping to run focus group discussions at Day Centres, Community Mental Health Teams and community venues; using questionnaires; and using innovative methods such as email, text messages, and social networking sites.

Training and support will be provided.

Key skills:

- Excellent communication skills
- Ability to interact with groups of people from a broad variety of backgrounds
- Ability to represent

Where there are specific knowledge or skills required, if you are interested in being involved, you do not necessarily need to have these already as training can be provided where necessary.

Expenses:

Travel costs will be paid for in advance where possible and any additional costs will be reimbursed in cash on the day. Hotel accommodation may be provided.

Figure 4.3 Position A, advertisement for service-user training (anonymised)

Leadership Training for Service Users

What is Leadership Training?

A way for people who use mental health services in any setting to increase their skills and knowledge in areas such as:

- Communication and language
- Equality and diversity
- Running meetings and groups
- Health and wellbeing
- Taking a stand against stigma and discrimination
- Legislation and policy
- Getting your voice heard

In fact, anything that helps you to speak up more confidently for yourself and others!

What can I expect from Leadership Training?

- It will be informal, informative and fun
- You will gain new skills and knowledge
- A chance to meet other like-minded people
- There will be lunch and refreshments provided
- You will be able to make your own contributions as well as hearing the views and experiences of others.
- You can claim expenses for attending
- You will get a chance to choose some of the areas that the training covers

Figure 4.4 Position D, job description and person specification

National Audit of Schizophrenia (NAS) – Service User Advisor

The National Audit of Schizophrenia is a new national audit that has been funded by the Health Quality Improvement Partnership (HQIP). NAS is one of a number of quality improvement projects based at the Royal College of Psychiatrists Centre for Quality Improvement in Aldgate, London. We are currently in the process of putting together a project team for NAS and seek a dynamic, motivated individual for the above post.

Job purpose
To provide a service user perspective, act as a contact for service user organisations and lead on relevant aspects of the audit.

Consultancy
A consultancy fee of £200 per day will be paid and full training and support will be provided. The successful candidate will have the ability to deliver up to 75 days from July 2010 to December 2012.

Key responsibilities

Under the direction of the Programme Manager and with the support of the project team to:

- Act as a link between service user organisations and the Project Team
- Liaise with Mind/Rethink over the service user/carer satisfaction module of the audit and input to this directly
- Devise strategies that will maximise the response rate for the service user/carer satisfaction questionnaire
- Attend formal Project Team meetings, and advise within your areas of experience
- Advise on methods for data collection and analysis
- Advise on presentation of results
- Input to local and national reports
- Advise on strategies for publication of results
- Publicise the audit by speaking at local and national events and disseminating information about the audit to service user organisations
- To sit on the NAS advisory group as a member of the project team.

Person specification

Essential criteria

- Recent or current experience of mental health services; including experience of taking antipsychotic medication
- Ability to interpret quantitative data
- Experience of working with service user groups
- Experience of making presentations, delivering training, or giving lectures
- Ability to work as a member of a multi-professional team
- Good verbal and written communication skills
- Willingness and ability to travel within the UK in the course of the work
- Proficient user of Microsoft Word, Excel and Power Point
- Email and internet literate

Desirable Criteria

- Experience of analysing quantitative data
- Experience of service evaluation such as questionnaire design, conducting surveys, writing reports etc
- Experience of facilitating groups

Please direct informal enquiries to:

In order to formally apply, please email a full CV with a brief cover letter outlining how your skills and experience are relevant to the position. Closing date is Friday 9 July 2010. Interviews are provisionally scheduled for Friday 16 July 2010.

In contrast to position A, the Royal College of Psychiatry vacancy, D (figure 4.4) offers significant and striking revisionings of the traditional (incapable, muddled, poorly educated) service-user—an effect that is even more dramatic given the role's focus on schizophrenia which, as others have discussed, is generally considered the most stigmatised diagnosis in employment contexts (Stuart, 2006). The person specification, which includes amongst other criteria 'skills in quantitative data analysis' and 'experience in training delivery', seeks only the most educated and experienced of candidates. Indeed, in the opening sentence alone ('we are currently in the process of putting together a project team [...] and seek a dynamic, motivated individual') several of the most pernicious stereotypes about the 'traditional' schizophrenic are succinctly disturbed. Amongst other progressive elements, the post is competitive (in contrast to position A where work was found for all applications), well paid and—at least on paper—promising a high level of equity with medical professionals. Such exercises in 'compare and contrast' are intended less to identify good or bad practice (which in itself suggests some external set of universal ethics) and more to demonstrate how service-user positions in the involvement agenda engage with varying constructions of the psychiatric patient. It is a self-evident critique that whilst the consultancy post disrupts in positive and progressive ways the traditional notion of the poorly skilled and unconfident patient representative, by nature of its own

exclusivity, the position simultaneously excludes the many mental health service-users who have indeed been occupationally and educationally disadvantaged by their mental health condition (although simultaneously offering a rare opportunity for highly skilled individuals with mental health conditions to engage in an involvement role which is suited to their level of experience—a group who may feel particularly excluded from the more typical unskilled work of the 'ex-basket-weaving' communities). By contrast, whilst position A offers individuals with minimal employment or social experience chance for engagement in meaningful project work, traditional passive patient roles are replaced with only slightly more active ones—indeed, to quote Nick, who was involved in project A's recruitment campaign: 'anyone can volunteer even if [...] they are still quite poorly—they can come and just do what they can or *even just sit and watch* [my emphasis]—and some people do'.

More centrally to this chapter, beyond constructions of service-user status, the four posts introduced in the discussion above also demonstrate a variety of positions regarding a philosophy of use (that is to say, the way in which workers and employers understand insiderness as being useful or advantageous in a work-related context). To quote again from the recruitment materials, in position A, the added value of insider status is presented primarily as insider *viewpoint* ('sharing thoughts, views, ideas and concerns'); in position C, by contrast, usage appears more active and with greater emphasis on the affective and emotional qualities of being an insider ('lending his or her unique insight into mental illness' and 'using his or her experience of distress to support staff'). In position D ('to act as a contact for service-user organisations'), in addition to the above usages, insider status is framed as a means of making connections with other service-users—a conceptualisation of insider advantage which speaks less to the personal *abilities* a service-user may have, and more to expectations of how an insider in comparison to an outsider will be received by the mental health community. (A parallel is the distinction between the ex-criminal who is employed by the police because he has the criminal knowhow about plots and scams, and the ex-criminal who is employed because his status as such is considered one means of appearing relevant to the targets of police outreach programmes.) It is also worth highlighting that—despite the highly positive attitude towards insiderness across the vacancies—not all service-user-only positions articulate a philosophy of use in any explicit sense at all. In position B, for example (which might be considered to be the post with the least developed concept of usage), encouraging applications from individuals with firsthand

experience of distress is articulated not in utilitarian terms, but rather as a means of actively addressing the organisation’s avidly pro-inclusion agenda.

For the purposes of this chapter, I want to extend this exploration of a philosophy of use to demonstrate how, in the service-user professions, madness or mad experience is made useful and useable. In the section above, several use-strategies have already been identified in the creative workers who use their madness at work—techniques for storing raw madness and making the most of a creative high when madness arrives, or for putting distance between mad inspiration and its application in the workplace (as in the case of Martin or Lucy). In the examples of the service-user professionals I describe in this section, use-strategies refer more specifically to the ‘making palatable’ of mad experience and a *channelling* of service-user voices into a collective project of representation. These ‘conversions’, as I call them, signify a break from the mere resource management of the creative workers above to the second-order *processing* and *packaging* of madness and mad insight. Such conversions also capture the essence of service-user professionalism as distinct from other forms of user activism, in denouncing ‘raw’ madness in involvement activities and advocating instead the importance for service-user communities to engage with mainstream agencies in rational and deceptively sane ways.[55]

There are numerous conversions involved in processing madness in the service-user professional context and it is worth considering a few of these in detail. The following extracts are taken both from the recruitment materials of the vacancies above and from individuals involved in the appointment of these or similar posts (Nick works for charity A and was involved in recruiting for the advertised position; Benji, in his work with the Service-User Network, assisted in the design of job B. Steph, Meghan and Felicity are current service-user professionals and are talking about what makes a good involvement worker). In particular, the two conversions I hope to bring out are *i.* the translation of personal experience into a voice capable of representing a wider service-user community (what I refer to as collectivisation), and *ii*. the processing of particular manifestations of mad subjectivity (high emotionality, unusual presentation of self or ideas, etc.) into modes of acting that are consistent with the language games and behavioural codes of mainstream professionals (what I call domestication).

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[55] Further discussion of this exclusion or marginalisation of the irrational and emotional aspects of living with a mental health disorder from user involvement exercises can be found in Barnes (2002), Carr (2007) and Peck *et al*. (2002).

- Person specification, post C: 'Ability to share personal stories of recovery in a professional manner' ... 'ability to communicate insights from personal experience effectively in a multi-professional team'. (*Domestication*)
- Job description, post B: 'You will work with a range of service-user and professional groups to facilitate communication between service-users and service providers in a professional environment'. (*Domestication*)
- Job description, post D: 'To provide a service-user perspective [based on] personal knowledge and excellent relations with existing user organisations'. (*Collectivisation*)
- Nick, discussing the design of the service-user leadership scheme: 'What we are looking to do is [...] train and support people to begin to speaking up for themselves to improve their own lives and the things that matter to them and also to contribute to improving the whole mental health system as a whole'. (*Collectivisation*)
- Benji: 'You *have* to be professional. There are other people that have been through the same experiences as yourself but who have got different views. You can't shout your individual views ahead of other people's on the grounds that you think you're *more* a service-user than someone else'. (*Domestication and collectivisation*)
- Steph, talking about service-user generated research, research 'impact', and the problems of being 'drowned out' by traditional academic research: 'We need [...] to deliver [service-user generated research] that gets across the message and is true to what our members think and feel in the way they want to say it, presented in a style so policy-makers won't just discard it as some sub-standard mad haverings'. (*Domestication and collectivisation*)

Whilst conversions of mad experience such as collectivisation and domestication were presented as prerequisites for the success of service-user projects, simultaneously these were areas of difficulty and discomfort for individuals working in the field (especially for those with duties for overseeing other service-user workers). In order to 'use' mad experience effectively, service-user professionals had to balance between inclusion and representation as a pure agenda (in which all mad workers are equally encouraged in involvement activities) and a more tactical positioning of mad stories to maximise chances of developing productive relations with partner agencies. Complications and setbacks demonstrated the need, as Benji puts it below, for 'channelling' mad energy, yet also revealed the frictions between 'pure' madness and the demands and expectations of the professional workplace:

> There is somebody in [the Network] who's very zealous and her heart's in the right place but there was an infamous meeting September last year where she let rip into a

> poor regional commissioner and you know everyone else in the room was thinking 'ooh err, you're not getting this right—you campaign against the system not against an individual'. [The offending representative was removed and the meeting adjourned.] I don't think she realised how she was coming across but the sad thing with that was that there had to be a lot of bridge building after that, whereas if she'd played it cool, if she'd just been a bit canny... It's great you get people who are passionate but it's a case of trying to channel that energy in the right way. I think that that's something that service-users as a constituency have to get smarter at—both thinking tactically and strategically. (Benji, talking about a meeting in which a representative's outburst had led to the conclusion by some professional agencies that service-user groups should no longer be invited to high profile policy development events.)

> There is an ongoing issue concerning a lady who doesn't look after herself very well with personal hygiene and she is quite buxom and well her clothes—they don't really reflect that. It's very sensitive and we try to say in very general terms things like, 'let's all of us try to look really smart and clean for the next meeting' to everyone, but it is very difficult to take her to one side and say 'look, there is an odour and it's not very pleasant sitting near you and you're not really giving out the right impression about people with mental health problems' because perhaps what we are supposed to be about is acceptance but at the same time we want to be taken seriously. (Steph, service-user researcher discussing the difficulty of 'looking professional' to the organisation's partner university.)[56]

In the training courses (Ex-In and the rest), teaching the skills of conversion (communication skills and basic self-care, assertiveness training and conflict resolution) were thus as important as higher level subject-specific training (although Steph pointed out that for the volunteers in the user-led research project, many of these supposedly 'mad' *faux pas* were simply due to an unfamiliarity with the conventions of academia). In some of the posts (particularly those advertised by mainstream rather than mad-only employers), structures were also built into the recruitment process so as to limit the kinds of madness that were permissible in the involvement context. An interesting example is the NHS vacancy, in which skills such as the 'need for frequent concentration', 'the ability to adapt to receiving frequent interruptions' and 'awareness of body language, tone of voice and facial expressions' refer *implicitly* to the potential difficulties that service-user candidates might experience—without referencing explicitly matters of medical or social impairment within the job description.

[56] For more on the bodily odours of madness see Parr (2001).

However, if this talk of conversions gives the impression that the work of the service-user professionals *only* concerns suppressing eccentricity or neutralising intense emotion, then this impression is wrong. The final pair of use-strategies I want to bring out here constitutes *dramatisation* ('camping up' the delivery of mad stories, as Benji puts it) and *deployment* (of particular staff or volunteers within a service-user network to particular causes): collectively, the conscious management and manipulation of service-user voice and service-user emotion in order to maximise effect for the particular audience and task in hand. Concerning the first of these strategies, Meghan and Felicity—who both might be considered professional storytellers or testifiers—discuss dramatisation and the act of managing performance:

> It was a bit daunting at first standing in front of people and sharing my experience [...] I've got it to a tee now—I know where to pause and when to tell a joke and where to have dramatic effect—there is a bit of an on-stage and an off-stage me, and there are some things I won't share publicly. [...] It changes too, if I'm talking to a group of volunteers and I'm telling them that the system is monumentally up shit creek and they can do something to fight it, or if I'm talking to a room of psychiatrists. (Felicity)

> I share my experiences for particular effect in the hope that it will help others in the future. You don't exactly want to elicit people's sympathy but you want to impress on them what you've been through so you just ... tell it in a particular way. (Meghan)

Regarding deployment, Benji evidences a similar management of emotion/disclosure at an organisational level—this time, as he puts it, in terms of being 'savvy' about which volunteers to deploy to which project. Whilst it would be tempting given the above discussion to imagine that such selection would prioritise only the most articulate and emotionally restrained volunteers, in fact, Benji's descriptions reveal a more nuanced picture of deployment in which different kinds of mad presence and different levels of (dis)ability can be 'put to use' in different contexts. As such, individuals who were in certain situations uncomfortably intrusive in other contexts proved great assets for rallying up support or attracting attention, whilst individuals who wished to share especially harrowing experiences or who were prone to particularly tearful or emotive

contributions could in the right context be deployed as 'a sneaky secret arsenal' to raise awareness or heighten sensitivity to a particular concern.[57]

Dramatisation and deployment as the context-specific performance of personal testimony and allocation of specific mad voices to specific campaigns thus reveal the strange duplicity of professionalism in the insider industry. On the one hand, professionalism emerges in the narratives of service-user workers as a need for compliance with the ethics and codes of the white-collar workplace (especially regarding emotional governance and presentation of self)—a commitment which, in the context of insider industry, may primarily necessitate the suppression or minimisation of emotion and eccentricity. On the other, as Felicity and Meghan detail, when one's job begins and ends with telling one's story and acting as a messenger for others in mental distress, professionalism (this time understood as a standard of skill commensurate with that of an expert) indicates the ability to execute and to deploy a *range* of affective performances—some of which may indeed challenge what is ordinarily sayable and doable in conventional professional spheres. As I have attempted to show in these examples, the usage of mad experience and the 'emotion work' of insider industry are thus always complex and contradictory. At times, service-user professionalism constitutes the taming and converting of emotions and personal stories to fit into dominant organisational contexts. Yet as the examples of dramatisation and deployment also demonstrate, at the same time, service-user professionalism constitutes the deliberate putting to work of particular emotional displays for particular gain (and we might note here particular overlaps with other forms of service work in the so-called 'knowledge economy'—this is Hardt and Negri's 'affective labour' *par excellence*: a commodification of insider insight to serve not only personal needs, but the requirements of the service-user movement as a political constituency more broadly).[58]

[57] If the practice of placing especially vulnerable individuals in novel situations with a view to shocking or provoking the audience appears implausibly exploitative it must be stressed that volunteers freely choose to take on a duty, that they are supported throughout by a more senior service-user representative, and that such encounters are not normally framed in such language of 'vulnerability' within the service-user network, either by volunteers or co-ordinators.

[58] See Hardt and Negri (2004, p. 108). An important and relevant resource here is Lewis's (2010) paper on service-user involvement which seeks expressly to explore the 'emotion work' of user involvement in public services. In contrast to the discussion here, amongst other issues the paper explores the private emotional experiences of users taking part in involvement activities and how these work through particular personal conundrums (e.g., the desire to help others or to vent anger and frustration).

To conclude this section then, service-user professionalism occupies an unusual occupational space in which conventional renditions of the passive service-user are challenged and where firsthand experience of distress is recoded as an important workplace asset. Such space is also a fragile and contested one, however, and in order to survive, definitions of 'insiderness', understandings of what insiderness offers and the relation of service-user professionals to the outside world must be continuously renegotiated. Besides insider insight, insiderness (being mad or having been mad) also poses difficulties in the context of professionalism. In comparison to the creative workers who, to a greater or lesser extent, benefit from the *rawness* of mad experience, in the professional working environment, the vividness of madness and expressiveness of strong emotion must be balanced carefully with competing demands for convention and rationality. In the context of service-user professionalism, being a good 'mad representative' does not always mean being as mad as you can. Indeed, as some of the above examples have shown, for those who are *really* in the grips of madness (however this is understood), getting by in the service-user professions may be as hard as anywhere else.

Insider Empathy and the Helping Professions

The third and final utilisation of mad expertise I want to discuss shifts this time to interpersonal work and the empathic or helping professions.

After recovering from his own mental health crisis, Jed sells his taxi firm to become a psychiatric support worker with social services. Sheila takes a job at the Women's Centre as a trained listener and support group facilitator. Helen leaves a career in human relations to retrain as a counsellor. Tim, a history teacher at a secondary school, finds himself increasingly drawn towards special needs teaching and eventually moves to full-time work with children with behavioural problems. After herself studying for a psychology degree whilst being treated for schizoaffective disorder, Marie takes a support role in a university student welfare centre, working particularly with students with mental health difficulties. Unlike the public and political workspace of the service-user professionals above, what draws these professions together is the ability to comfort and counsel and show compassion in the face of suffering and vulnerability—a capacity which, without exception, the individuals introduced here

speak of in terms of motivation based on their own experiences and a guiding insider 'empathy' or 'insight' which instructs them in their work.

It is worth (in similar spirit to the above sections) exploring some of the multiple ways in which this insider empathy and commitment to care are understood by their agents, and what this can reveal about the apparent utility of insider experience. Helen describes the process by which she decided to leave her career in human resources and begin a Master's degree in counselling, after counselling had helped her deal with her own experiences of depression and childhood abuse several years earlier (a process she frames expressly in the language of skills and career development):

> I wanted a new challenge but I didn't like the idea of going back to college with kids fresh out of high school. I'd often been told I'm a good listener by the people about me—I think it comes from having been round the block a few times—and I thought counselling would be a career path where I could make something of this skill and make good of some of the negative things I'd been through. [...] I felt my real strengths were my ability to empathise and my age. And having had a mental health problem makes you very interested in psychology—your own and other people's. So I was going for my strengths and my interests.

In contrast to this career and skills-based narrative, Jed on the other hand describes a change (in lifestyle as well as job type) that more closely positions compassion as a matter of *character* or *virtue*. During his taxi driving days in a rough part of town, preserving a hard man reputation had been an ordinary part of getting by (a lifestyle which he now attributes as the cause of his depressive crisis). After his breakdown, which came on suddenly and which rendered him inexplicably unable to open the curtains or step outside, under the instruction of his daughter, he gradually began to awaken his softer side. Years later, now employed as a qualified support worker, maintaining a more compassionate disposition and disciplining himself to remember his past experiences forms a central aspect of Jed's professional identity:

> I was in the staffroom [at the support agency] and there was some nurses laughing at this client 'cos he was a bit affected like and he had been a bit pompous [Jed acts out the client's demeanour] and I was going to join in but then I thought 'no, this isn't right! You got to be respectful because this man, this is just his illness talking and he needs help.' And I know what that's like because I've been there. So if I'm in a

> position of power now I got to stand up for people, haven't I? So I stood up and said, 'I don't think it's right what you're doing'.

For Tim, the teacher who transfers from mainstream to special education, empathy appeared instead as a mysterious 'power' with which he had unexpectedly been endowed. In his own words, after 'breaking down and breaking through', this 'untapped potential' simply revealed itself to him (there are similarities to be drawn here with the divine inspiration of classical accounts of the creative genius, and with the irreducible experiences of 'magic' I discuss in the final chapter). Tim describes an incident in the special educational needs (SEN) unit with a child in distress:

> It was one day at work about a month after I'd gone back to teaching. A lad was kicking off in a corridor and a colleague—an experienced colleague—was trying to calm him down and get him to come with her somewhere. [The child refuses and becomes more agitated]. He was rigid—I mean his whole body was [motions an arched position] with stress and rage and—I looked at him and thought, 'I know, son, I know'. And I just said something like, 'why don't you come with me, son? We'll have a chat'. And he let me put my hand on his shoulder—just lightly like—and he came with me. It was very moving really and I just felt it here [points to heart], I felt I knew how he was feeling and so I could get through to him.

Such an incident was the first of several similar success stories and Tim quickly gained a reputation throughout the school as being particularly talented in the SEN context. Official transfer to the Unit came two years later when a promotion opportunity in his own department caused him and his seniors to formally re-evaluate the direction his career was taking.

A slightly modified view of the role of insider experience is seen with Carly (readers may note particular crossovers between this narrative and the strategies of the service-user professionals in the previous section with regard to Carly's performative disclosure of personal experience). Carly qualified as a psychiatric social worker after experiencing a mental health crisis as a young adult and is currently employed by a third sector housing project supporting individuals leaving statutory in-patient facilities. One of the many reasons for leaving the local authority where she started her career concerned the ways in which she was allowed to reveal aspects of her own self

to others. She describes an incident in talking down a ‘jumper’ from a bridge whilst employed by the local authority:

> I said to him, ‘you’re not going to believe this but I have been there too! I tried to jump off a bridge when I was twenty! My parents had died, I had lost everything—I didn’t think I could ever recover. I was so angry when someone stopped their car and dragged me back but I did recover—you can get through this too!’

Whilst Carly felt strongly that this personal disclosure had been the ‘key’ to her success, at the office, disclosing personal experiences to clients was considered ‘bad form’ and even though numerous colleagues had also suffered losses and traumas that had led them into the mental health field, these were kept as ‘ghost selves’, un-discussed and forgotten. Hearing about the incident from the police, Carly’s supervisors had congratulated but also reprimanded her for her actions. Now at the supported accommodation project, Carly describes how the more relaxed attitude to disclosure allows for better relations with her clients:

> I like to be cards on the table with our clients. I say, ‘If I can do it, so can you’. I think it can be good for them to hear that because they need to know I’m not coming from some position on high but at the same time some of them get this victim mentality something which says ‘oh, no one’s ever had it as bad as me’ and they think they can’t do it.

Like the creative workers and service-user professionals described already in this chapter, the experiences of Carly, Tim, Helen and Jed both support and disrupt common imaginations of madness and ability. Despite the intuitive appeal of the value of insider empathy in the helping and caring professions, as I have discussed already, popular images of the mental health patient present something surprising (risky, even) in placing people with their own mental fragilities in emotionally demanding roles: as Sheila puts it, ‘if you’ve got a bad leg you’re not going to want to be a footballer or a window cleaner or something, so if you’ve got problems with your mood and your feelings, some people think it’s not a good idea that you’ve got a job which is all about the touchy-feely stuff’. (This said, despite such hesitancy, it is noteworthy that, like the user involvement agenda in the previous section, employing survivors of mental distress in the caring and counselling professions has become an increasing focus of UK policy: see, for example, the strong statement of support from the Department of

Health in 2006: 'NHS trusts, PCTs, local authorities and other public services provide a wide range of employment opportunities [...] Having used mental health services may be a positive advantage for prospective applicants through being able to utilise their experience of using mental health services. This in turn can serve to improve the quality of mental healthcare by involving people with direct experience in the care of others' [Department of Health, 2006, p. 12].) In the academic literature, insider empathy or insider insight again attracts controversy. Whilst some research (e.g., Bateson's [1991] empathy-altruism hypothesis or Staub and Vollhardt's [2008] 'altruism born of suffering') reports solid empirical evidence of the link between experiential empathy and enhanced helping capacities, other studies stress more prominently the neurotic, alexithymic and egoistic effects of many mental illnesses, which therefore disable the individual from productive helping relationships (Batson *et al.*, 1983; Northoff, 2007).[59]

As with the previous sections, the array of experiences introduced here also demonstrates the multiple manifestations of insider advantage (phrased here as the vaguely overlapping phenomena of 'empathy' or 'knowing what it's like'), with conceptualisations varying from a bounded set of capacities and skills (Helen) or an enhanced sense of doing what is right (Jed), to an affective force drawing an individual into a certain kind of empathic encounter (Tim). As with the creative workers and service-user professionals, it is interesting to observe also how individuals in empathic careers reported differing relations with these insider insights. For Helen—especially in the early days—the biggest challenge in pursuing a counselling career had been persuading friends and family that she was 'safe' with her capacity to empathise ('I don't want you getting too involved', her husband would say); even though Helen rejected the legitimacy of such warnings, encouraged perhaps by her professional training, empathy remained a double-edged resource which had to be trained and cultivated.[60] For Jed, by contrast, finding a new empathic side to his personality (and

[59] A counter-narrative is the possibility of an *organic* basis for the relation between empathy and distress in certain diagnoses, such as hyperactivity of the amygdalae, which has for several decades been a candidate for explaining the simultaneous enhanced lability and enhanced empathic astuteness of individuals with conditions such as borderline personality disorder (Krohn, 1974; Fertuck *et al.*, 2009). An interesting aspect of this narrative is that, in such accounts, empathy is not considered a useful bi-product of distress but rather part of the patient's social difficulties, e.g., allowing the sufferer to recognise in others shades of emotion that they themselves had not yet acknowledged, leading to an array of confusions between social partners (Flury *et al.*, 2008).

[60] Writing from the perspective of professional counselling practice, Bondi and Fewell (2003) highlight the spatiality of these metaphorical boundary tactics in the therapeutic setting, drawing attention to the similarity between professional counselling training and the informal 'conversions' and distance-making strategies of the service-user professionals in the above section.

moreover building a career on such empathy) was an entirely unexpected growth experience: 'this doesn't mean I've turned into a poofter, you know?', he says to me, anxiously—a concern which is revealing of the alienness of his new occupation in comparison to the Big Man days of his taxi-rank past.[61]

Finally, the diversity of the narratives above also raises questions about the link between insider empathy and perceived proficiency in the helping professions (that is, if insider insight can be so many different things at different times, from what ground can we ascertain an automatic exclusive advantage to being an insider?). Tim makes his first breakthrough with a hard-to-help child with the words 'I know, son, I know'; a knowledge which is later supplemented by the *feeling* of knowing also—'I *felt* I knew how he was feeling and so I could get through to him'. (This latter knowing-feeling complex relates closely to the phenomenological expression of empathy as the experience of experiencing what the other experiences as the experience of experiencing something from the other's perspective [cp. Husserl, 1931].) Yet this warrants careful consideration: of *what* is this knowledge imagined to be? If mental distress brings different kinds of suffering to different people (hearing voices as different to depression which differs again from obsessive compulsive disorder or being an upset child in a special behaviours unit), then the extent to which experiential knowledge is genuinely transferable between experiencers seems dependent largely on the interpretation of the 'it' in the statement 'knowing what it's like'—with anything but the loosest of readings bringing Tim's knowledge claims into doubt. (The flipside of this argument is that if 'knowing what it's like' is interpreted in a broader sense of simply knowledge of what it is to feel pain, then given most people have suffered pain at one time or another, the claims of insider exclusivity are instead rendered dubious.) Second, in order to *make use* of such knowledge, presumably some level of communicating this insight and converting it into appropriate action is of equal importance to possessing the knowledge—for Tim, the embodied and affective deftness with which he says 'I know' as well as the locked-in knowledge or experience of knowing. (This attention to practice is important because, as others have noted,

[61] This is but one of several narratives in this thesis which speaks to a broader feminisation of the workplace and the challenges of this for traditional northern male identities—a telling example is Michael, the motorcycle mechanic and ex-miner from the previous chapter, who had been threatened with penalties to his out-of-work benefit after telling a female advisor that he 'didn't really want to work around women'. ('I'm not being funny like but they're all gossipy[...] being down the pits and then with the bikes, I've never really been around that many women [...] they make me feel a bit weird, all that talking and chin-wagging'). For general discussion and review, see McDowell (2003); Nayak (2003).

without it empathy risks becoming a somewhat un-political and uninvolved motivation [Svenaeus and Gunnarson, 2012].)[62]

Problematisations can also be made of the *kind* of knowledge invoked in insider insight. In a discussion about the use of patients' knowledge in biomedical research, Caron-Flinterman *et al.* (2005) differentiates between insights that are experiential, procedural, and propositional in character (an attempt primarily to move away from sloppy or universalising categorisations of 'lay' or 'non-expert' knowledge). In the field of service-users and ex-service-users working in the helping professions, a similar array of knowledges can be seen. Whilst Tim's experience of knowledge is primarily intuitive and affective (an illustration perhaps of the 'touchy-feely' aspects of insider empathy to which Sheila refers), compare instead the knowledge that informs Marie in her career (emphasis underlined):

> I know that the mental health services are not perfect. Don't expect a student to necessarily be receiving much support in terms of quantity or intensity of meetings from the community mental health teams. I know that if someone is not engaging with psychiatric services that might be because the services weren't offering them anything useful and might have been because they were offering something damaging. [...] I know some supports that the University can put in place for a student with mental health difficulties and, anecdotally, what the advantages and disadvantages of these may be. [...] I know that jumping into exams might be the best thing for this student to do right now or it might be the worst option ever and we should be looking to get her a concession to sit them when she's stronger.

As seen, the knowledge Marie lists here is propositional—to be able to list reasonable adjustments that an institution might make for a student or to identify a range of outcomes that might result from such accommodations (in Bloom's taxonomy, such abilities would fall toward the bottom of the learning hierarchy). Furthermore, much of this knowledge is not in the strictest sense *insider* knowledge if insiderness is measured only as knowledge gained from one's *personal* experience. During her years in and out of hospital, Marie became friendly with numerous patients, including several who were also students at the time of their illnesses and it is through these encounters that much of this knowing was garnered—as Marie puts it, an 'anecdotal'

[62] For a broader philosophical discussion of 'insider epistemology' or experiential knowledge both within and beyond the psychiatric survivor context, see Harding (1993), Fay (1996), Caron-Flinterman *et al.* (2005) or Corbin Dwyer (2009).

knowledge, accumulated through years of this listening and collating stories from others with similar experiences to herself. Whilst in Marie's instance, insider status appeared expedient in acquiring such insight, since talking and listening and establishing rapport are not qualities of insiders alone, we note that insiderness in this instance is not the *only* means through which such knowledge could have been accessed.

Finally, there is a problem concerning the temporal aspect of insider insight. Whilst 'I know because I've been there' suggests a value in experiential knowledge of suffering in and of itself (e.g., because of the ability it grants the individual in relating to such experiences in others), it is noteworthy that again, much insider value in the helping professions instead relies on the experience of having *overcome* this initial state of crisis or angst. A recurring theme across several of the narratives recounted here is that of an intermediary reparative event in the lives of the narrator (e.g., counselling experience or mental health recovery) which was seen to transform raw, painful experience into a kind of wisdom that could be put to use effectively. In such instances, insider insight worked not to *acknowledge* suffering ('I know, son, I know') but, counter-intuitively, to stand in testimony to the fallibility of in-the-moment knowledge and experience—to borrow again from Carly's speech to the jumper on the bridge, 'I *didn't think* I could ever recover ... *but I did*'. (An articulation of this twofold nature of insider knowledge which does not involve disclosure is seen in Helen's discussion of the role of hope in her counselling practice. Whilst Helen maintains that it is her experiential knowledge of suffering that makes her a sensitive and empathic listener, as she goes on to say later, it is her experience not of suffering but of recovery that enables her to have faith in people's ability to get better—an intuition which is significant because she reports in her own life experiences of therapists and doctors who had 'written her off' from a recovery trajectory because of the length and intensity of her problems.)

In formal terms then, it is demonstrable that the link between insider experience and insider ability in the context of the helping professions is far from self-evident and in fact constitutes a multitude of engagements with a range of cognitive/affective and active/re-active intuitions (Fay makes the Spinozan distinction between the latter couplet in the context of insider epistemology, where active responses are those in which being an insider leads one to know, think or desire certain things whereas

reactive responses are those in which being an insider allows one to perceive accurately how others want one to react [Fay, 1996].) Significantly, as was argued in the previous section also, whilst insider insight can be advantageous in the helping and empathic professions, insider status alone is neither necessary nor sufficient for competent conduct. Despite the popular intuitiveness of insider insight, narrators themselves expressed awareness of this ‘myth’ of insiderness. For various reasons, professional empathy was often something that had to be cultivated consciously rather than an experience that sprang naturally from the wells of personal insight: Jed’s *effort* to lead a professional life based around respect for his clients is in this regard indicative. Similarly, pressure from colleagues to live up to popular ideas about insider insight was reported by some as a workplace aggravation. Sheila talks about her frustrations with her co-workers at the women’s project for taking for granted and mystifying her psychiatric in-knowledge:

> If there’s something about mental health sometimes they’ll lean across and say, ‘they [the woman] are talking about this consultant, do you know where he’s based?’ Or, err, ‘body dysmorphia—do you know what that is?’ Well, I know because I look it up on the internet. Or because I go back and talk with the woman and say ‘I’ve not come across that one before, can you tell me what that’s about?’ I’ve not got some magic eye inside me.

Finally, each of the narrators in this section also spoke of the difficulties of having *too much* insider knowledge and *too much* empathy. Marie, the student support worker, describes a comprehensive arrangement with her colleagues by which she hands over cases which are too similar to her own (‘it’s the religious ones that get to me’, she says, as her own experience of psychotic breakdown involved a series of extreme and disturbing religious obsessions). Helen describes a similar occasion, sitting in her supervisors’ living room for a whole afternoon in tears, when a counselling client unexpectedly brought back painful memories of her own unhappy childhood.

The conclusion to this section is that like the other occupational clusters examined in this chapter, empathic insider insight is complex and diverse—both evincing and disrupting popular notions of mad ability and insiderness insight. Whilst it has not been a major theme of this discussion, it also offers some parallel reflections on the process of researcher positionality in studies involving psychiatric service-users: whilst being an insider might have particular benefits both in establishing helpful research

relationships and benefiting from an underlay of insider knowledge, this benefit is partial, tentative and perhaps cloudier in its significance than a very hurried interpretation of 'mad affiliated' research might imply.

Conclusion: Relating to Madness

In summary, so far in this chapter various empirical examples have been introduced to demonstrate the nuances and complexities in what I have referred to as a 'philosophy of use' among individuals making a livelihood from their mental health experiences. In doing so, numerous conceptualisations of a productive madness have been explored, from 'insider insight' and 'mad inspiration' to the political solidarity of sharing a mental health identity with another. Numerous career trajectories have also been encountered, with individuals both moving into mad-enhanced careers electively and as a result of structural and health difficulties in previous employment sectors. Throughout the chapter, numerous potentials for using madness have also been explored, yet—as per the discussion of insider insight above—so too have the difficulties with imagining any necessary or sufficient linkage between madness and ability.

So then, to return to the original issue, what of the relation between one's self and one's madness? So far, a range of strategies of relation (ownership, compartmentalisation, deployment, dramatisation) have been presented and problematised, especially with regard to their workplace potentials. Yet what of the old interest in an ethics of relation, a politics of relation; of the 'impotent ought' of right relations that I introduced in the previous chapter? *How* is one to relate to one's madness; to put it to work? And what are we to make of these individuals whose work with their madness constitutes a core part of their occupation and livelihood?

It seems that there are a range of critical possibilities to consider. In the first we see, to borrow Parr's phrase, a 'hopeful ontology' (Parr, 2008)—a series of creative possibilities for the self and for the service-user movement combined. At the heart of this chapter I have attempted to disrupt assumptions that madness can be only a disadvantage in the workplace; moreover, to stretch understandings of mad ability beyond those of the solitary mad artist alone. In the mad-enhanced work of the kind that has appeared in these case studies, hopeful potentials have been explored for

playing against popular notions of the working wounded, presenting instead people who have experienced mental health difficulties as important workplace assets with privileged and profitable access to insight and knowledge. Playful subversions of traditional mad/non-mad power relations have been the result of many of these interactions: Maurice, the artist in the first section, 'feels sorry' for people who don't have mad experiences like he does and reports incidents on his design course of 'stopping to help' his non-mad course-mates who were lacking such manic inspiration; in the offices of the user network—a space habited entirely by mad employees and volunteers—Benji says (in a conscious twist of ordinary workplace attitudes towards people with mental health difficulties), 'it's not that we'd never employ someone who wasn't a service-user [...] just they'd have to really prove they were up for the job'.

Making *use* of one's madness in the public sphere of work has possibilities in the ethico-therapeutic spaces of personal narratives also. Beresford (2003, p. 47) describes occupations which give voice to service-user experience as bringing individuals 'closer' to their own experiences (a process he sees as empowering, especially in a context where too often personal narratives are overwritten with professional understandings). I prefer to this notion of proximity a concept of 'regaining' or, as I suggested earlier in the chapter, 'owning' experience (a distinction which moves away from impressions of mere *closeness*, towards a set of discrete adjustments in the relation between self and experience in which an agentic self capable of holding and defending its own experiences is the outcome).[63] In either rendition, such assertive and productive coming-to-terms with one's madness has much in common with post-traumatic growth and recovery models of mental distress in which 'making sense' and 'making good' of one's experiences constitute an important retrieval of the self essential to psychiatric recovery (Woodward and Joseph, 2003; Fardella, 2008).

In considering the relation between self and madness, however, whilst to an extent the narratives described in this chapter are triumphant stories of *reclaiming* and *repositioning* madness and mad experience, it is interesting that—as was the case for the worker-work relation in the previous chapter—a complex 'ethics of relation' also can be seen to govern such applications. In this chapter we have already touched upon some limits to putting madness to work acceptably: the service-user professionals

[63] Or, as a back-reference to chapter two, a self capable of 'managing' its madness (from Latin, *manus,* 'hand'—to handle, esp. to control).

whose madness detracted from the broader aims of the mental health movement, or, in the helping professions, forms of relating to others through shared experience which put one's own recovery at risk (in the service-user vacancies in the second section of this chapter, this also appeared in some of the job descriptions: person specification 18 of the hospital-based position, for example: 'ability to maintain recovery whilst assisting others whose experiences may be similar to yours'). Yet in the working narratives of the individuals appearing in this chapter, more value-based judgements could also be seen to govern the bounds of 'right relation' as understood by the narrators. In what should be seen as a direct extension to the discussion of 'right relations' in the previous chapter, we might summarise some examples (this time phrased as a series of prohibitions):

- Usage of personal experience at work should not suppress or deny the inevitable differences between oneself or others (the concerns of Benji earlier in the chapter).
- Usage should not leak one's own experience into the hearing of others' experience—in the therapeutic context, a concern approximated closely to Freud's concept of counter-transference.
- Usage should not be brash with experiences of trauma or suffering, or be competitive with other survivors about the 'severity' of despair or medical diagnosis (this was the kind of 'career-building' of the competitive asylum inmate described by Goffman (1961) from which I tried to separate the mad workers in my own research in chapter two).
- Usage should not be brash about economic gain from one's mad work, especially where charges of profiteering might be made. (Narrators spoke of the difficulties of negotiating this sensibility when at the same time relying on an income from the career path they had chosen: Lucy recounts an occasion where, on speaking as an invited guest to the charity that had been involved in the service-user magazine where she had had her first publication, the charity had found it brazen that she had declined to waive her speakers' fees—'but it's my *livelihood'*, she explained).

An important rhetorical device used by narrators to situate their experiences within this ethical territory was that of the non-present Other who transgressed or negated such rules. Amongst the service-user professionals, a recurring figure in this self-distancing

strategy was that of the profit-making survivor/entrepreneur—mainly profit-making motivational coaches and 'service-user fat-cats' (Felicity's coinage) who had turned to private consultancy.[64] Among the creators and helping professionals, a similar ethical locating of one's relation to one's mad experiences could be seen. Helen told the story of a fellow sufferer of depression on her counselling course who would jump into class discussions to make each slide on the PowerPoint presentation directly relevant to her own experience, and who would subsequently spend all coffee breaks spilling the wisdom of her own recovery onto her ever more wary friends; Gwyneth, who after producing a number of successful poetry collections turns her talents to an autobiographical self-help book on depression, instead positions her own project against 'misery memoirs' (that undesirable genre of triumph-over-hardship autobiography with similarly burgeoning critical reception):

> There is misery in the book but I hope it's on the train on the way out. There was a very poignant moment where I told a friend, another writer, what I was doing and I said I wasn't doing it for myself and he said 'that'll keep you safe then'. And by that I think he meant that if I had been self-serving in the book I would have probably been attacked by the critics—I think people can sniff out people who are trying to advance their career or using their writing as their own self-fulfilling therapy. [...] But there are authors who have written maybe sixteen or seventeen books about their wretchedness, and they seem to be unable or unwilling to move on. That's misery memoirs to me. [...] I hope my book is about transition.

Evaluating the workplace reclamation of madness/mad experience with regard to critical theory, however, is harder still. Domesticating madness and reclaiming recovery are of course the modern project *par excellence*: a fixing of the self and making the non-productive productive to which critical scholars have become accustomed to treating warily.[65] Furthermore, the political ramifications of the kind of

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[64] See Felicity, talking about a somewhat infamous survivor-turned-motivational guru who was operating in the area: 'It's a racket because you spend fifteen pounds on a ticket and then he says for £8.99 a month you can subscribe to his podcasts and then for another twenty you can buy a book or get a personal e-coach or whatever. I don't know about the ethics of that because you're playing on people's emotions'.

[65] An intriguing illustration is Freud's description of sublimation (that is, the conversion of unconscious neurotic drives into socially useful products), which he insisted was the only instance of a 'successful' defence mechanism. In terms of Freud's wider writings, the example is curious since if sublimation was identified only upon positive valuation of social productivity, then a distinctly non-analytic (judgment-based, contextual) element had to be admitted to the theory—something we note as uncharacteristic of Freud's greater project (Gemes, 2009). For the purposes of this discussion, Freud's insistence that for a defence mechanism to be successful it had to have *social* value (which in the examples he provides equates closely to economic value also) is indicative of the broader modernist compulsion to make the irrational rational by returning it to the more familiar logic of means-end rationality and productivity.

moral rescuing of negative experience introduced in this chapter (*if life gives you lemons...*) should also be apparent as a potentially conservative and individualistic regime of 'make do and mend' which obscures the ongoing inequalities of life. (This claim can be extended to much of the recovery model in terms of narrowing interpretations of recovery from a social to a personal level: 'Fine, if the story really is "I was having troubles, I went to the doctor, I was given a pill, now I'm feeling better again"—but if you are still living in a crummy boarding house and you are not being paid a living wage for your work, recovery is not complete' [Reville, 2011].) Yet where narratives go beyond psychological recovery alone and move to the provocative arena of *selling* one's madness (as the voice of experience or the inspired artwork), we can extend these arguments further. If, as according to critical theories of relation, waged labour involves not only a selling of one's time but aspects of one's own self (again, a symptom of late capitalist 'knowledge economies'), then in the commodification of madness and the selling of distressing experience, this is extended beyond the fast-food worker's 'service with a smile' to the most private, painful and personal aspects of oneself. To the extent that madness is already an expression of alienation, a double injury thus occurs in putting madness to work—not only an alienation of one's authentic species-being but, to layer alienation upon alienation, a severance of one's authentic alienation also. (An interesting discussion could ensue over whether the placement of the larger proportion of the workers in this chapter in the public or charitable sectors is significant—that is, whether the experiential effect of 'doing some good' with one's work overrides the underlying structural alienation of paid labour, yet I shall persevere with this argument for now). Taking this argument further into the realms of anti-capitalism and anti-psychiatry—for example, to those such as Deleuze and Guattari who celebrate in madness one remaining space outside of capitalist production and desire—such marketisation of madness constitutes not only a personal tragedy but a social and political one also.[66]

Freud considered the 'greater number of our cultural achievements' across the arts and sciences to be a result of sublimation (Freud, 1905, p. 43); his most famous example was that of Leonardo da Vinci, who, according to Freud's analysis, successfully diverted (sublimated) repressed homosexual desires into a powerful drive for artistic and scientific excellence (Freud, 1910).

[66] In *Anti-Oedipus*, Deleuze and Guattari paint the problem of capitalist desire as the self-repressing desire to work: echoing Wilhelm Reich, they ask, 'How can people possibly reach the point of shouting: "More taxes! Less bread!"? .... Why do people still tolerate being humiliated and enslaved, to such a point, indeed, that they *actually want* humiliation and slavery not only for others but for themselves?' (1972, p. 31). Later, both capitalism and psychiatry (psychoanalysis) are charged with binding the energies of the pure ideal-type schizophrenic into a 'world that always opposes the revolutionary potential of decoded flows with new interior limits' (p. 267). In his practice at La Borde, Guattari had attempted to interrupt the collusion between psychiatry and self-repression, denouncing both patients and staff at the commune who were up before noon for work at nine as 'alienated by capitalism' (Dosse, 2010, p. 176).

Finally, we might turn critical attention to notions of equity. Using madness and mad experience (and formalising its employment) offers privileged spaces for mad-only work and has hopeful potentials for users/survivors working in other fields also. Yet however 'useful' madness might be, it is important not to obscure issues of ongoing pay and power disadvantages for individuals using their firsthand experiences explicitly in their work (James suggests that his sessional rate for lecturing on the medical degree is less than half that of similarly qualified co-workers; similarly, in the hospital-based position in the second subsection, we note the salary grading is significantly lower than non-service-user-only posts when considering like-for-like roles and responsibilities such as decision-making power and level of skilled work). It is noteworthy thus that in recent years, somewhat of a backlash against certain service-user employment forms has been seen from within the service-user movement—at an international seminar on mad activism and service-user led research (University of Central Lancashire, April 2011), guests from Canada spoke of a Toronto-based project, 'Keep Your Hands Off Our Stories' to tackle the concerning exploitation of service-user workers and the appropriation of user-generated research into mainstream academic discourse.

It was stated at the beginning of this chapter that, following the teleological school in which it is posited that to know a thing a knowledge of its uses must be acquired, in examining carefully the ways in which madness might be made useful at work, a deeper understanding of the qualities of madness or character of being mad could also be found. In the field of putting madness to work, it is interesting to see how the two major elements of this chapter—usage and ethics—are thus intimately linked, since thinking about use leads us eventually (inevitably?) to questions of teleology. If madness is a thing, separate from the rest of the self (as the empirical examples of distancing, ownership, compartmentalising here have suggested), does it therefore make sense to speak of madness as having a teleology also? Aristotle's knife (*Nicomachean Ethics*, Books I and III) reveals its knifeness through exploration of what a knife as a knife is good at; just as we cannot understand properly the concept of a knife until we have seen it in action, perhaps it is also the case that we cannot understand madness until we have tested its useful possibilities as well as acknowledged its potential for harm.[67] However, Aristotle also states that a good knife

[67] 'The subject of investigation is sometimes the instruments, sometimes the use of them; and similarly in the other cases sometimes the means, sometimes the mode of using them or the means of bringing it about....' (*Nicomachean Ethics,* Book III, Chapter 3, §27–31). Aristotle implicates the virtues of using

is one which is *put to* its use—which fulfils its utility and is not just kept in storage or display, and furthermore which is put to its use in a way which was consistent with the greater good (to cut only the right things, at the right times, for the right reasons). By this logic, the potentials of madness thus *demand* to be fulfilled—no longer can the person in possession of madness exist 'outside' of ethics but rather must be obliged to discover and then actualise the virtues (uses) of this madness as incorporated into his life (we see how the common assertion, 'I just wanted to put it all behind me' bears little weight in this philosophy). It is in this introduction of duty that we thus see the pulsating nature of putting madness to work—a possibility for freedom which constantly opens and collapses with its own double-sidedness. Teleological reasoning of the kind sketched out here offers comfort and courage to individuals coming to terms with mental health diagnoses, especially where these are coupled with the lived experiences of insight or ability; we might see this as analogous to notions of 'fate' in individuals' personal sense-making strategies for understanding breakdown (see Helen, for example: 'I think I was meant to go through this because I have come out the other side as a stronger and better person'). However, in the same breath, since ethics of this teleological nature necessarily produce duty and obligation (to fulfil the teleological end of usage) then by such reasoning, the radical possibilities of productive madness for liberating the psychiatric patient also trap her simultaneously in the bounded codes of ethical conduct that the previous chapter has problematised already.

In this and the previous chapter, the complex ethical relations between work and worker and worker and madness have been explored and expounded. In each chapter, the idea of a conservative ethics of relation (that we should work in *this* way, at *these* times, and that we must hide/cure/confess our madness in *these* particular contexts and environments) has been problematised and a case made instead for a more diverse and creative understanding of those all-important relations between one's self and one's *gattungswesen*. In both chapters, in providing examples which challenge or test the ways in which relation, work, usage and madness are ordinarily talked about, an investigation into 'what it makes sense to say' about these seminal concepts is also set sail.

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something correctly in his definition of intrinsic goods—in Terence Irwin's succinct summary, 'seeing is the good of the eye because the eye's function is to see, cutting is the good of a knife because the knife's function is to cut, and so on' (Book I, Chapter 6, §12, editor's notes).

It was noted at the start of the previous chapter that the history of the philosophy of work and madness was, at its heart, relational. What I hope to have demonstrated in these past two chapters is that this goes beyond saying simply that everything is related to everything else (a cry for attention to context and complexity primarily) but to say that the way in which we conceive of such relations—both as philosophers or social scientists and in so called 'lay' or lived capacities—itself shapes the kinds of working practices we endorse for human flourishing and our responses to people who variously fall outside, or fly in the face, of such engagements. Marx's classic portrayal of the alienated worker captures something enduring and real that survives into the twenty-first century world of work with easy applicability. Yet thinking of June and Martin and Sally and Barbara and Maurice and Carly and all the other workers who have been introduced in the previous two chapters, it seems evident that a more plural and less normatively centred framework will be needed to account for the whole multiplicity of ways in which work-worker relations can go wrong or in which happiness can be found.

Chapter Five

What Works?

Plato's Pharmacy and the 'What Works' Agenda

Work (*v.*) 23.a. to act in the desired way, to do what is required; to be practicable or effectual, to succeed.

- Bambra, C. (2002) *What Types of 'Welfare to Work' Work and for Whom?*
- Centre for Mental Health (2008) *Doing What Works*
- Centre for Mental Health (2011) *Commissioning What Works*
- College of Occupational Therapists (2010) *Working for Wellness: What Works, When?*
- Institute for Employment Studies (2007) *What Works at Work?*
- Schneider, J. (2005) *Getting Back to Work: What Do We Know About What Works?*

~ Extracts from a 'what works' bibliography

The focus of these final two chapters is 'what works': that is, the genre of evidence-based research and evidence-based policy design that have become known collectively as the 'what works' literature in mental health care and beyond. It may be apparent that many of the arenas of social activity that have been touched upon in this thesis (therapy, rehabilitation, management, education) have become somewhat preoccupied in the last decade and a half with this kind of thinking about research. It may also have

become apparent in the thesis so far that such kind of justification for doing research has not been the primary purpose of this project.

The purpose of this chapter is less to bring news of what does or what doesn't work in terms of getting people with mental health problems back to work, or to demonstrate where this doctoral thesis sits amidst such evidence (although both issues are touched upon circuitously). Rather, in what follows, the chapter seeks to take a step back from the empirical evidence (my own or other people's) in order to explore at a more discursive level *what it makes sense to say* when we declare that something 'is working' in the context of mental (ill) health, and, in doing so, to explore a final dimension of work as we have followed it throughout the thesis. In the course of the chapter, I will argue that to claim that something works (or to ask a question about the same) is a *speech act*: that is, a discursive intervention that both describes and brings into being particular modes of conceptualising and acting in the world, rather than merely an empty reflection on the world as it is.

After offering a brief précis of the 'what works' literature and some of the more pressing critiques that have been directed toward it, the approach of the chapter will be thus: first, having identified again the polysemous nature of work, a brief linguistic history of 'what works' terminology will be provided to place 'what works' in its wider semantic network; second, having located the popular origins of 'what works' in the language of the clinic, the chapter revisits the evidence to demonstrate instead the *numinous* origins of the evidence agenda. Finally, the chapter turns to three brief problematics of the speech act 'it works!', which I have framed loosely around Hippocrates' dictum 'first do no harm', Derrida's exposition of Plato's *pharmakon*, and the mechanical metaphor of clockwork. In the meandering discussion throughout these fragments, the hope is to persuade the reader how, despite the initial *transparency* (simplicity) of the proclamation 'this works!', the rhetoric of 'what works' in fact obscures nuance and complexity in deciding what works and for whom. In the final chapter, a more magical alternative to the kind of world which is described by 'what works' is explored. Such alternative will be introduced in due course.

It is easy when summarising large and loosely defined bodies of literature to make generalisations; where such summaries are developed into critique, dangers of a straw man fallacy also occur (Flyvbjerg, 2004). It is not the purpose of this chapter to

renounce all value in 'what works' perspectives, and throughout the chapter I cite numerous examples of helpful contributions from the 'what works' genre. The truer focus of critique remains—as above—the movement between the realities and fantasies of the evidence-base, and the moment of discursive translation between the research encounter of a particular study (that action X has effect Y for Z) and the broader and, as I see it, less trustworthy allure of what Smeyers and Depaepe refer to as the *rhetoric* of 'work works' (Smeyers and Depaepe, 2006a).

'What Works' and the Evidence Agenda

To offer a rough and ready guide to the subject, 'what works' and the 'what works literature' connote a well-established and, in certain contexts, almost ubiquitous mode of conceptualising research which take as their primary philosophy the production of answers to questions of efficacy across a range of social or clinical interventions. Arising out of the discourses of 'evidence-based practice' and 'research-based evidence', 'what works' publications are commissioned with planning or evaluation in mind, are modelled on experimental or quasi-experimental methodologies (the randomised control trial or case-control study), and are generally concerned with rigour and comprehensiveness over more exploratory textures of research (an observation which is significant since much of the argument in this thesis so far has been about finding the right language with which to discuss particular social and philosophical concerns). In the UK, 'what works' burst onto the political agenda in 1997 when New Labour won the general election with the slogan 'what matters is what works'—on the one hand signifying a conscious retreat from the ideology of older Labour parties, but also (from the perspective of the academy) signalling a new kind of political space for 'evidence' and the academic expert (Davies *et al.*, 2009). Today, with both an enlarged market for evidenced-based research and an increasing pressure within the academy to demonstrate the social impact of its scholarship, 'what works' is promoted as the 'gold standard' across many areas of social inquiry. In medicine and healthcare, the showpiece of what works is the highly prestigious Cochrane Library (see also the National Institute for Health and Clinical Excellence)—a format which has been replicated widely in other areas of social activity: in educational research, for example, as another arena in which 'what works' has become very prevalent, see the 'What Works Clearinghouse' or the 'Doing What Works Centre'.

To locate 'what works' in an intellectual and ideological landscape, it is essential to reference at least three (interrelated) 'logics' or influences. First and most obviously is the centring of 'what works' in the methods but also the authority of science. Rhetorically, much emphasis is placed upon the *social sciences* (as opposed to social studies or social research, or the *Geisteswissenschaften* as they are named elsewhere) with all the allusions to objectivity and transparency that talk of 'science' evokes. Another prevalent rhetoric is that of *clinical* science—and particularly the Randomised Control Trial (RCT)—as the 'gold standard' to which social research should aim (Wessely, 2002; Goldacre, 2011). Of course, RCTs have not gone without their fair share of critique (some of which I shall consider shortly); however, the enigma of science in general, of clinical science in particular, and the RCT as a 'gold standard' in evidence collection remains a significant influence in shaping what is considered to constitute robust and reliable social research. Within a discourse of science, it is notable that *realism* also assumes a double rhetorical role (and we shall come back to the importance of realism in the final chapter): on the one hand, 'what works' research boasts realist methodologies to emphasise that this is research which is outward facing and attentive to the social world as it is; on the other hand, policy makers gain status as 'realists' by seeking evidence-bases (rather than ideologies) on which to base decisions.

Second, 'what works' is endemically tied to a particular kind of means-end thinking which, in philosophical discourse, is often known as *techne*—a form of technical reasoning concerned with the management of need, the production of certain outputs and with prediction and control (Nussbaum, 1986; Smith, 2006a). Regarding healthcare and other welfare structures, this can be seen in the pervasive language of *interventionism* whereby a wide range of programmes, practices and policies ranging from education and poverty alleviation to mental health sectioning or vocational rehabilitation are brought together under a broad umbrella of 'doing something' to someone or group of someones. (In the web pages of the current government, for example, interventions are used variously to describe the practices of restraining a child or psychiatric patient, instigating a national back-to-work programme, invading a country and prescribing antibiotics.)[68] Of course *techne,* which conceptualises the

[68] Examples are found easily across most Departmental and Ministry web pages, as well as the public-facing www.direct.gov.uk interface. On the Department for Education pages alone, for example, a search returns 538 results for 'intervention' as used in this context (search conducted 17 October 2011, www.education.gov.uk).

world as a series of 'procedures, manuals, algorithms and flow diagrams' (Smith, 2006b, p. 161) links closely with the science and scientism discussed above—consider, for instance, examples as early as Bacon's *Novum Organum* (1620) which translates variously as 'new handbook' or 'new instrument' (of science); also with what for several decades now has been described as a culture of 'expertism' in which increasingly we feel the need for expert opinion to offer 'quick fix' solutions to problems of living (Rieff, 1968; Phillips, 1996; Furedi, 2004).

Finally, 'what works' research and evidence-based practice is located unequivocally in the logic of the market and acceptance of the involvement of market forces in public service provision. In the first-wave 'what works' publications in the late 1990s, such logic appeared most prevalently as a *consumerist* language of 'giving the people what they wanted' (as opposed to what services could provide) with particular emphasis on the values of choice and competition in public services. In more recent publications, especially those responding to the latest 'crises' in public expenditure, emphasis has shifted more explicitly to a language of *efficiency* (getting the most for our money) and *prioritisation* (to fund only the most effective programmes). As Gray and Mcdonald put it, these overarching and overlapping influences of the market, science and technicism can be read 'congruently' in the light of neoliberal ideologies (Gray and Mcdonald, 2006, p. 11). Within this broad social diagnosis, however, it is important to identify more nuanced factors which also render legible this renascent demand for evidence. Examples of some such factors as identified by Davies *et al.* (2009, p. 2) include: the growth of an increasingly well-educated and well-informed public (as well as an increasingly sceptical and distrusting one); the explosion in the collection and circulation of data of all kinds; an increasing emphasis on productivity and international competitiveness; and an increasing emphasis on scrutiny and 'audit culture' in public as well as private services.

Critical Reception

Perhaps unsurprisingly, 'what works' and the evidence agenda have generated a substantial volume of critical debate already.

A sizeable proportion of this has been positive. The self-proclaimed realism of 'what works' and its commitment to 'getting to the facts' can seem extremely attractive to

policy planners and end users alike. In the first instance, in calling for and generating new bodies of evidence, 'what works' and the evidence base have played significant roles in the development of progressive and positive policy developments. In the UK, for example, the early years programme, Sure Start, is heralded as a flagship 'mixed-heritage' package drawn from various aspects of earlier schemes which had been proven to be efficacious (Solesbury, 2001). Simultaneously and conversely, 'what works' has had real-time effect in dismantling previously held but un-evidenced ideas. Wessely (2002), for example, cites the case of psychological debriefing, which in the late 1990s had been routinely offered to health and emergency workers in the wake of major incidents (multi-fatality road accidents, firearms incidents, etc.) as a preventative measure for post-traumatic stress. On collection of a systematic evidence base, however, figures demonstrated that indiscriminate psychological debriefing in fact *increased* the chances of subsequent psychopathology unless workers had already been demonstrating pathological symptoms at the time of the event. Accumulation of evidence (which was used particularly to challenge policies in districts where engagement with such debriefings was mandatory for certain employees) thus allowed for a more complex way of thinking about trauma and the appropriateness of psychological expertise.

At the political level, 'what works' has also been welcomed for hailing a new era in service provision. First, in embarking on an *active* search for what works best, 'what works' marks a conscious movement away from a culture of pessimism in many institutions in which *doing nothing* had become the norm. Such comments are highly relevant to psychiatry—remember, for example, the scene in chapter one following the collapse of the hospital industries, in which chronic patients were left in daycentres with little hope of meaningful occupation. According to some commentators (see Cullen and Gendreau, 2001) such move was echoed by a complementary shift at the level of theory in which critical scholars began to move beyond the fatalistic critiques of the 1970s and 1980s that posited mental illness along with other phenomena such as long-term unemployment and recidivism as *structural* problems that could therefore *only* be addressed by the grand restructuring of society. Whilst—as was seen in the previous chapter—professional and service-user models of constructing knowledge are often considered antagonistic to each other, it is indicative in this regard that 'what works' is often welcomed as readily within service-user communities as it is by 'top-down' professionals and planners (Grove *et al.*, 2005).

Given such research optimism, the popularity of 'what works' is unsurprising and, as suggested above, likely only to increase during times of political austerity. However, despite such support, numerous concerns have been raised about the epistemological and ontological bases of 'what works' as well as the usefulness of its conclusions, and it is evident today that alongside the genre's prevalence, a strong and well-established resistance to 'what works' can also be observed (for a selection of reviews, see Marks, 2002; Gray and Mcdonald, 2006; Smeyers and Depaepe, 2006b; Smith, 2006b; Amann, 2010; Biesta, 2010; Smith, 2011).

The first cluster of such critiques concerns specifically the epistemology and methodology of the scientific paradigm itself, its underlying positivistic-empirical commitment and its restrictive definitions of what classes as evidence.[69] According to such critiques, the prevalent frameworks of 'what works' are methodologically inadequate, outdated and overly restrictive for understanding complex social phenomena. Whilst strong in identifying general quantitative relationships, they are weak at establishing either causal relations or the kind of deeper understandings associated with *verstehen* (Amann, 2010; Smith, 2011). In their commitment to the large and the positivist they also reduce the range of phenomena that can be studied by social science; dealing well with that which is visible to the methods of large-scale data collection, but neglecting the unspoken, the implicit, the subjective and the unconscious (Wessely, 2002). As examples of inductive research, all of the limitations of generalisability are also suffered—with few guarantees that what has been shown to work in the specific context of a particular study will 'roll out' to work for a wider population (Fendler, 2006). Being restricted to tightly defined research questions and the analysis of pre-specified outcomes and factors, 'what works' methods are also poor at generating new or unexpected findings—and as such can be cited for eroding creativity and criticality in the social sciences (Smeyers and Depaepe, 2006a).

The second kind of critique of 'what works' that has received attention in the academic community concerns the politics of knowledge and the tendency of 'what works' to dominate over other modes of acquiring and validating evidence. Whilst such effect is

[69] Among such critiques, reference is often also made to the genre's heavy reliance on quantitative data, but it is important to stress that from within evidence-based research itself, a conscious attempt to integrate more qualitative methodologies is often made: see for example, the recent activities of the qualitative research methods group of the aforementioned Cochrane Library (http://cqrmg.cochrane.org/, accessed 12 March 2012).

to an extent a localised matter of research competition in the academic ecosystem (for example, preferential funding from research councils for ‘what works’ research and the resulting threat to smaller, qualitative or philosophical inquiries) such domination is also a necessary and logical facet of the ‘what works’ philosophy itself: in aiming to replicate *only* what is shown to have results—as Eisenhart puts it, ‘to promote the outcomes we want and eliminate the ones we do not want’ (in Smeyers and Depaepe, 2006b, p. 8)—‘what works’ is *necessarily* a totalitarian philosophy; as Cullen and Gendreau describe it, one of five core principles of ‘what works’ is to ‘“*destroy*” knowledge that is not evidence based’ (2001, p. 331, my emphasis).

Whilst there are many implications of this ‘politics of knowledge’ that might be discussed here, one of particular interest to this chapter (and which will be developed further in chapter six) is the role of ‘what works’ in the production of numerous interrelated *hierarchies* of the presumed status and quality of research or intervention. In the best known and most historic of these, the subject under evaluation is clinical evidence (see, for example, the Canadian Task Force on the Periodic Health Examination, 1979; or Sackett, 1986, for two of the earliest and most persistent in the literature); in nearly all, the randomised controlled trial (or systematic review of multiple RTCs) are listed as the gold standard, followed by matched studies and then cohort studies in order of preference.[70]

Following the appearance of such hierarchies in the clinical context, equivalent stratifications have worked their way into qualitative social research and social interventions also. In the case of qualitative research, predictably, this leads to what some have described as the ‘quantification of qualitative data’—an upward pressure for researchers using qualitative data to emulate the RCT’s focus on representativeness, generalisability and systematisation, for example, through comprehensive data coding and rigorous sampling—to the obvious detriment of more interpretive, phenomenological, ethnographic and textual methods. In the instance of interventions by contrast, such hierarchies reflect the need to be *seen* to be evidence-based (a neat example is the rebranding of ‘Individual Placement and Support’ as the gold standard

[70] Again, it is noteworthy that qualitative research does appear in such hierarchies. However, such methods are generally rated only on footing with ‘anecdotal evidence’ or ‘personal communication’: to quote from the selection process of one recent systematic review of back-to-work policies, for example, interpretive qualitative methods, ethnographies, action research and anything which ‘privileged subjective meaning’ or which ‘did not address outcomes in terms of effectiveness, process or structure’ were omitted from the search (Bambra, 2002, p. 22).

in rehabilitative practice for people with mental health problems as 'Evidence Based Employment Support [Bond, 2004]). At the top of such hierarchies are drug treatments which appear most readily amenable to investigation by double-blind RCT, followed next by non-medical but quantifiable clinical interventions such as cognitive behavioural therapy or mechanical physiotherapy. Further down or away from this ideal are social interventions in which outcome or output is easily quantified, but in which control over the intervention or of confounding variables is significantly smaller—back-to-work schemes, which are inevitably inseparable from the particularities of local economies, are a good example.[71] It is notable that where outcomes of an intervention are highly subjective or where delivery is hard to standardise—humanistic or psychodynamic talking therapies as key examples—programmes are often omitted entirely from the 'what works' agenda, opening the way for what Biesta describes as a 'deeply problematic' scenario in which 'professionals are only allowed to do those things for which there is positive research evidence available' (Biesta, 2010, p. 492).

However, a third and final line of critique, and the one that I shall develop more fully throughout this chapter, concerns the teleological commitments of 'what works'—i.e., that however impressive our methods for testing the production of outcomes, 'what works' depends always and foremost on our conception of *what it means to be working* and what we consider in the first instance to be desirable outcomes. At a broad level, such teleological concerns link to wider anxieties about the desirability of efficacy (consider, for example, Marcuse's elocutions that 'concentration camps, mass exterminations, world wars and atom bombs are no "relapse into barbarism"' but rather the 'unrepressed implementation' of science and technology (in Smith, 2006b, p. 162)—and of course we note that these technologies 'work' with exceptional *efficiency* where a certain kind of goal is rendered desirable). In the specifically psychiatric context, however, it is noteworthy that 'desirable outcomes' are at the very heart of psychiatric contention: consider, for example, the concepts of 'being a danger to oneself' or acting 'against one's best interests' which form the basis for much contemporary mental health legislation. To take some contentious examples, pro-anorexic websites, which advise members on losing ever more weight, may well be full

[71] These latter hierarchies refer in the main to state funding. For charitable funding from private or third sector sources such as the controversial UK Lottery Fund, it is often reported that a contrasting 'emotional hierarchy' can be seen whereby bids from smiley, pigtailed children and other heart-warming projects are often more successful than projects with less affective/aesthetic appeal such as support for the long-term unemployed or mentally ill—regardless of the evidence (BBC, 1999; London Evening Standards, 2007).

of strategies that *work,* where extreme weight loss is the only goal. Similarly, Curtis *et al.* detail (among other things) safety features on modern psychiatric wards such as doorknobs and clothes hangers designed to prevent ligature—innovations which might be said to 'work well' in suicide prevention but which are presumably most dysfunctional from the perspective of the patient looking for a place from which to hang themselves (Curtis *et al.*, 2007). (To add to this complexity, ironically, according to staff and patients making use of such innovations, such hangers and doorknobs do *not* work particularly well with regard to their primary purposes—i.e., hanging clothes and opening doors: the handles are too slippery and heavier items of clothes trigger the automatic release on the safety peg mechanisms.) The assessment of modified hangers and door handles 'as working' thus really comes down to *for whom* and *to what end.*

In the back-to-work agenda, this teleological critique of 'what works' is similarly relevant. As I have tried to show throughout this thesis, ideas about getting people with mental health difficulties into paid employment are inevitably involved in a mesh of (philosophical) beliefs about the meanings of work (for a person/ the economy/ the moral 'health' of society)—yet evaluations of back-to-work schemes which measure employment status only underplay such philosophical and value-based questions (Essen, 2011). Whilst there is a strong case for saying that the loss of these philosophic perspectives is undesirable in and of itself, in such examples it can also be seen how a lack of engagement with broader questions of teleology also affects the validity with which 'what works' evaluations measure the 'success' of a programme. This point about the teleological commitments of 'what works' and the validity of 'what works' as a measurement tool is worth pursuing and so for the purposes of illustration I offer three related but contrasting statements, each taken from pro-work mental health stakeholders to demonstrate this further: from the mental health charity, Rethink, the statement that competitive employment is a *right* for mental health service-users (Rethink, 2012); from the Centre for Mental Health report (2011) the statement that when dealing with mental health service-user populations, competitive employment is a *marker for recovery*, and, from the Social Exclusion Unit (2004), the assertion that competitive employment is an opportunity for *social inclusion* for the psychiatrically disabled. In each of these reports, the need for a stronger evidence base for 'what works' is advocated, citing back-to-work figures (i.e., employment status) data as the ideal measurement in assessing recovery.

What can be seen in these three 'what works' proponents then, is depending on the context in which employment is embedded, paid work (and therefore what a *what works* study should be measuring) assumes different functions. For Rethink, as a human right, employment appears as an end in itself (and therefore the correct measure for a sensitive evaluation); for the Centre for Mental Health, employment is a proxy for recovery—and as such, a valid measure only if enhanced wellbeing really does correlate with finding a job. For the Social Exclusion Unit, perhaps most vaguely of all, employment is seen as an avenue to greater material, social and emotional wellbeing (the 'true' desired outcome), which an employment-focused evaluation will measure only if the employment indeed leads to such benefits for the individual in question (in the formal language of logic models, paid work in this statement might be referred to as a 'throughput' or 'intermediate outcome' [Pawson and Tilley, 2007]).

Further subtleties can be added too. On closer inspection, it is *access* to work rather than actual employment provision which Rethink advocate as a 'right' for people with mental health difficulties. The Centre for Mental Health report adds a temporal dimension (employment is only a marker for health if the individual remains in a post for six months or more). Finally, the Social Exclusion Unit makes the above claims specifically about 'good quality' work—a hazy, and one fears, rather slender proportion of total job vacancies. As such, whilst it seems tautologous to suggest that what works in a back-to-work intervention is that which gets individuals back to work, in practice such outcomes are rarely *only* the fulfilment of particular empirical ends, but instead are sited within wider ideologies which not only give meaning to defined outcomes but which also mediate their status. Without a clear understanding of the true desired endpoints of 'what works', 'what works' studies—no matter how sophisticated the methodology—thus fall short of providing genuine new insight. As shown in examples like these, teleological critiques of 'what works' are thus fertile lines for exploring not only the efficiency of 'what works' methodologies but also *what it makes sense to say* about work, as used in this context.

What Works?

Despite the primacy and prevalence of 'what works' frameworks for research, powerful critiques of its methodologies, its resulting knowledge politics, and its teleological assumptions can thus be made. In these last teleological critiques, what

can be seen is a breaking down or breaking up of the meaning of 'what works' itself: what does it mean to suggest that something 'works'; what is its significance and how might we understand the existing primacy of *what works* in a language of evidence-based inquiry?

It is helpful to start by placing 'what works' and its place in the semantic web into some kind of historical context. Appearing first in Old English *wyrcean* in around 800 (from Old Saxon *workian* and Old High German *wurhcen,* 'to do or to act upon'; also Old Norse, *orka* to manage, contrive), there are thirty-five entries for the contemporary 'work' (verb) in the full Oxford English Dictionary and thirty-three for 'work' (noun), in addition to nine phrasal verbs (work in, work up, work out, etc.) and over one hundred and thirty compound nouns (workplace, worktop, workforce and the rest). Whilst early usage tended to refer in a general sense to action or performance (much like the modern 'to do') with contemporary connotations of 'effort' or 'employment' appearing in around 1100, the sense of the word as indicated in 'what works' does not appear until the twenty-third OED entry (*'to perform a function, or produce an effect; to act, operate, take effect; esp. to act in the desired way, do what is required; to be practicable or effectual, to succeed'*), with earliest instances recorded in the late-1500s.[72]

There are several critical points to be taken from this etymology. First is the interconnectedness between work (sense 23, as I shall now refer to it) and the seedlings of the industrial and mechanical revolutions. As other commentators have argued in different contexts, the concerns of sense 23, 'to be practicable' or 'to produce an effect' were characteristic of the kind of consciousness emerging at the very end of the Middle Ages (Mumford, 1967; Applebaum, 1992). Social, technological and scientific developments throughout the sixteenth century demanded new ways of discussing work—and such requirements stretched beyond human labour alone to the growing sense of objects and machinery working or not working. Whilst earlier generations had *utilised* systems and machines (a novel military tactic or manner of rotating the fields), sense 23 appeared to rise from the exclusively mechanical experience of something *being broken* (see c. 1610, for example: 'Smale modles often fayle when they cume to

[72] Thanks to John McKinnell for support with this paragraph.

worcke upon heavye weightes’[73], in Bond’s *Early History of Mining*, cited in the *Oxford English Dictionary*)—a phenomenon which was surprisingly new (Applebaum, 1992). Two similarly-timed and related additions to the lexicon which strengthen this point were the modern day *efficacy* and its companion *efficiency* (1527 and 1593 respectively), conveying similar cultural preoccupations.

Second to be drawn from this etymology is, in the centuries following the term’s first recorded usages, the rapid extension of sense 23 from solely concrete applications (working upon weightes as in the instance above) to abstract usage—that is the expression ‘it works’ as a *universal* judgement of adequacy applicable equally to everything from machines or body parts to analytic arguments and later, even human relationships (*I’m sorry, you and me ain’t working no more*). What emerged with this semantic expansion was thus a universal commensurability in which all manner of things could be understood in a comparable world of function/dysfunction. In Mrs Clifford’s *Aunt Anne* (1892), for example, when the narrator declares, ‘Walter had tried sending Florence and the children and going down every week himself but he found it didn’t work’ (p. 40), the reader understands that Walter’s travel arrangements are equally defunct as a holey bucket or scratched gramophone record—in a similar way to how in skimming the titles of the latest evidenced-based journal today we might readily get the impression that a childcare programme or surgical procedure or environmental treaty might all be considered to work (or not work) in comparable and equivalent ways.

To turn to the recent research and policy context (i.e., the evidence agenda outlined above), the etymological nascence of ‘what works’ is more clearly rhetorical. Whilst it is a matter of history that ‘what works’ as a research agenda was a child of 1990s New Right politics (in the UK, New Labour), what is more striking for this purpose is that the emergence of ‘what works’ as a research discourse was almost entirely *created* by such political priorities. As a crude bibliometric proxy, figure 5.1 shows a general upswing in ‘what works’ publications from the late 1980s onwards but booming at the time of the 1997 election (and indeed the majority of the early 1997–1998 publications are government sources relating to the election).

[73] ‘Small models often fail when they come to work upon heavy weights’, i.e., the difficulty in transferring findings from a small-scale mock-up to a full-scale working mine.

Figure 5.1 Instances of the term 'what works' in the titles of entries in the Web of Knowledge database, 1969–2010 (as the percentage of total new entries per year)[74]

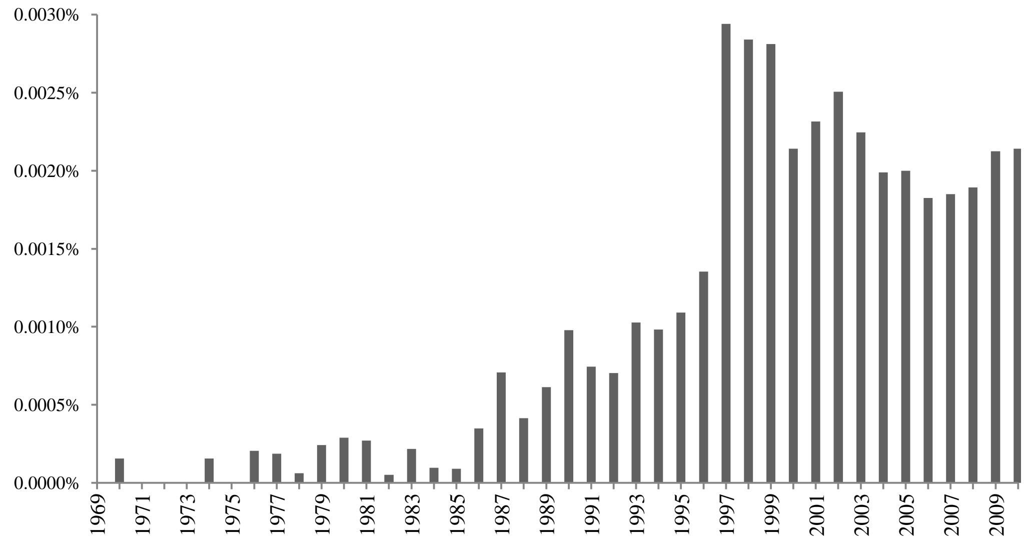
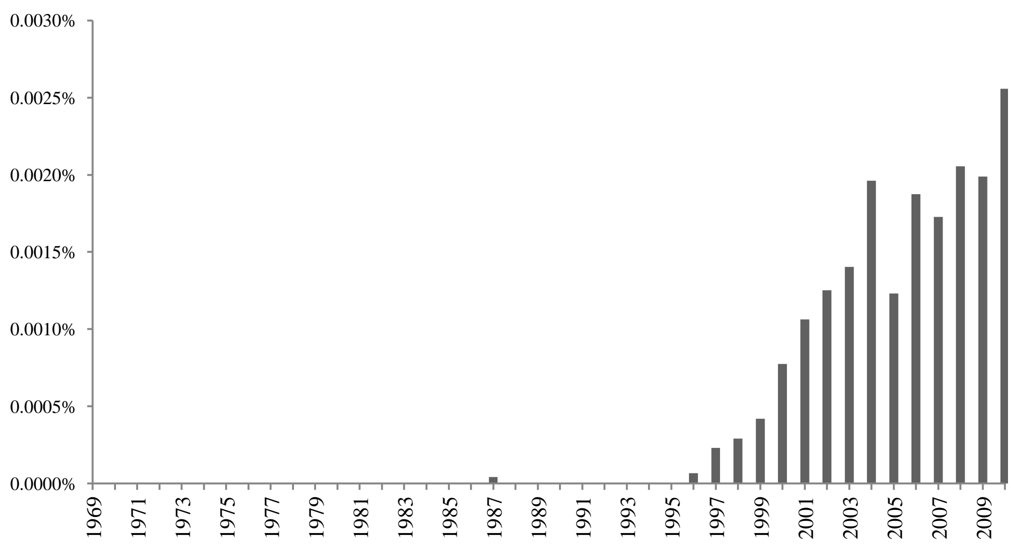


Figure 5.2 Instances of the term 'evidence base' in publications titles in the Web of Knowledge database, 1969–2010 (as the percentage of total new entries per year)



The case for 'evidence base' (figure 5.2) is stronger still: whilst the use of '*evidence-based'* as an adjective rises steadily from the late 1980s with the terms 'evidence based medicine' and 'evidence based practice' appearing in 1992 and 1993 respectively, the

[74] Graphs for illustrative purposes only. Data generated by ISI Web of Knowledge citation report tool, 04 October 2011. Results limited to 'what works' (fig. 5.1) and 'evidence base' OR 'evidence-base' + NOT 'evidence based' (fig. 5.2) in title field. Results displayed as a percentage of new publications added to the database per year. Some figures may include duplicates. Figures also include a small number of publications critiquing 'what works' methodologies as well as those engaging with it uncritically.

use of ‘evidence *base*’ as a noun to describe a particular body of knowledge or literature is almost an exclusively post-1997 term (again, the 1996 publication in the figure above—a methodological piece on the virtues of systematic literature reviews—is written with explicit reference to forthcoming political announcements concerning research).

From the emergence of sense 23 in the sixteenth century from earlier senses of the verb to ‘what works’ as a contemporary research and policy buzz-phrase, the history of ‘what works’ is thus inherently entangled in the growing primacy of mechanical, industrial and scientific viewpoints. Yet the *rhetoric* of ‘what works’ also casts its own voice upon the writing of such history, which as I shall go on to discuss in the following paragraphs, offers spaces for critique and correction. To begin such deconstructive retelling, I shall start with the interrelated issues of the supreme modishness of ‘what works’ in current discourse (both popular and academic); the (alleged) historical connection between ‘what works’, clinical medicine and the RCT; and the relatedness of both of these issues to a sense that what ‘works’ is somehow obvious or *clear*.

It is useful to start with an illustration in the form of a recent *Guardian* article (14 May 2011) from the psychiatrist-turned-science-writer, Ben Goldacre. ‘How can you tell if a policy is working?’ the article begins, ‘Run a trial!’. The piece, which is fairly typical of its kind, begins by setting out the randomised controlled trial as the ‘gold standard’ in social research and through a series of energetic indictments (‘Do long prison sentences work? Run a trial. Different teaching approaches? Run a trial. Job-seeking support? Run a trial. This isn’t rocket science!’) encourages the method’s rollout to an ever greater number of social activities. A repeated facet of the article is to dismiss *judgement* as a legitimate aspect of decision making; another to stress the simplicity (obviousness) of the RCT solution. ‘Stop wittering...’, writes Goldacre, ‘...define your outcome, randomise [individuals] to different programmes, and you’ll have the answer by the end of next parliament’. Finally, like many other popular histories of science, the article roots randomised trials and the ‘what works’ paradigm in *clinical* medicine, as if, just as in the clinic where we can *watch* the patient get better (or otherwise), trials can offer the same clarity to more complex social scenarios.

In fact—both in terms of historical sequence and understandings of what clinical research is like—such a story is hugely condensed. As others have noted, whilst clinical research had been using crude statistical analysis in experimentations since the early 1900s, the modern RCT with randomised participants and the presence of a comparable 'control' group came from the unlikely arena of *parapsychology* and the scientific study of telepathy (Hacking, 1988). In other words, the RCT came not from a profession such as medicine which was already ontologically secure in its 'scientific' status, but from a marginalised area of inquiry where investigators had least confidence in their observations. Given the tiny changes in perception that were to be detected in identifying telepathy (which, in the early 1930s was considered a potential explanation for the apparent 'intuitiveness' of women in comparison to men), randomisation between an experimental condition and a control appeared a way of establishing that observations were not due to bias or chance—as well as establishing credibility in the scientific community. Yet this first use of randomisation in scientific method also had much in common with earlier classical uses of randomisation: to let 'fate' allocate decisions where human actors had little idea about the genuine best course of action. Whereas clinical trials prior to the RCT had thus largely been driven by intuition, it was parapsychology which introduced the large scale scientific trial as a means for truly unbiased knowledge. (Indeed such relationship between RCTs and unknowingness continues to be observed in contemporary medical research, where 'clinical equipoise'—i.e., genuine professional uncertainty about the most efficacious therapy—is considered a central ethical requisite before allocating patients to random treatment options [Freedman, 1987].) From parapsychology, the RCT spread to more mainstream psychological interests and then to educational research before finally being applied to medical trials in 1948. Whilst 'randomised controlled trials' and 'randomised clinical trials' are thus used generally as synonyms today, it is a matter of interest that such historical linkage is imaginative only.

To continue to disrupt this association between clinical science, 'what works' and the clarity of findings, in mainstream medicine the first modern clinical RCT appeared in 1948—yet it is noteworthy that still this fell short of the clarity imagined by Goldacre's magic solutions to research. The study, published in the *British Medical Journal,* described a Medical Research Council investigation into the efficacy of the antibiotic streptomycin in the treatment of pulmonary tuberculosis. The experiment marked a turning point not only for research methodologies but for the treatment of consumption

also (a disease which, once active, had generally killed over 50% of its victims prior to the antibiotic's introduction). Results were impressive: of the patients offered streptomycin in the study, only 4 of 55 (7%) died compared to 27% in the control. Night-time temperatures dropped. Improvement was also observed in the pulmonary tissues, with lung X-rays revealing improvements in 69% of the treated patients compared again to just 32% of the control. In lay terms, it seems with every good reason to have claimed the drug 'worked'. However, it is interesting that such clarity was *not* the experience of researchers involved in the trial. As the report begins:

> The natural course of pulmonary tuberculosis is in fact so variable and unpredictable that in fact evidence of improvement or cure following the use of a new drug in a few cases cannot be accepted as proof of that drug. (Medical Research Council, 1948, p. 769)

The painstaking design of this first RCT then (which involved considerable political leverage as well as scientific innovation since prioritising research patients to treatment centres ahead of waiting lists was at that point an unfamiliar practice) was thus a direct result of the fact that (in the individual instance) it was *difficult* to tell whether a drug did or didn't work. The introduction of streptomycin came after years of futile experiments with 'gold therapy' in which gold salts were injected into the infected tissues, which had become the orthodox treatment for TB despite its toxicity. The continuation with gold for so many years despite the total absence of clinical evidence to support its usage was taken by many as illustration of how, 'in the face of dreadful clinical circumstances the interpretation of evidence can be swayed by hope' (Benedek, 2004, p. 50). The characteristics of the randomised control trial in the antibiotic research—randomised allocation to groups, double blind investigators, comparison with a suitable control group—were thus introduced as a way of mediating complexity and subjectivity in the face of lessons learnt from history.

Despite such context, it is interesting however that the study did not imagine itself to have circumnavigated issues of 'judgement' or provided a solution to its difficulties. Whilst certain clinical outcomes—death, as the most obvious example—were objective and likely to have a high level of inter-researcher reliability (i.e., the tendency for multiple researchers to arrive at the same conclusions), other more graduated measures lacked such clarity. Below, figures 5.3 and 5.4 show radiology images from cases

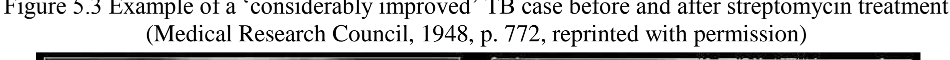


Figure 5.3 Example of a ‘considerably improved’ TB case before and after streptomycin treatment (Medical Research Council, 1948, p. 772, reprinted with permission)

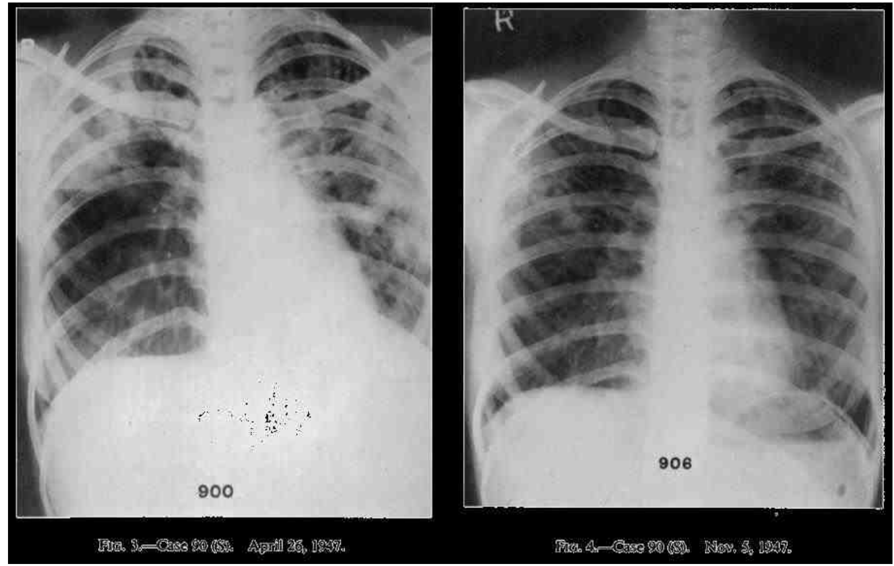
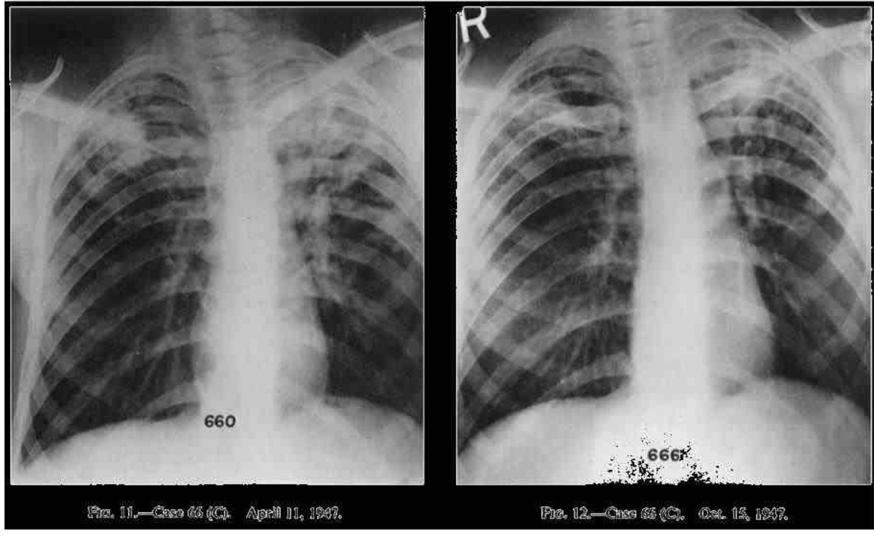


Figure 5.4 Example of a ‘moderately improved’ TB case before and after streptomycin treatment (Medical Research Council, 1948, p. 772, reprinted with permission)



ranked in the ‘considerable improvement’ and ‘moderate improvement’ outcome groups respectively, as published in the original paper. Whilst the clinical changes in figure 5.3 are readily apparent to the untrained eye, the purpose of the inclusion in the publication of the second set of images in which the more modest treatment results were observed seems instead to demonstrate the subtly and subjectivity of clinical change; a further set of images were similarly demonstrative of the arbitrary classifications between ‘considerable’ and ‘moderate’ improvement, and ‘moderate’

and ‘no’ improvement. Interpretation and judgement, rather than mere measurement or observation, were thus integral to the development of the RCT method. Sensitive to the errors of the gold therapists, three independent radiologists were assigned the tasks of viewing and categorising each X-ray film (two of whom had no other connection to the study) and interpretations were discussed between each clinician in cases of disparity.

It is also noteworthy that (at least in print) in the early RCTs did not use the term ‘what works’—or indeed any other comparable act of final declaration. Pulmonary tuberculosis—like many of the psychological conditions I shall consider shortly—had multiple independent clinical indicators, none of which directly correlated either with the patient’s experience of illness or even his or her chances of survival. According to the report, ‘assessment of condition at the end of the six-months period should be based on a *judicious combination* of changes in the radiological picture, changes in general condition, temperature, weight, sedimentation rate, and bacillary content of the sputum’ (Medical Research Council, 1948, p. 771, my emphasis). Functionality of the drug was measured *only* in these strictly empiricist-positivist terms of observation of the facts.

Hippocrates’ Balance

Despite the claims of ‘what works’ to science and to the kind of epistemological commitments that are usually associated with high empiricism—and despite claims of Goldacre or others that the methods of randomised trials somehow transcend the need for judgement—unlike the logic of the early RCTS, it can be seen that ‘what works’ is strictly a *post*-empiricist genre which, in claiming ‘this works!’, owes as much to interpretation and judgement as simply reporting findings.

In contemporary RCTs (still remaining strictly within the clinic for the moment) despite significant developments in both clinical measures and statistical analysis, as with the example above, elements of judgement can still not be eliminated. Faced with data, however sophisticatedly garnered, evaluators must make numerous judgements in deciding what works: what proportion of the population receiving a drug or treatment must exhibit positive outcomes before the intervention can be said to work? To what *degree* must a positive benefit be experienced (elimination of all symptoms, or relief

from just some)? A useful illustration comes in the form of the various statistical tools and measures developed both by the pharmaceutical industry itself and those evaluating its products to assess the efficiency of a drug for any given population. In comparison to the fantasy of 'what works' (the promise of certainty described by Goldacre above [p. 172]), such tools reveal that at the very level of the language of clinical evaluation, 'efficacy' contains within it the certainty that what works for some will not work for all.

An example which is accessible enough for the non-statistician to work through is the 'number-needed-to-treat' score (NNT)—in short a measurement of the average number of individuals who will need to be treated by a particular intervention in order to produce one positive clinical outcome when compared with a control. The example is useful because it is widely used in psychiatry, is useful in both curative and prophylactic contexts, and constitutes an instance where evidence-based medicine itself tries to *separate* itself from cruder models of 'what works'. Quoting from *Bandolier,* the University of Oxford's monthly bulletin on evidence-based medicine, for example: 'too often the statistical problem being addressed is whether a treatment works, when the real question is different—how well does the treatment work? Bandolier favours the number-needed-to-treat as a useful way of looking at results of reviews or trials because it more usefully expresses the therapeutic effort that is needed to get a therapeutic result' (Bandolier 2007). The most striking point that NNT reveals then is that (as suggested above) what works for some is unlikely to work for all (which is fine, except that the allure of 'what works' as Goldacre and others have presented it suggests something more universal than this). In the NNT, scores greater than 1 indicate that for at least one person in the sample, treatment had no positive impact. With some exceptions (antibiotics, for example, for which NNTs can be as low as 1.2) typical values are much higher: depending on the way in which outcomes are measured, NNTs for psychiatric medications are typically between 4 and 20.[75] Somewhat counter-intuitively, it is interesting that in the advent of pharmacogenetics in which drugs are 'personalised' to the needs of specific genetic make-ups,

[75] The antibiotic figure is taken from the Bandolier website. For the psychiatric data, I have taken the lower figure of NNT=4 from an article in *Psychology Today* by a practising psychiatrist who offers the statistic anecdotally (Kramer, 2008). The higher figure, NNT=21 came from a study of Selective Serotonin Reuptake Inhibitors (SSRIs) among children aged 13 (Tsapakis *et al.*, 2008). The same study gave a NNT of 10 for mixed-age users of SSRI antidepressants. NNTs for new generation antipsychotics are generally within similar NNT ranges. Where NNT is used prophylactically, figures are likely to be much higher: using Kramer's estimations again, if 4 or 5 percent of untreated mentally ill patients eventually commit suicide, then for an intervention whose NNT is 5 (to block the underlying illness), the NNT to prevent suicide would be in the 110 range.

epidemiological measures such as the NNT in fact *worsen*, since their helpfulness to the general population decreases.

To develop this point (or rather, this object of intrigue), alongside evaluation with NNT, corresponding figures are also calculated for number-needed-to-*harm* (NNH): in other words, the numbers of patients expected to take a drug before one case of unwanted effect would be statistically probable (in contrast to NNT, the higher the NNH value the better). The first thing we might comment upon here is the way in which 'what works' measures such as the NNH thus standardise and normalise iatrogenic harm. The very existence of 'what works' measures such as the NNH, as others have pointed out, problematises Hippocrates' dictum to 'first do no harm' which medical students are taught on first arrival to medical school. Whilst it is not the purpose of this chapter to vilify psychiatric medications, it is nonetheless interesting that according to the search engine Google's 'search predictor' tool (a rough and ready indicator of the popularity of particular inquiries on the internet), the most frequent term entered alongside 'NNH' is 'antipsychotic medication'. Second is the observation that drugs have both an NNT *and* an NNH value; i.e., the two scales NNT and NNH operate independently from the other and, in the everyday language of pharmacometrics, benefit and harm can be co-existing statuses. Conclusions are thus *i.* stochastic, i.e., there is an X chance that drug A will help but a Y chance that the same drug will cause harm, and *ii.* bidirectional: in comparison to the unidirectional claim 'this works!', NNT/NNH figures comment *both* upon the chances of help *and* upon the chances of harm. Finally—and it is this point I shall develop further—imagining a hypothetical drug in which NNT and NNH values are extremely similar (and there are many such drugs: common preventative treatment with aspirin for myocardial infarctions among a healthy population, for example, has a similar NNT as its NNH risk of gastrointestinal haemorrhage), the one patient who receives benefit and the one patient who experiences harm may be one and the same. (In this slightly exaggerated example, the patient is saved from heart attack, but dies nonetheless from an internal bleed). At the level of the individual patient then as well as at population-level analysis, in contrast to the mere observation of particular empirical outcomes, what *works* is complex, often paradoxical and necessarily constructed by interpretation and judgement. Moreover, the kind of efficiency evoked in 'what works' is not the

mechanical efficiency of an engine (heating this water here will lead to motion there) but the cost-benefit efficiency of economics.[76]

The ambiguity of this cost-benefit equation for individuals making decisions about interventions (social and medical) can be witnessed in patient narratives also, both consciously and unwittingly revealing the complexities of what it means to 'work'. To take a couple of examples:

Harry, once a bricklayer, discussing his experiences with anti-psychotic medications:

> Oh, they worked alright—I stopped hearing the voices and the doctors said I was getting better but the problem was the side effects—my legs got very stiff and I had the shakes [H holds out a hand to demonstrate the lasting effects of dyskinesia]. One day I fell off a ladder and I couldn't get up. I didn't want the lads to know what was wrong with me, the boss said I wasn't fit to work like that. So I had to stop my trade. [At the point of the interview, Harry was continuing to take the medication but has been unsuccessful at finding non-manual employment.]

Becky, discussing a return to work in the catering industry as advised by her occupational therapist:

> Yeah, it worked, I guess. It takes my mind off things, gets me up in the morning. The depression has definitely improved. But the anxiety, no really the anxiety has got worse because there's more to get anxious about. So the anxiety and the shakes and the headaches, they've got worse. On balance... [Becky leaves the sentence unfinished and another speaker takes over]

It is perhaps unsurprising given the relevance of this Hippocrates' balance or cost-benefit analysis to service-user narratives that 'writing down the pros and the cons' (a balance sheet) was one of the central forms of recovery work defined in chapter two.

[76] The words 'first do no harm' are not taken verbatim from Hippocrates (who likely inspired but did not write the *Corpus Hippocraticum*) but this nevertheless remains a popular myth which is transmitted to medical students on entering the profession. Figures from the aspirin study are from Berger *et al.* (2006).

Plato’s Pharmacy

Derrida is also concerned with the problematics of the pharmacy—of ‘what works’, if you will. To recap the argument so far, pharmacometrics such as NNT and NNH leave us primarily with a ‘cost-benefit’ style of analysis which destabilises the unity and universalism of ‘what works’. There has been a paradoxical ‘looping’ effect in the argument: the overall purpose of this chapter is to consider ‘what works’ in social rather than clinical settings (rehabilitative schemes, back-to-work schemes, educational programmes, etc.) yet discursively such studies lean on the authority of clinical research for legitimacy—a legitimacy found in part because clinical sciences appear to bring with them a therapeutic (and thus ‘natural’) logic which is deemed more acceptable in matters of human health and wellbeing than economic logic alone (will it save money?). Yet on careful examination of practices in healthcare evaluation, therapeutic efficacy works as a therapeutic economy of desired outcomes and harmful effects (Hippocrates’ balance, as it were). A limitation of this line of argument is that the metaphor of balance still suggests a certain clarity of outcomes: certain effects are ‘clearly’ desirable whereas others—‘side effects’—are transparently harmful. With Derrida, I wish to disrupt this disruption further, to go deeper into the pharmacy, to go where outcomes are less knowable...

> *A dreamer has a recurring dream. She walks through a lavish department store and descends down a grand staircase into the basement. There she finds an expansive pharmacy—a combination of modern-day drugstore and old-fashioned alchemist with gleaming conicals filled with bejewelled elixirs. The pharmacy is unattended; the pharmacist absent. The counter is invitingly open. Automatically—as if in a dream within the dream—she reaches out and takes a medicine, and turns to leave. Yet before reaching the exit, her consciousness ‘awakes’. She is still unwatched; the pharmacist still absent, but she gently places the elixir on the floor. And she flees.*

> *The dreamer tells this dream to a first therapist, of one of the analytic traditions. The therapist likens it to a memory of the woman as a small girl, creeping into her mother’s bedroom to try on costume jewellery (a play-activity that had on one occasion been permitted). Unbeknown, her mother is in the room, undressing. The child sees the mother’s open breasts, nipples like*

jewels. The breasts and the jewellery box remind her of another childhood memory—a locked medicine cabinet in the bathroom. All three have been opened to her in the past, under her mother's close supervision (memories of breastfeeding, memories of being nursed by her mother during a childhood illness, memories of the dressing-up session), but all three are now forbidden and can be accessed only by her mother and her father. The memory stays with the dreamer as her mother was angry to have been disturbed and the girl was punished.

The dreamer tells the story to a second therapist, this time of a more humanist bent. The humanist says the basement represents her unconscious desires; the pharmacy a symbol for cure and treatment and recovery. The dreamer is offered treatment in the dream. The pharmacist even leaves the door open (cp. Matt 7-7 'knock and the door will be opened to you'). Yet, after some internal struggle, the dreamer refuses the treatment; she flees from the cure. This therapist sees this as evidence that the woman is in fact frightened *of getting better; that she is depressed because on some level she* wants *to be depressed.*

The dreamer has another interpretation; her own. She has been depressed for a long time. She has been addicted to many drugs (prescribed and otherwise). She has been numbed and treated and passed from pillar to post (the pillars that support that grand staircase into the pharmacy, perhaps). She has relied for too long on institutions which make for her decisions and take away her sense of self. The pharmacy is temptation; it is a spell; an anaesthetic. She is not offered the medicine, she is stealing *it—this is not* her *path to recovery. The psychiatric pharmacy is a dangerous place that threatens as well as encourages healing. In the pharmacy dream, the dreamer lives out a fear not of recovery, but relapse; the dream is not of the longing for cure, but its problematisation...*

(An Experience of Dreaming and Therapy: A Client's Perspective)[77]

[77] Personal communication. Example used in a colleague's teaching on a psychotherapy MA at a Higher Education Institution. Extract rephrased in my own words.

The key text here is Derrida’s essay ‘Plato’s Pharmacy’, first published in English in *Dissemination* (1972), in which Derrida tackles Plato’s dialogue *The Phaedrus*—a text in which potions and medicines (the *pharmakon*) are used as a metaphor for writing. It is worth taking a detour with Derrida to Plato to explore more this problematic or undecidability of outcomes, before returning to our dreamer above.

The Phaedrus follows a morning excursion with Socrates and the young Phaedrus along the banks of the river Ilissus to talk on matters of philosophy and rhetoric. Ostensibly, the text is concerned greatly with ‘what works’: Socrates and Phaedrus evaluate a discourse written by a visiting speechwriter, Lysias, on the topic of ‘what works’ in choosing a lover; later, various techniques in the art of rhetoric are evaluated, again on a ‘what works’ basis. Medicines, drugs, potions, spells, recipes—words which in the Greek are united by the singular word *pharmakon* (a fact which Derrida will make much of later)—are riddled throughout the text. Socrates tells Phaedrus he has found a potion to coax the older man out of the city and down to the river (this potion is the allure of good argument). Phaedrus looks for a ‘recipe’ for the perfect speech form. As they walk along the river bank, Phaedrus thinks he recognises the place in which, according to legend, Boreas (the North Wind) carried away the virgin Oreithyia to rape her in a cloud—but no, says Socrates, a better explanation is that the girl was playing with Pharmacia when she got lost (who Pharmacia might be, is left ambiguous in the text). Substantially, in what is generally considered the mainstay of the text, the art of writing is compared with a medicine or drug that can be used for both good or harm: on the one hand writing helps knowledge and argument; on the other—since the thinker and the speaker are no longer one—writing is a danger which damages discourse. The dialogue ends with a rendition of an Egyptian myth about the invention of letters. Theuth, god of Thebes, invents writing and takes it to Thammas, the god king of all of Egypt so that it might be rolled out to the rest of the land. The writing (medicine) is trialled but the king rejects it: it will cause forgetfulness and will not develop intelligence (NB, this ‘trial’ is of the judicial kind rather than a randomised control). In the dialogue, Socrates himself is equivocal about the benefit of writing but (according to Derrida) standard commentaries of the text generally take the King’s *dismissal* of writing to be Plato’s ‘final’ meaning of *The Phaedrus*.

In the first instance, the Platonic text itself speaks substantively on the problematic of intervention. Socrates first defends his tendency to stay within the city walls declaring

that he can learn more from men than he can from the countryside, but equally seems to welcome Phaedrus's intervention to get him to come out.[78] Writing—as a kind of intervention upon thought—is presented both as an untrustworthy power *and* as a solution to the untrustworthiness of human memory. The (desirability of) medical expertise and the (undesirability of) madness—the first, which in ordinary circumstances is employed to cure the second—are also deeply doubted. Towards the end of the dialogue, Socrates says, 'suppose a person comes to your friend and says "I know how to apply drugs which shall have either a heating or a cooling effect and I can give a vomit and also a purge, and knowing all this I claim to be a physician, what do you suppose they would say?"' And Phaedrus and Socrates agree that unless this person also knew when and to whom to apply such treatments, then surely he would be a 'madman'. Yet, to touch back on our discussions in chapter four, this exchange happens *only after* Socrates has venerated madness as the source of love and creativity. Both physicians and medicines and madness and folly thus 'hang' in the dialogue: each used as a mode by which to *justify* but also with which to *destabilise* the other.[79]

Yet Derrida's reading of Plato takes this analysis further. To continue with madness as the example, in *The Phaedrus,* 'curing' madness is problematic since madness can be both be muse and inspiration (in the sincere way of the lover), excessive appreciation (in the way that Socrates teases Phaedrus that he has enjoyed his rendition of Lysias's

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[78] Socrates: Yet you seem to have discovered a drug for getting me out (*dokeis moi tēs emēs exocou to pharmakon hēurēkenai*) (*Phaedrus*, 230d). In the following line, Socrates defends his choice to stay within the city walls, explaining that his love is for learning and he can learn more from people than he can from the countryside, but earlier in the text he concedes that the advice given to Phaedrus by Acumenus to get out of the city is 'right'. In the translator's notes to *Dissemination,* Johnson notes that Hackforth (in the Princeton University Press *Collected Dialogues of Plato*) translates *pharmakon* in this line as 'recipe'; Helmbold and Rabonowitz (in the 1956 Library of Liberal Arts Educational edition) translate 'remedy'. In the 1953 Benjamin Jowett translation I have used in this thesis, the term 'spell' is preferred.

[79] As part of Socrates' speech on madness: 'There will be more reason in appealing to the ancient inventors of names, who would never have connected prophecy (*mantike*) which foretells the future and is the noblest of arts, with madness (*manike*), or called them both by the same name, if they had deemed madness to be a disgrace or dishonour; they must have thought that there was an inspired madness which was a noble thing; for the two words, mantike and manike, are really the same, and the letter t is only a modern and tasteless insertion' (*Phaedrus*, 244b). The scepticism towards medical and pharmaceutical intervention demonstrated in this exchange is indicative of Platonic thought more broadly: in *Protagoras* (354a), Plato classes medicines among the class of things that can be both good (*agatha*) and painful (*aniara*). With regard to our earlier interest in the Hippocratic tradition, this is significant—in *Protagoras,* Socrates attempts to dissuade a young friend (also by the name of Hippocrates) from employing the sophist Protagoras as a tutor. The line above (*agatha/aniara*) is placed *foolishly* in the mouth of Protagoras (whose interventions themselves cannot be trusted) and it is instead for Socrates to make the point acceptably ('*take care, my friend, that the Sophist does not deceive us when he praises what he sells, like the dealers wholesale or retail who sell the food of the body; for they praise indiscriminately all their goods, without knowing what are really beneficial or hurtful*' (Socrates, *Protagoras*). It is no accident then that in challenging the young Hippocrates about his admiration for the sophist, Socrates compares Protagoras to Hippocrates' 'namesake' (i.e., of Kos, the Hippocrates of the Oath) who—as history has made famous—was much wiser about the harmful as well therapeutic consequences of intervention).

speech, 'the effect on me was ravishing and this I owe to you, Phaedrus, for I observed you while reading to be in an ecstasy [...] and I became inspired with a phrenzy' [130a]) and foolishness and folly (as in the example of the fraudulent doctor). Yet for Plato, these characteristics form *strands* of madness—a static *typology* of madnesses in which some forms are more desirable than others, but in which the moral value of each could be ascertained by rational discussion. (To be precise, according to Socrates' speech there are two kinds of madness: one divine and the other produced by human infirmity; of the former, four sub-groups can be defined). Such argument is in more ways than one akin to the medicinal wares of the sophists above, or to the kind of understanding which emerges from NNT/NNH scores: that *some things are good* and *some things are bad* and that overall evaluation consists of measuring one against the other. (To recapitulate, in the instance of NNT/NNH, I likened this to a 'cost-benefit' analysis of outcomes, whereupon the declaration—'it works!'—constituted a condition where benefits exceed costs).

Away from such typologies—which constitute one of the most famous parts of this text but which are arguably not the strongest philosophically—Derrida thus directs the reader to the syntactics of the *pharmakon*—this term (remedy/poison) which in its original language can be '*simultaneously* beneficent or maleficent' (1972, p. 70, my emphasis). Unlike the cost-benefit equation in which strands can be separated, labelled, diagnosed, classified, the *pharmakon* is *truly* polysemous, *irrevocably* undecidable, *always* a case of both and neither:

> The *pharmakon*—this charm, this spellbinding virtue, this power of fascination would be a *substance* with all that that word can connote in terms of matter with occult virtues, cryptic depths refusing to submit their ambivalence to analysis, already paving the way for alchemy—if we didn't have eventually to come to recognise it as antisubstance itself: that which resists any philosopheme, indefinitely exceeding its bounds as non-identity, nonessence, nonsubstance; granting philosophy by that very fact the inexhaustible adversity of what funds it and the infinite absence of what founds it. (Derrida, 1972, p. 70)

The subtitle of Derrida's essay is *The Doctoring of Philosophy* and this in part speaks to the work of translation (yet another intervention that Derrida discusses). More successfully than in French, a 'drug'—the English word—is ambiguous in that it can be good *or* bad (the paradox of 'recreational drugs' is indicative here) but unlike in

Greek, no word in English means simultaneously a remedy *and* a poison; a spell *and* a recipe, an elixir *and* a philtre: the natural polysemy of the *pharmakon* cannot 'work' in another language. (I use the term 'natural' here to indicate the possibility of various synthetic neologisms and compounds—the 'poison-cure', the 'recipe-remedy', etc.—which English speaking authors might use to indicate to their readers the problem: yet such plays with the text also *draw attention to themselves*; as Derrida points out, the *pharmakon* in its native language is never 'leaking on all sides' (p. 13); in Greek, the reader can skim over *pharmakon* and assign to it one meaning or none at all, yet it is never a problem word which jolts the reader or stops her in her tracks). Translators must then *select,* and with such selection, the polysemic breadth of the sign is inevitably crushed. As Derrida has it, the term moves from a nonphilosopheme (a thing which carries no doctrine) to a philosopheme—which is now committed and directed. Derrida's example is the myth of Theuth as it is told at the end of *The Phaedrus*: in translating (in Robin's edition) Theuth to be presenting writing as a *remedy* (instead of any other translation of the word), Theuth is shown as *unwise* and naive about his invention, a device which (in the translated version) then serves to give authority to the king's *dismissal* of writing on account of its dangers—as if this were therefore Plato's preference also. In highlighting the simultaneous polysemy of the *pharmakon*, Derrida thus 'rescues' Plato from the grasp of earlier commentators who fall into this trap of translation (from the start, the essay is a rescue-attempt—a remedy, if you will: 'Only a blind or grossly insensitive reading could have spread the rumour that Plato was *simply* condemning the writer's activity [or that] that the *Phaedrus* is badly composed [...] the hypothesis of a rigorous, sure and subtle form is naturally more fertile' [pp. 66–67]).

We are ready then (finally) to return to 'what works' and to our dreamer in the pharmacy. First, 'what works': we see that unlike a cost-benefit analysis, the uncertainty of *the pharmakon* allows a permanent undecidability in the value and desirability of outcomes. It would be helpful to refer to some empirical material again, remembering the quotations from Harry and Becky at the end of the last section also.

Kerry, describing her experiences of sedation during a serious depressive episode following the death of her sister, which coincided with her preliminary architectural exams (from which eventually she withdraws):

> It's not that they didn't work, they worked too well! I took the tablets at bedtime to get me off to sleep and so I could get some rest. They took away the bad thoughts but the problem was that they took away *all* thoughts whatsoever. I left the course out of a mixture of grief and the medication, I think—they made me just too tired to think anything.

James, on the results of drug treatment and psychotherapy:

> I am changed. [Pause] Is that a good thing? I mean I am different. More confident. A bit less caring. Bit of a better father—a better person—perhaps because I'm more out there for my son. More cautious. I cuddle my son less because I don't feel things so intensely. I am supposed to say 'I feel better', I think.

Examples such as those of Kerry and James are helpful to illustrate the *pharmakon*. Yet, importantly, Derrida's *pharmakon* offers a more sensitive way of understanding 'outcomes'; of resisting reduction to 'it works!' (or doesn't); of being sensitive to the mixed experiences of those receiving what (in absence of a nonphilosopheme in English) we must therefore call 'treatment'. More than a cost-benefit analysis, these instances are teleologically distressed; unsettling notions of what it means to recover and problematising the very desirability of such recovery (where recovery equals the cessation of thoughts or abolition of emotion).

Yet second, there is the issue of temporality, revisited. The *pharmakon* is atemporal or eternal in the sense that it is irrevocably revocable. 'What works', by contrast and to its discredit, is a stopping point—a signal in the world of research that we have finished contemplating this particular problem now and are ready to move to something new. 'What works'—the studies listed at the start of this chapter, for example—forgets that those for whom the intervention should be working will go on working through this intervention long after the report has been written (when the view from hindsight has yet to have happened). It also forgets how decisions concerning the upkeep of particular therapeutic regimes (taking *these* pills *this* morning) can 'play on the mind' of individuals, long after the official proclamation 'this works!' has been made in the trial or the consulting room. It is telling, therefore that Derrida's essay is not about work, but *play* (the final section is titled 'Play: From the Pharmakon to the Letter to the Supplement')—a term which for Derrida can be defined as having no stopping point since play which works towards some greater finishing point is no

longer properly playful.[80] As in the quotations here, it is often necessary for patients to 'work through' their feelings towards interventions and being intervened upon, yet the finality of 'this works!' can also be disrupted in patient narratives by play: 'it works too well', 'oh, *it worked'* [irony]—a work and a play which goes on long after the declaration of the RCT.

Back to the dream then, in the basement of the pharmacy. We have been discussing amongst other things in this chapter the notion of expertise and the power relations involved in making expert judgements such as 'this works' or the kind of interpretation that is involved in dream analysis. The bejewelled medicines in the pharmacy are evocative and ambivalent and, in their ambivalence seem to 'speak back' to the dreamer and those who are attempting to analyse her dream. Yet the story of the dreamer and her therapists as described here has been one of closing down interpretations, of the fixation of meaning; of the elimination of ambivalence (the *pharmakon*) as itself a legitimate reading. Having read Derrida—hopefully having worked through to the end of this passage, also—it will now seem 'clearer' (to borrow from the language of 'what works') that such interpretations can be more fertile when left uncertain and hanging. In a general sense this is characteristic of the broader shift from structuralism (in which dream analysis is generally located) to post-structuralism: as Johnson says in her introduction to Derrida, whilst it is easy to imagine that deconstruction is in some way tantamount to textual *destruction* which makes sense-making impossible, de-construction in fact marks a careful undoing of the text which preserves and uncovers (p. ix). Yet if we are determined to see obliteration in deconstruction, then this is assuredly the destruction of a concept—of a singular and primary interpretation which leaves room for no other.

[80] The word 'work' is used occasionally in the translated essay, but only some of these references translate back into the French. Speaking about networks of meaning, for example, Johnson's translation reads: 'these links go on working of themselves' (p. 96); however, in the French '*Et pourtant ces liaisons s'opèrent d'elles-mêmes*' translates more literally as 'these connections *take place* for themselves' without the full connotations that 'work' has in English (1972 *Édition du Seuil*, p. 108, my emphasis). Avoidance of the word 'work' can also be seen, for example, in the playful uses of the word 'play'. On p. 157 of the translated edition, for example, Derrida says 'Plato thus plays at taking play seriously' ('*joue ainsi à prendre le jeu au sérieux'*, *Édition du Seuil*, p. 181)—a statement which in both languages would be written more naturally as to *work at* playing seriously: a technique by the author to draw the reader's attention simultaneously to the problems of work and the deliberateness of play.

Like Clockwork

> When the weather starts to get cold, they’ll be back like clockwork.
>
> (Nigel, staff member, talking about the diminishing numbers of participants at Walter House during the summer months)

So far we have been considering ‘what works’ predominantly as a matter of ‘what achieves particular outcomes’ (and how achieving particular outcomes may differ from the more universal declaration, ‘this works!’). To finish this chapter then, I will consider a different form of working: that which works because it keeps the system going; which works without a clear external goal; systems which *work well* at being broken; at the paradox of *clockwork* as both a symbol of the revolution in industry and efficiency—yet in and of itself something which merely repeats; which rotates; which passes movement from one adjacent component to the next but without cumulative progress; which works not to growth but to necessary entropy. The revolving door syndrome (the notorious rotation of patients between hospitals and community care) is a case in point: on the first hand, an emblem of policy failure; yet on the other, a system that works particularly well (after all, a revolving door which works is presumably one which rotates: a broken or jammed door in this analogy would infer either a return to long-term incarceration or permanent un-relapsing recovery). Clockwork or gearwork then is the final metaphor with which I shall consider the problematic of ‘what works’ (having already considered cost-benefit analyses and the *pharmakon*): an automated and repetitive mechanical action whereupon ‘outcome’ refers both to an external end and the autotelic maintenance of motion. We might imagine all types of fancy clockwork here—the elaborate contraptions pictured in Diderot’s *Encyclopédie* for example. Yet I wish instead to hold in mind a much simpler machine: the classroom ‘gearboard’: that pedagogic device used in the technology workshop to teach the functions of gears and other machinery in which pupils must put together simple components so that on turning with a handle, part A will move B, which moves C, which moves D, which then—if the child has succeeded—will turn to move A. Figure 5.5 shows a variation, ‘square gears’, designed and sold as an adult’s curio: the caption on the website below exclaims, ‘these gears really work!’

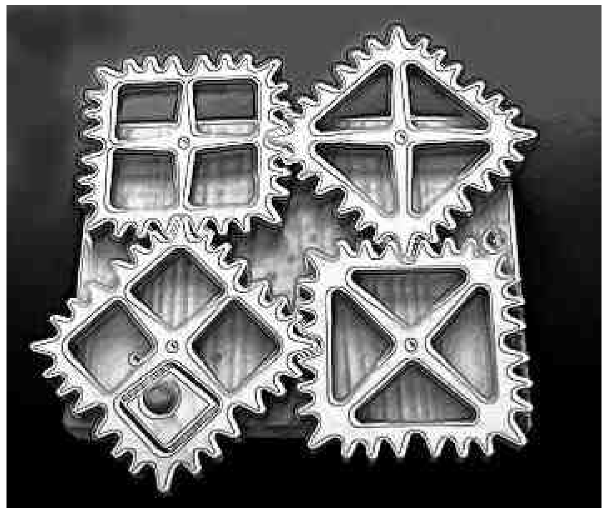

Fig 5.5 ‘Square gears’. Illustration based on a curio sold at Clayton-Boyer Clockmakers (http://lisaboyer.com). Used with permission.

Three things might be said about the heritage of clockwork or gearwork which are interesting for this discussion. First, in comparison to other ‘inventions’ of modernity, the intrigue of clockwork was not its *power* but its comparative self-sustainability. In a passage discussing the invention of the mainspring (a longer-lasting alternative to weighted clock mechanisms), Johann Cochläus (c. 1511) marvels at a ‘many-wheeled clock [...] fashioned out of small bits of iron, which runs and chimes the hours *without weights for forty hours*’ (cited in Dohrn-van Rossum, 1997, p. 121, my emphasis)—a sharp contrast to other technologies of the early sixteenth century in which an ever-present energy source was required. Second is the observation that the *metaphorical* use of the term ‘clockwork’ appeared very early on in clockwork’s history, with figurative references to the regularity and predictability of clockwork appearing from the late 1500s onwards and with a level of frequency by the early Seventeenth Century. Further connotations of this figurative usage encompassed what in more formal terms could be described as materialism and philosophical mechanism—that is, that with only the right knowledge about the constituent parts, the system could be entirely knowable. In the scientific revolution, such mechanical metaphors became central to understanding the natural world, with Newton’s ‘clockwork universe’ and Descartes’ dualist proof as famous examples. Third concerns the close association between the modern advancement of gearwork with *toys* and *play* (rather than industriousness or efficiency).[81] It is often forgotten in industrial history that the revolutionary invention

[81] The specification of *modern* history is important here since examples of highly complex gearwork can be found in antiquity, such as the Antikythera mechanism (c. 150 BC) which calculated astronomical positions. However, such examples are rare and remained unchallenged in complexity until the early industrial revolution.

of the silk loom by Jacques de Vaucanson (1741) was triggered by Vaucanson's earlier career as a *toy-maker*. The silk loom (which transformed the French textile industry) was commissioned when Louis XV saw Vaucanson's famous Flute Player (1738)—a life-size clockwork doll which played the flute via a complex system of bellows and levers which operated 'breath' and moved the tongue (Sennett, 2008). Whilst clockwork (both as an accurate time-telling device and as the workings of early industrial automata) is thus most readily remembered in the context of the developing *industrial* revolution, the mechanisms of clockwork also had roots in an additional, more playful heritage, with little concern for either output or efficiency.

So what can clockwork tell us about 'what works' and the genre of research we are calling here the 'what works' literature? Put simply, what I hope to demonstrate in this section is how—like the gearboard above—some things that appear to have little effect in the 'real' world can nonetheless be seen to be working (elegantly, efficiently), and how other things that can be said to work might instead be seen better as going round in circles. I shall illustrate with some examples.

My first example is the revolving door syndrome, which I have introduced already. On first glance, it is 'obvious' that the revolving door is evidence of something not working, yet if we take the metaphor of the revolving door more seriously, *it works* with almost the kind of clockwork regularity that can be seen in the child's gearboard or Newton's clockwork universe. This is not just a flippant interrogation of a metaphor, either. As a system (if we delete from our minds any goal of long-term recovery) the revolving door of mental health care is a well-equipped, well-oiled machine. Contemporary psychiatric units are built not for long-term admissions but the short term revolving patient. Inter-professional teams of mental health workers, social workers, supported housing officers and the rest not only *respond* to revolving patients but are designed with them in mind. The benefits system (which must be informed of any change to a claimant's living arrangements) is also robust at coping with repeated hospital readmissions: in comparison to the complex and time-consuming steps a claimant must make to disclose entrances into and out of the labour market, notifying the relevant agencies of temporary stays in hospital is a simple and well-administrated process. Whilst from a therapeutic perspective admissions and discharges are frequently the most criticised aspects of the mental health apparatus (not least *because* of the revolving door syndrome), if we nonetheless equate one-to-one

face time with therapeutic intervention, the majority of patient-professional contact time is concentrated into periods of admission and discharge. Crisis teams, assessment teams, rehabilitation teams and the rest find their niche in supporting patients on their way in or their way back out. For those actually *in* hospital, comparatively little happens—the analogy would be an imaginary classroom in which the teacher only really attended to her children whilst they were arriving in the morning or packing up to go home.

Clearly then, the 'revolving door' *works*. Medics, support workers, social workers, community nurses and the rest are employed and continue to be employed due to the high probability of future readmissions from their most loyal customers (as Adam Smith would have it, thus taking home salaries which 'trickle' to other parts of the economy—like Newton and Descartes, Adam Smith also utilised a clockwork metaphor in conceptualising society). Patients, on the whole, survive—neither killing themselves nor entering a more permanent state of ill health which would prevent future circuits. Even performance indicators of this 'system'—generally figures for processing patients rather than establishing long-term benefit—*work with* rather than challenge its rotating character (see Leader, 2011b, for a discussion). According to the demands of work (sense 23), the system might scarcely 'do what is required' or be 'effectual' when held up against any greater vision of recovery, yet as a revolving door it is *like clockwork* in its regularity and reliability.

It is helpful in this context to imagine this machinery from the position of the service-user also. In what has become somewhat of a contemporary classic in critical psychiatry, Lucy Johnstone's 'story of a depressed housewife' (1989) gives the case study of 'Elaine', a middle-classed, middle-aged mother of now grown-up children who suffers decades of chronic depression and repeat hospitalisations which are characteristic of the 'revolving door'. When she is well, Elaine is an attentive homemaker who takes on enormous responsibilities for a large and demanding family, which consists not only of her adult sons who live at home but also a series of relatives who are in the habit of 'just dropping by' and generally relying on her to organise family affairs (often without thanks). In periods of ill health, these duties (which ordinarily she quite enjoys) become entirely too much for her and after some intermediary negotiations between herself and her husband, she is admitted to hospital to 'give her a rest'. During these admissions, various drugs will be tried and in

occupational therapy, she is 'retrained' in domestic pastimes such as sewing and cooking. However, after discharge—perhaps triggered by the next domestic crisis or family event—Elaine's depression will worsen and the cycle repeats itself.

Whilst everyone in the cameo claims the situation is *not* satisfactory, Johnstone instead demonstrates how this pattern is in fact in several ways functional. In times of crisis, Elaine (who has in the past made several serious suicide attempts) is admitted to a place of safety and is offered a quick-fix solution in the form of rest and medication which averts more serious tragedy. Likewise, in absorbing Elaine into the hospital system during times in which her symptoms are most challenging for her family to deal with, the system protects the household unit from stresses and strains which might otherwise lead to permanent relationship breakdown. However, wider social systems are maintained also. In sheltering Elaine *and* her family within a biomedical discourse, the psychiatric 'quick-fix' of hospitalisation excuse both Elaine and the family unit from addressing more deep-seated causes for her distress (which in this instance Johnstone links closely to an unhappy childhood caring for her step-siblings and her husband's and children's propagation of this situation). By taking Elaine away whilst she is upset, Elaine's husband is permitted to stay in the stereotypical masculine role of avoiding emotional difficulties, thus maintaining traditional gender roles. Equally, through her husband taking time out from work to help with the household when Elaine is unwell (a change to routine), the role of Elaine as the 'natural' and 'rightful' caretaker is thus reinforced—allowing Elaine to feel needed, and providing her husband with someone who, for the most part, takes care of the house and looks after the kids.

Johnstone's monograph offers an interesting examination of the ways in which patients and the psychiatric system 'work together' to maintain the status quo (a state not unlike RD Laing's 'collusion' or Goffman's 'sick role'). Elaine goes round in circles, but it is important to distinguish these from *spirals* in which gradual deterioration (or recovery) can be seen. It is true that the situation might not be ideal but it nonetheless includes elements which are preferable either to long-term hospital admission or an imagined but unknowable future without psychiatric interventions. Indeed at the end of the case study where Johnstone chronicles what happens when an external party (a therapist) helps Elaine be more assertive with her demanding family, the family *does* break

down, unable to adapt to Elaine's more confident persona (and bereaved of a person to unquestioningly complete their household chores).

Published in first edition in 1989, there are elements of Johnstone's analysis that appear somewhat dated to today's readers, and it should be noted also that numbers of hospital admissions of the kind described in Elaine's case study have been significantly reduced upon the instigation of 'crisis teams' and other home-based crisis support systems (Burns, 2007). Nevertheless, this kind of cyclical motion that works at not working can be seen in contemporary community contexts also.

The final example in this section comes from my own fieldwork, and a participant Jake, who was one of the few people in the study who had never worked in any paid context yet who was actively participating in jobcentre schemes to help people like himself enter employment. Jake was in his late twenties and had been diagnosed with schizophrenia when he was sixteen, shortly after his mother died. He currently saw himself on a path of social and moral rehabilitation after some years of 'knocking about with the neighbourhood bad lads' (and indeed framed taking part in this research project as part of his re-socialisation!). Jake lived at home with his dad (who was himself disabled with obstructive respiratory disease): since the death of Jake's mother, he and his Dad had acted as carers for each other, and in recent years had become very close. After a drink-driving offence in the 'bad lad' days which had led to the confiscation of Jake's driving licence, Dad took on particular responsibilities for transporting Jake to a series of voluntary placements and to Walter House (where I first met him). Such assistance was important not only for reasons of transportation, but in helping Jake to not fall once again into a lifestyle of daytime drinking and drug-taking which had on previous occasions had led to psychotic crises. Jake and his Dad also did a lot of activities together just as a twosome: film watching, going to car boot sales, and looking forward to Friday night fish and chips.

The narrative of Jake's life—particularly regarding his relationship with his father and his attempts to live productively—was full of 'whenevers'. Often these were warm and affirmative statements: 'whenever I do the computer course, I feel great'; 'whenever I go to go to the social [i.e., social security], my dad will come with me'. Yet a further set of whenevers depict a situation in which we might recognise elements

of Elaine's story above. Where a 'whenever' is represented by the arrow sequence, I give some examples:

> *i.* Jake at home with Dad → J's mental health improves and so signs up for extra activities at the daycentre → Dad's asthma gets worse and so J quits in order to help him around the house → Jake at home with Dad.
>
> *ii.* Jake at home with Dad → J starts feeling better and tells his Dad he is ready for some more independence → Dad stops driving him to daycentre → Jake drops out of 'healthy' social networks and hangs round with 'local lads' → J resumes drinking, cannabis smoking and stops taking his medication → J admitted to hospital/ arrested and released into father's care → Jake at home with Dad.
>
> *iii.* Jake at home with Dad → Dad's asthma improves → Dad starts going to the Bowling Club without J → J's symptoms get worse, resumes contact with the bad lads, etc. → Dad stops attending the Club → Jake at home with Dad.

And I could go on. Whilst both Jake and Dad on the face of it encourage one another to 'get out' and 'get on', in these and other stories, the end outcome of any improvement to either party's health or independence (regardless of the intermediary stages) was inevitably a return to Jake and Dad at home together. Through analysing Jake's 'whenevers', Jake's dependence on his father for his healthier lifestyle is powerfully revealed (an observation which should not be under-estimated in terms of 'what works' in getting people back on their feet—a topic to which I shall return in more depth later). Yet it is also possible to see in these patterns ways in which Jake's relationship with his dad also maintains a state in which Jake does *not* succeed in entering more full time occupations outside the home. A curious analyst, for example, would undoubtedly find mileage in Jake's statement that 'whenever' he tries to embark on a new project or voluntary placement, his dad's asthma gets worse (and that furthermore this necessitates Jake's return to the family home). Similarly, when Jake tells his father he is ready for a bit more independence, practical support from his dad instantaneously diminishes. Reminders to take his medication and encouragement to attend the support group are instantly withdrawn. Lifts to the daycentre or to visit supportive friends all but cease (creating a strong geographical incentive for Jake's relapse, since public transport about the council estate in which he and his dad live are at best unreliable). It is the 'whenever' in Jake's relationship that is thus here curious:

given these failures occur time and again, it really does seem as if both Jake and his father's actions are driven by some unconscious ulterior anxiety—as Johnstone might see it—about a change to their exclusive relationship, or betrayal at being 'jilted' by the other in attempting to increase their independence.

In psychoanalysis and many derivatives such as object relations theory and transactional analysis, homeostatic systems such as the one between Jake and his father, or Elaine and the home/hospital circuit are ordinary and almost inevitable elements of most close relationships, which have the potential both to lead to mutual stagnation as well as mutual growth. For Eric Berne, founder of the transactional analysis school of psychotherapy, such patterns were 'games': 'ongoing series of complementary ulterior transactions progressing to well-defined, predictable outcomes' and 'recurring sets of transactions, often repetitious, superficially plausible' (Berne, 1964, p. 44). His most famous contribution, *Games People Play*, sought not only to assert the existence of such games but provide a 'thesaurus' of various game patterns that were endemic in the 1960s California in which he was writing. Characteristically, these were labelled in colloquial terms—'yes, but...', 'if it weren't for you'—to characterise the core strategic moves of the players. The clockwork descriptions of Berne's interactions (with their rather playfully heavy-handed determinism) sought to show the predictability of human relationships, but also how the complex and often unconscious psychological needs of individuals could be met and maintained by finding other players with complementary motives.

Some things can be said about transactional analysis that are relevant here: first, games were played unconsciously and unspokenly and the contemporary (pejorative) connotation of 'mind games' was not present. Second, games were part of an ordinary system of social interactions and were not reserved for the pathological alone (as an example, in Berne's later writings on professional helping relationships, therapists and practitioners were as much involved with game-playing as their patients). Third, games were played for psychological 'payoffs'—esteem, intimacy, forgiveness, etc.—yet crucially to this discussion, these payoffs were not *cumulative* but rather, as Berne puts it, the '*stabilising (homeostatic)* functions' that game-playing fulfils (Berne, 1964, p. 44, my emphasis).

Within academic psychology and psychiatry, transactional analysis has fallen out of favour for various reasons—partly because mechanistic metaphors have generally been surpassed in the social sciences by more ecological analogies—but also due to criticism from families and carers who felt unduly ‘blamed’ for their loved ones’ distress in these kinds of family-orientated analyses (although in clinical practice, *Games People Play* remains on the core reading list for medical students and many core tenets of transactional analysis have fed into extremely fashionable interventions of today—cognitive behavioural therapy and dialectical behavioural therapy as particular examples). Yet transactional analysis and game analysis—these relics from a clockwork universe—are helpful to our discussion of ‘what works’, illustrating how the ‘workings’ of systems can be understood as efficient and functional machines, even when at any broader teleological level the system ‘isn’t working’ at all.

Analysis of Jake’s ‘whenevers’ above provides important information about ‘what works’ for Jake, which in the right kind of context we might find useful to help Jake and his father and others like them to achieve particular goals. Yet, in Jake’s instance too we might also see how Jake’s life with his dad also has functionality in its own right. Jake is kept well and generally out of hospital. Jake’s father also has a carer for the times his own health impediments become serious (without Jake being available throughout the daytime to change oxygen cylinders and offer other forms of assistance, it is likely that his father would require relatively intensive support from home health-workers during his own health crises). Both have the satisfaction of caring for one another, as well as the pleasure they derive from the other’s companionship. In their current homeostasis, both also contribute to wider community projects: Jake volunteers for the conservation project at the daycentre; his dad also provides valuable back up for the project, generally transporting other vulnerable members and sometimes providing practical assistance too. If the past is a reliable indicator, Jake’s lifestyle *with* the support of his father is more socially desirable than his (drunken) lifestyle alone. In some lights (especially within discourses which seek to engage the long-term out-of-work in paid employment) the homeostatic mechanisms that keep Jake and Dad together are the work of attrition: wiling away Jake’s opportunities for authentic social engagement, and wearing away his Dad’s entitlement to an old age free from demanding care responsibilities.[82] Yet a more sympathetic reading might also see

[82] This work of attrition relates to yet another definition of the term ‘work’ (OED, entry 8.c, ‘*to wear a cavity, etc, by attrition’*): a work which unlike clockwork has a cumulative output but in which what works and what is desirable are detached from one another. In one interview, Bob (from chapter three) describes

value in Jake and his father's system—a work of maintenance, of repair, of relationship—and, as I have tried to frame it here, a work which has potentially broader economic and social benefits also.

Noting how systems can work well at not working—either at the societal level (the revolving door) or at the more intimate level of individual interactions (transactional analysis)—is important for the 'what works' genre because it reveals what 'payoffs' (to use Berne's slightly problematic language) players will be asked to relinquish if they are to move from one system of play to another. These clockwork interpretations can also be useful in exploring why interventions may not work (in sense 23 of the word) or why transitional stages, for example, moving into paid employment after a long stretch out of work, may be particularly challenging. Indeed, as central to transactional theory, Berne explains how the 'psychiatric improvement' of one individual can often lead to rapid deterioration in the others who had been playing with him—a scenario seen clearly with both Elaine and Jake (Berne, 1964, p. 55). 'Dr Phil' (Phil McGraw, US celebrity psychologist and daytime TV star) became famous in the late 1990s with his catchphrase, targeted towards various neurotic behaviours, 'so how's that working for you?'—upon which guests were encouraged to confess that their current way of living fell short from the true American dream. Perhaps the greater trick Dr Phil missed was that these clockwork repetitions of apparently dysfunctional behaviours are often working in all kinds of strange and wonderful ways.

* * *

If this chapter has been long, it is because it has needed to be. What it means to declare that something is working in sense 23 of the word is complex and contradictory—even before we take into account matters of how this will be investigated or what we will do with the information once we have it. Already, I have shown how the 'what works' literature leans on simplistic notions of intervention and outcome as well as an exclusively instrumental world view, and how the natural polysemy of work itself reveals one route to a subtler means of reading outcomes. Through my discussion of Hippocrates' balance and of Derrida's *pharmakon*, I hope to

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his experience of *akathisia* (an overriding feeling of restlessness and anxiety which is a common side effect of antipsychotic medication; from the Greek *káthisis*, an inability to sit still) in which this work of attrition becomes literal, 'I worked holes in my pants! Holes in my shoes! Worn the carpet to a thread. Pacing about, up and down'. For more examples of dysfunctional work, see also entry 35 '*to move irregularly or unsteadily so as to become out of gear*': a bolt that works loose, for example, which in turn stops the machine from working.

have problematised further the speech act 'this works': to demonstrate that what works is always a matter of when and for whom, and in what context. In my final discussion, with curios and gearboards and clockwork automata, I have furthermore taken forward this critique of what works to suggest that things can work well at not working—that notions of working, process and cumulative outcome (profit, we might say) can operate independently of one another. The 'what works' literature, as it calls itself, has been an interesting starting point for this discussion. It has not been the purpose of the chapter to vilify evidence agendas, or to suggest anything foolish or unsound about seeking judiciously the best course of action. It is interesting, however, to observe how the strict empiricism of 'what works' agendas—as well as their dispersing influence on other areas of the social sciences (the compulsion to have 'impact')—encounter difficulties when thinking about 'what works' in more polysemic frames of reference.

Rather than offer lengthier conclusions at this point, for now, I want to move directly to the final chapter which should be read primarily as a response to the arguments I have made above and as a more developed critique to the 'what works' hegemony.

Chapter Six

Magical Happenings

Thinking Beyond the 'What Works' Paradigm

> The universe is full of magical things, patiently waiting for our wits to grow sharper. (Eden Phillpotts, 1919, p. 173)

The subject of this final chapter—which should be read primarily as a response to its predecessor—is magic, that is, a series of happenings, experiences and transformations which *go beyond* the mechanical-scientific world depicted by the 'what works' agenda.

In the previous chapter I considered the problematic of evaluating knowledge in the 'what works' literature, with the intention of demonstrating that the speech act that declares 'this works!' is complex and contested. Throughout the chapter, I argued that a 'what works' mentality rests on particular assumptions about knowledge: that the world is indeed some way knowable; that the world is regular enough to withstand inductive reasoning and generalisations (extrapolation); and that this resultant knowledge can be reduced in meaningful ways to draw conclusions about 'what works'—although it is evident that many researchers in the natural as well as the social sciences are themselves fully aware of the pitfalls here. However, I have also suggested that the faith in an evidence-based society also relies on a second set of suppositions about the *operationalisability* of knowledge: that is, the belief that what

has been established to 'work' in a specific sample of a population can be reliably recreated and reproduced for the benefit of others. Such belief systems are central to 'what works' as a genre, separating it from a fanciful 'pure' academic inquiry (which we have learned to distrust) and establishing it instead in the realm of practice and intervention—and with regard to a theory of knowledge—what I have referred to above as *techne*.

It is this second set of assumptions about 'what works' to which I now turn my attention. The parameters of the argument are simple: in many instances the difficult leap from establishing the efficacy of an intervention to 'rolling it out' to others are *technical* matters—and technical matters alone. In other instances, however, this transferability is more seriously problematic. However well-established the finding that falling in love offers relief from the symptoms of clinical depression, or that unexpectedly bumping into an old friend improves mood, a system which was able to 'prescribe' such experiences is difficult to imagine.[83] Moreover, in these instances, even the thought of prescription seems to damage the integrity of falling in love or the spontaneity of an unexpected encounter for the experiences that they are (in a way that would not be true for interventions such as a vaccination programme or change in employment legislation). We are approaching romanticism here, but instead what I want to conduct in the final part of this thesis is a rational inquiry into these apparently non-transferable or non-technical experiences in the context of mental health recovery. My argument (or rather, my evidence, since it is primarily an empirical case I am making) is that many of the things that work in the context of recovery and back-to-work are of this one-off, non-transferable and—as I shall later go on to suggest—'magical' (that is to say, irreducible) kind. The concerns of the above chapter notwithstanding, it is not my intention to dismiss the possibilities for all kinds of policy level, highly technical interventions in getting people feeling better, but rather to add to the evidence base (albeit in a slightly idiosyncratic manner) some other more transcendental and less plannable experiences of recovery, along with some comments of how these might relate to the former, more ordinary kind of 'evidence'.

[83] The clinical evidence for the relations between falling in love, serotonin levels and depression are well established (e.g. Emanuele *et al.*, 2006). I am taking the 'evidence base' for the latter claim from Keating's much-loved *The Hug Therapy Book* (Keating, 1994), which cites the evidence of unnamed scientists.

To introduce this topic empirically, it is helpful to reflect back on an earlier research project I conducted in 2006–2007 in which I was working with an 'alternative' psychiatric self-help group run by and for survivors of mental distress on a quasi-'anti' psychiatric basis (Laws, 2007; Laws, 2009). As I was interested in then, the group 'worked' (both in the sense of surviving as an organisation and in offering therapeutic benefits to its members) on numerous principles: on a shared experience of disappointment with conventional psychiatric practices; on friendship and humour; on a slightly anarchical structure and mode of practice which contrasted traditional modes of therapeutic engagement; and an occasional resort to activism. A particularly notable feature of the group was its non-traditional meeting places—a dilapidated city park and a grubby coffee shop amongst others—which again, the group reported as an important factor in creating an environment in which they could experience ownership and control: a stark finding in contrast to the carefully orchestrated clean and pleasant environments which at the time were being recommended as 'therapeutic landscapes' for hospital design.

In analysis, one of my prevalent realisations about the workings of this group was its inherently non-technical nature. First (and as I wrote at the time), the group avidly defined itself *against* the highly technical and often formulaic nature of much therapy they had encountered elsewhere: the 'nodding-dog' syndrome, or the 'what I'm hearing you say...' clichés that they found overused and inauthentic in formal therapeutic engagements (symptoms which, according to them, came from reading too many counselling instruction manuals and not enough real listening). Yet second, many of the experiences which they highlighted as particularly significant were of an aleatory and unfolding nature which—even if it were not antithetical to the group's philosophy to do so—would be exceptionally difficult to reproduce or incorporate into any professional knowledge-base or policy level strategy (not least because they were so intimately tied to the particular histories of individuals and places involved). A central element was *surprise*: by nature of the group's profile, members had generally tried numerous conventional interventions before approaching the survivor network, and many reported various mixtures of ambivalence, scepticism and lack of faith before attending for the first time. Yet, evidently this intervention *worked*: members kept coming back, people started feeling a little bit better (or at least a little more able to cope)—over time, the group even became a little less polemically opposed to conventional psychiatry since, with the support of one another, they found it easier to

take a 'pick 'n' mix' approach to take what could be useful from conventional medical treatments. Explanations for this almost extraordinary success however were somewhat unsatisfactory or unforthcoming: answers came in the forms of shrugs, or idioms ('we clicked'), or gentle retreats towards mysticism (if you cut up the songbird to find why it sings, one member warned me, you stop the bird from singing). In terms of the 'what works' hierarchies of evidence outlined in the chapter above it is also apparent that both in terms of the small-scale and transient character of the survivor group as an intervention and the kind of research I was able to undertake with them, in terms of the conventional, 'what works' evidence-base, the survivor group as a potentially efficacious and successful intervention was rendered almost inevitably invisible.

What I write here seeks to develop this original argument, both in terms of these aleatory and unanticipated moments of recovery, and their adjoining inexplicable nature which seems so hard to make visible in the universalising clockwork vocabularies of 'what works'. In what follows, I suggest that such experiences might best be considered as 'magical'—a concept we might select as the antidote to 'what works' rationalism—an argument that shall unfold as the text progresses. Whilst I am suggesting the concept of magic to be a comparatively infant study in the context of mental ill health (although I have already mentioned my indebtedness to Els van Dongen, from whose analysis developed my own framework of magical vocations in chapter two) it should be noted that numerous authors in other fields are also using magic to re-enchant the social sciences—see, for example, Abram (1997), Bennett (2001) and Merrifield (2011)—and this discussion should be seen to interact with and feed into such existing debates.

Magic is best demonstrated empirically and so I shall begin this chapter by working through a series of ethnographic examples on the theme of 'what works'. It is my contention that magic is everywhere, but it so happens that many of the stories I have selected here are from those considered 'hardest to help' in my research: those with very long-standing histories of mental ill health, complex diagnoses, long-term disengagement from the labour market, concurrent problems with drug or alcohol abuse, contact with the criminal justice system—or simple inability to gain relief or cure from more mainstream psychiatric interventions. As such, this forms part of the argument—that for people who appear most challenging to service-providers or

policies—recovery might be particularly dependent on the right kind of magical touch. In the second half of the chapter, I turn away from the empirical sciences to the literary genre, magical realism, in search for some clues about how a magically-informed social science might progress. At the end of the chapter, some comments about the sometimes magical nature of recovery and the possibilities for a magically aware evidence base will be made.

A Catalogue of Magic

There are two kinds of reason for including a section on magic at this last point of the thesis. First is a response to the empirical aspect of this research project—that is, in considering what works in helping people to get better from mental distress, the kind of non-technical happenings that I here describe as magic constitute an interesting part of recovery narratives which broaden the current evidence-base. Second, in demonstrating how magical events both inhabit and surpass the world described by 'what works', such illustrations develop my arguments from earlier in the thesis, both in terms of the limitations of the 'what works' literature and the idiographic and unexpected nature of many stories about madness. Due to the rather miscellaneous nature of magic, I have divided the following examples into three kinds: (a) The significance of magical people who have profound and lasting effects in supporting recovery; (b) Non-human actors (the weather, the non-human animal world and the natural and built environment) and the presence of particular spiritual or religious interventions; (c) The role of chance, coincidence and 'Road to Damascus' encounters in getting better and getting back to work. It is clear from the outset that this 'catalogue' is incomplete and playful; nevertheless some themes arising from this evidence base will be explored towards the end.

(a) Magical people

> I would've dropped out again, if it wasn't for Pauline. I was going to be kicked out my [college] course, I had loads of crap coming down on me. I don't know what she did, she did something magic because she just made some calls and made it all go away. (Kelly)

Kelly is in her early twenties and has spent most of the last years in and out of mental health services, specialist drug centres and prison. During this time, Kelly has been provided with various caseworkers (community psychiatric nurses, probation officers, named support workers, etc.)—relationships which have appeared only marginally beneficial. In recent months however, she has (as she puts it) been 'doing really well' with the support of Pauline, a mentor from the Women's Education Centre, with whose help she has cut down on her drinking, started two college courses and moved from a friend's sofa to stable accommodation. Pauline, as in the quotation above, does 'magical' things: she (re-)ignites a desire in Kelly to train as a beautician; she negotiates a second chance for Kelly at the college after she is threatened with expulsion; she mysteriously finds Kelly a place in one of the project's transition homes despite a long waiting list. Yet the relationship between Pauline and Kelly also appears magical: Kelly can get along with Pauline in a way that didn't appear possible in previous relationships ('they all talk at you the same'); therapeutic outcomes seem to flow gladly without force; the relationship has a quality of the personal as well as the professional. Pauline is 'good' with Kelly and 'good things' seem to happen when they are together—yet the mechanics of this relationship or indeed even the words to describe just *why* it is so efficacious are difficult to find.[84]

Kelly is not alone in her experience of magic. Magical people and magical connections are evident in many of the recovery narratives collected in this research project: sometimes as fleeting and fortuitous encounters; at other times as long and slow and endlessly forgiving relationships in which magic is revealed through its sheer depth and strength. Marcus cites his pastor as a magical person (like Kelly, Marcus used an explicitly magical vocabulary to describe this relation: Marcus's pastor has 'magical' abilities in helping him clarify his thoughts prior to making a decision and in discerning between Marcus's delusions and the true word of God). Nicola describes a counsellor who goes 'above and beyond' to meet with her at 07:45 in the morning during her first weeks of returning to work. Stuart, in a story somewhat reminiscent of Mitch Albom's *The Five People You Meet in Heaven,* cites several magical people: a mentor at Alcoholics Anonymous who stayed with him on the telephone until 6am on

[84] Business has not missed the magic of mentoring either. Hipsky and Armani-Bavaro, for example, share an appreciation of magic which is not dissimilar to mine: 'a wizard waves his wand, a magician produces a rabbit, a fairy godmother casts her spells; the magic of mentoring comes from connections!' (2010, inside cover). For others, the transcendent qualities of successful helping relations fit awkwardly with competing demands for reliability and efficiency. The title of Mango Murray's (2001) *Beyond the Myths and Magic of Mentoring: How to Facilitate an Effective Mentoring Process* is indicative.

his forty-second night of abstinence; an old school friend who mysteriously came back to town the night that Stuart was heading to the Tyne Bridge to kill himself and took him to a late night farmers' market instead; in another story involving the Tyne, a counsellor who helped Stuart to forgive his abusive father by releasing letters that they had written together into the river; finally, in the most recent example, Shamina, the manager of Walter House, who showed Stuart his 'brain on a map on the wall'—a giant mind-map on a whiteboard in her office which laid out for Stuart his next steps to move away from mental health services—and all of the ways in which his self-destructive habits might intercept.

Such experiences, as I put them together here, are magical in their unexpectedness, in their superfluous helping capacity, their indebtedness to chance and attraction and intuition and other suprascientific determinants; in the marvellous and wonderful felt experience of being part of a magical relation. Calling them magic (as do some of my participants) seeks to celebrate this specialness and emphasise their irreducible qualities.

Several things can thus be said about magic as I am using the term here. First, in what echoes an earlier argument in the thesis, magic is a strictly *relational* phenomenon, arising not from the powers or capacities of a particular individual (the shamanistic reading of magic, for example) but from the connections and relations that emerge between individuals. Deville's (1980) distinction between 'directed magic', in which one agent does something to another by virtue of a spell or similar, and 'world magic', which encompasses the 'native beauty' of the sublime, is insightful here, with our kind of magic residing firmly in the latter (cited in O'Keefe, 1982, p. 188). Relatedly, magic is an inherently *non-technical* phenomenon, without confines to particular professions or therapeutic models. An evocative example is found in Tom Hooper's *The King's Speech*, which explores the relation between King George VI (Colin Firth) and the man who helps him overcome his speech impediment (Lionel Logue, played by Geoffrey Rush). In a key moment in the film, the King's advisors, who distrust Logue for his unconventional methods, reveal to the King that Logue is not a qualified speech therapist—a revelation which is intended to reveal a serious fraud and scandal. However, the quiet twist to this story is that Logue had never made claims to professional accreditation and thus is not guilty of deception, revealing instead the advisors' (and audience's) naivety in equating wisdom and talent with professional

certification. Developing this point about the non-technicism of magic, we might also say that the qualities that contribute to a magical relation can neither be taught in any easy sense nor directed (for instance by those governing the overarching direction of an organisation). Comparable examples might be qualities such as wisdom or charisma (emotional intelligence, even) which might be highly valued within an organisation but which are particularly difficult to capture or reproduce—at least in any *simple* sense of run-of-the-mill staff development.[85] Thirdly, magic is particular and non-fungible: the person who I myself find to be magical cannot be substituted for another with similar temperament or qualifications (if this is sounds ridiculous, then it should be stated that in many formal care settings primary caseworkers, health professionals and sometimes even therapists attending to a particular client are changed quite frequently according to shift patterns, caseloads and staff turnover). Finally and most importantly, as a result of all the aforementioned qualities of magic, magic is something *lived* rather than something bureaucratic, and something that rises organically from *within* situations (or else magically appears) rather than being prescribed or deployed from above. As such, there is something also always aleatory or chancy about the spark or timing of magic relations—whilst it is not ordinarily with comfort that matters of personal attraction are discussed in professional therapeutic contexts, it is nevertheless this presence of attraction, of chemistry, of ‘clicking’, that we are discussing.[86] An example based on staff/service-user interactions at the Plumtree Project is useful to illustrate these points and more.

Like many mixed-funded organisations, Plumtree is staffed by a combination of permanent employees, volunteers and subcontracted specialists from external organisations. On arrival, a new service-user will be formally allocated a named caseworker to oversee their progress; in addition, service-users are likely to develop various informal relations with numerous other ‘helpers’ in and around the project. Among the permanent workers is Trish, the young full-time support worker with boots and dyed hair who heads off on a motorbike each night with a helmeted boyfriend. To collate some comments made about Trish: ‘Trish will tell it to you straight’; ‘She’ll

[85] Of course organisations may in all kinds of ways engage seriously with developing and nourishing wisdom and I suggest later that this can be extended to magic also. However, whilst accepting these points, I maintain that the qualities of wisdom and magic—which surpass book learning alone and which are deep and embedded rather than shallow sets of skills or competencies—are likely to remain un-amenable to standardised modes of didactic training. Wisdom is a useful example here because *i.* there is a well-established case in philosophy for problematising the acquisition of wisdom, and *ii.* wisdom, like magic, reveals a relational quality: in positive psychology, for example, one of the four key measures of wisdom is that others ask wise people for advice (Peterson and Seligman, 2004).

[86] See Bueno (2011) for a practising therapist’s perspective on therapeutic magic.

keep lip'; 'She will come out for a tab break with you'; 'She will help you if you are stuck'. For many, Trish is a magical person. Two stories support this description: one comes from an interview with Lizzie, a younger attendee at the work programme. Lizzie is on 'last warnings' from the centre about her self-harming behaviour and is threatened with losing rights to attend the scheme if incidents continue. After a family argument, Lizzie turns up at the Project with a stomach full of paracetamol, having overdosed at her parents' house earlier that day. Trish, 'scraping the truth out of [her]' invents a reason for them both to leave and takes Lizzie to Accident and Emergency before anyone can find out. The second evidence was Trish's constant, protective, defensive modifications of the Project's rules to help avoid upsets in the community. For members on attendance-based contracts with the service, Trish would often 'tweak' registers for miscreants who had turned up late or failed to attend a compulsory session (provided she was pacified enough by their apology, that is—'I'll let 'em have it, this time!', she'd often say—but as far as I can tell this rarely happened). In mid-January snow, Trish could be found running down the street in house slippers to chase after a participant on the IT skills course, after they had stormed out saying they had quit; in another incident (of which I only really caught the second half), Trish appeared to have personally replaced a packet of cigarettes that one of the users had stolen from another. 'You'll fucking pay me back for those' she was yelling at him—who despite a long relationship with the criminal justice system was looking pretty scared at this outpouring of emotion. It is doubtful that the police would have been particularly interested in the missing cigarette packet, although its absence would certainly have been noted by the rightful owner come 11am break. But Trish's actions would have saved the user from almost certain expulsion from the Centre and in keeping (binding) the user in contact with the service may just have held the doors open for long enough for more recovery moments to happen.

For others, Bill was a magical person. Bill worked on the allotment project; he knew about gardens and he knew about the neighbourhood. He had worked through each of the changes to day services in successive governments; he knew a lot of people. He was a good gardener and a good listener. People commented on both, regularly. Bill had little in common with Trish. Trish challenged, bullied, got under people's skin in order to help. Bill waited. His approach with the users was one of almost apparent indifference. Frequently workers would disappear from the work project, allotted tea breaks turning to a longer kick around with a ball or an early departure. Sometimes

service-users (Bill called them 'volunteers') would disappear for longer periods of time—for a hospital admission or a prison sentence perhaps, or most often just into some unknown world beyond the reach of service provision where time and occupation didn't seem to be accounted for in the same way (such absences differed qualitatively from those where members had progressed into 'real' employment or where users were no longer deemed ill enough to warrant using the service). It didn't seem to matter to Bill whether users had been gone twenty minutes or four months. He never asked and he never chastised. Work began and ended with whoever was there in the gardens at the time. And whenever the person came back up to the allotments—the current front between cultivation and scrubland—he would just start off, 'now that you're here, can you...' and the user would be back in the world of the garden and the current task at hand. I don't think it is true to imagine that Bill was unaware of the programme's broader philosophy of 'nurturing a work ethic' in its labour-disengaged members. Rather, Bill simply left accountability to those in the management of the Centre—to those who kept the records and made decisions about people's lives. People would make mistakes and they would have to answer to others in terms of their whereabouts and duties. But Bill was just there to garden and to let other people garden with him where possible. And in a sense that was about the extent of Bill's involvement with members and with the therapeutic programme of work at the Project—and for many of the service-users at the project, it was this quietness and unassumingness which were exactly the qualities which drew them to Bill. Trish was 'hands on': she hugged, she squeezed hands, wiped tears—and on at least one occasion I witnessed the (playful?) slapping of someone who was giving up on his or herself too readily. Bill didn't do these sorts of things. But Bill also had his followers and, when watching him for example with Tano, a Sudanese asylum seeker with limited command of English, as Bill placed his hands over Tano's, guiding his arms into the right position to tie rakes sturdily or whatever, there was nonetheless intimacy.

What is interesting in this examination of Trish and Bill in the context of magical relations is the idiosyncrasy of their relations with service-users. Whilst caseworkers were selected carefully for service-users (based on a combination of users' occupational interests and caseworkers' expertise) *magical* relations seemed almost entirely independent of such bureaucratic measures and it is significant that in all the stories described above, only the cigarette thief was formally affiliated with the staff member in question (indeed, in the instance of Lizzie and the overdose or the missing

gardeners at the gardening project, that Trish and Bill were *not* the named caseworkers perhaps benefited magic—by removing the relation from the demands of record-keeping or progress-monitoring which might have constrained the kind of therapy they were practising). Such informal magical relations could be seen among other staff at the centre also. There was Helen, the manager, whose weekly visits to the work units were always a mix of panic and excitement; Graham on the employment project who spoke the 'language of motivation' and also took responsibility for the day-to-day liaising with carers and support agencies; Andrea who supervised the kitchen teams for the catering project and who also arranged the in-house catering for members' mealtimes. For the majority of my months of fieldwork, Andrea exhibited an intriguing *laissez-faire* governance in the kitchens, necessitated primarily by the fact that she herself was confined to crutches after an unpleasant fall at a community sports day. In this sense, meal preparation in the Project gained—albeit accidentally—many of the qualities of the anti-psychiatric communities described by Foudraine in chapter one: if members did not keep to task in terms of chopping, stirring, serving, etc., then lunch would either be late or would have to be replaced with cold sandwiches. Occasionally if output was especially low, Andrea would grudgingly hop through the kitchen from hob to counter, speeding up progress with the crutch-free hand whilst members awkwardly watched on. Usually this would have the desired effect and the kitchen team would get back to the cooking. And then there was the woman known most often as 'Mother Theresa'. No-one, staff besides, seemed to really know what 'Ma Ta's' formal relation with Plumtree was—a relation which owed itself partly to her position on the steering group (which few people knew) and partially again to her own past experiences as a user of the service (which was known by fewer people still). Ma Ta would turn up, often on open days at the Project, or sometimes 'out of the blue'. She had followers—a discrete number of them who had given her this name—and if someone needed some special time, she would take them to the Reflection Room upstairs and Plumtree etiquette ensured they would not be disturbed. No-one seemed particularly forthcoming about what happened in Mother Theresa's private sessions and I always had the impression that these conversations were both very personal and highly significant to the members who confided in her. Someone told me once that they involved peppermint tea.

As I have described it here, the success of the Plumtree Project, then, depended to a large degree on 'magic' connections between helpers, workers and work. In the paper-

based life of the organisation (client records, staff rotas, case notes, name badges), therapeutic relations were based on formal links between caseworkers and service-users. However, a much truer description of relationships in Plumtree were that the ‘real’ relationships—those I have called magic—where they were to happen, found themselves. Caseworkers and magical people performed different functions, even when they were one and the same (which was not uncommon). Caseworkers filled forms, kept track, took responsibility for medium-term care planning and would assume particular managerial responsibility in times of transition or crisis. Magic, on the other hand was *lived*—sought-out and voluntary—and conducted through contact and events and adventures. Caseworker relationships were not *rejected* by members and indeed were often reclaimed by a playful joke or comment (to a caseworker who has just returned from annual leave, for example: *you are my caseworker and you haven’t even said hello to me this week!*). Yet they were abstractified: only in a caseworker relationship could the relation be said to exist even if the individuals never spoke. Magic existed sometimes in the immediacy of connection and sometimes through the beauty of a slowly blossoming relationship (Bill’s relationship with Tano embodied both of these in different ways—the former through the here-and-now of the gardening, accentuated by Tano’s lack of conversational English; the latter through the ways in which both Tano and Bill seemed to unfold to one another as months and years progressed).[87] Of course not everyone reported this magical kind of connection, but for those who did—as Tano or Lizzie confirm—effects could be truly transformational.

(b) A Magical world

Having taken magical (human) relations as the starting point for my first subsection, my second series of catalogue entries mark the intrusiveness of the non-human world also: a world alive with places and objects and animals and spirits. Authors such as Curtis (2010) have already drawn links between the unusual (magical) sense of space experienced in states of psychosis and their frequent conditions of horror (quoting a schizophrenic individual describing his delusional experiences: ‘My eyes met a chair, then a table; they were alive too, asserting their presence [...] I attempted to escape their hold by calling out their names. I said ‘chair, jug, table, it is a chair!’, but the

[87] When I met Tano a year later whilst ‘writing up’ the thesis, Tano’s English had improved noticeably and he had taken on additional work responsibilities at Plumtree. Bill and Tano remain close and the relationship has turned into a friendship beyond the Project: they are both beer drinkers and Bill has taken Tano to get to know the local ‘cuisine’. Tano enjoys the gardening and hopes to work as a self-employed gardener at some point in the future, if a UK work permit is ever granted.

words echoed hollowly, deprived of all meaning' (Schehaye, cited in Curtis, 2010, p. 157). Yet a world in which objects and places are alive can be transformative in a positive sense, too.

Tracy has recently started working in the warehouse of a clothing retailer—her longest spell in paid employment yet—and discusses the 'buzz' she gets from the materialities of her workplace (which opens onto the rooftop car park of a 1970s shopping arcade):

> My favourite bit of the day is the start, 6:30am. The platform [where deliveries are unloaded] is empty. The morning sun is coming through the top windows. I like to get there first so I can be the one to flick on the lights—there are twenty light switches or more all on one panel. [...] It is like a dance stage. I wanted to be a dancer once. The lights say, 'yeah, cummon Tracy!' and there is a round of applause. [laughs] I have literally done a big cartwheel all across the floor once. And my own little dance show. You know, before the delivery comes. But it puts me in a good mood for the day and nothing has ever got me up early before! Yeaaaaah, Tracy!

In a more natural setting, Howard describes his first day volunteering at the allotment project, where he has now been working for seven months:

> When I got to the allotments for the first time, it was July when it was really hot and it had been raining all morning and the soil was all kind of cracked and the sunlight—the way the sunlight was shining on the ground after this big storm had happened, the water seemed to be steaming out of the soil. It was very quiet because we were out in this wasteland but it was actually quite noisy with all the water dripping off the tarpaulin shelters. I didn't really notice the other people. I was just stood watching this steam rising out the soil and watching the soil made me see all these big crusty cracks, ripe for digging. I thought I think I can see myself here. Like the soil needed me.

Again, as with the magical human connections above, such examples—which I have selected for their quasi-magical status: certainly we are not dealing with Schehaye's florid psychotic here and yet somehow the world is no less magical—develop arguments I have made earlier in this thesis about relationality and to what I clumsily described as a 'relational relation' to stress the agency of the world, both organic and built (compare Howard's soil 'needing him' and Carlyle's 'an Earth all round, crying

come till me, come reap me!' [chapter three, p. 90]). On the one hand, such magic appears as an excess topophilia in which places to particular individuals at particular times acquire the properties of magic (and we note that this may on occasions be wrapped up in all kinds of notion about psychiatric morbidity also—Philo (2006), for example, highlights the point that analysis of images of places as perceived by people with mental illnesses to gain insights into their state of mind has a long history). Yet on the other, such magic appears as a marvellous intensification of therapeutic landscapes theory in which places come alive with therapeutic sentience or intent—as Tracy puts it, places which 'reach out and grab you' as agents of recovery. (Whilst, with the exception, for example, of certain assemblage theories such as Actor Network Theory this appears odd to our accepted understanding of things and places, it is noteworthy that in other times and cultures such ideas about places have been the norm: see Gesler's work on Asclepius' temples [1993; 2003], for example.) Another interesting point to make about such 'placed' narratives of recovery is the weather, which appears in both of these extracts as well as in several more respondents' accounts (some of which I shall introduce shortly). First, it is interesting in and of itself to note the importance of the weather in many individuals' accounts of recovery as part of a wider discourse about environmental determinants of health and wellbeing. Yet, it is even more interesting to observe that such weather experiences are not always picture-postcard sun and blue sky: Howard (above) describes the exciting experiences of rain and cloud and mud and steam; in two stories I introduce later, the appropriate weather for magic is a storm. Again, such comments accentuate the point made in the previous section about the idiosyncrasy and individuality of many magical recovery moments. They also demonstrate vividly the way in which magic differs from the technical and operationalisable world described by 'what works', for clearly we cannot 'roll out' weathers proven to work well in recovery, or prescribe more sunlit clouds or steaming soil to individuals in need of magical inspiration in the same way that sunshine cannot *really* be pre-booked for vacations.[88]

[88] Such thoughts on storms and clouds are probably best imagined as tackling the weather issue from a different angle to more biological accounts of sun, serotonin and happiness (for example, interest surrounding seasonal affective disorder [SAD]). I have developed my points about the literary connections of imperfect weather and personal growth elsewhere (Laws, 2009). In response to a potential critique of my argument about the non-prescribability of weather, whilst such weather-experiences themselves cannot be directed, it is acknowledged that people may be encouraged through various ways (mindfulness training, for example) to notice and appreciate moments of magical inspiration from the weather-world as and when they arrive. Such comments will be developed in the conclusion to this chapter.

Beyond place and weather, such examples from the non-human world as I have collected them here also incorporate various notions (conventional and less so) of spiritualism, animalism and divine intervention. Marcus (above) was led to his church by direct instruction from God (who gave him a diabetic collapse in order for him to be admitted to hospital where he was then introduced to the chaplain who took him to church for the first time when he was finally discharged). Ian (chapter three), who works at the railway station, both imagines and cannot resist imagining the locomotives having sentience or spirit that 'keep him on track' (another railway pun). Ian points out that among train enthusiasts such fantasies are not unusual and yet that the trains' rhythms and energies have had an 'intriguingly' important role in his psychic recovery. Kate is a volunteer at an animal shelter, where she is trained to groom and care for the animals. The animals have a calming effect on Kate (a well-evidenced finding—see Barker, 1998; Becker, 2002). They also have a curious 'mirroring' effect. Kate self-harms and self-neglects, her own hair often tangled and her skin scrubbed raw. Whilst it is something she finds difficult to articulate, nurturing the abandoned animals seems to awaken something more self-nurturing in her (or rather, as she puts it, there is a 'triangle' whereby she gives the creatures the care that she cannot offer to herself and which, in return, the animals reciprocate with licking or snuggling which then enables her caring-self and animal-self to get along). For Kate, animals are mixed into all kinds of magical modes of thinking. At the shelter, the warden tells her that her second name, Gattrel, means *cat's tail*. Kate (Kitty) Gattrel is thus a kitty-cat, a double cat. Cats are Kate's favourite animals—she says that they are her *totem* (another idea she has gained from the warden). Her ambition, when she moves out of the sheltered accommodation is to get her own black cat, which she will call Lucky. This magical belief in cats is instrumentally fortuitous: cats are known for looking after themselves; acquiring a feline totem (an unexpected outcome from a work placement!) encourages Kate to do the same. Yet this kind of magical thinking, which again I stress is common among lots of people in the population as well as just people with mental health difficulties, is to a large extent coincidental to the point I am making. The point I make is that the shelter, the connections with animals and the sudden, unexpected, blissful peace Kate manages to find in her work is something entirely unplanned for and in some very *real-world* way *otherworldly* ('I feel in a different time and place at the shelter [...] feel in a different body at the shelter'). Whilst conventional notions of transcendentalism are not quite 'right' for understanding such experiences, nevertheless, some notion of the more-than-bodily or

extra-psychic seems necessary. The reader is reminded of Iris Murdoch’s sight of the kestrel, taking her out of the ‘veil’ of ordinary existence:

> I am looking out of my window in an anxious and resentful state of mind, oblivious of my surroundings, brooding perhaps on some damage done to my prestige. Then suddenly I observe a hovering kestrel. In a moment everything is altered. The brooding self with its hurt vanity has disappeared. There is nothing now but kestrel. And when I return to thinking of the other matter it seems less important... (Murdoch, 1970, p. 84)

Again, such experiences and inspirations from the non-human world—so often lost into the background of ‘what works’ studies—are unexpected and personal, led by the world itself and highly resistant to modes of *technical* reasoning or individualism in which recovery is somehow perceived to be located *inside* an individual. Yet in the idiographic narratives of recovery, trains and cats—along with voices from God and particular assemblages of nature and weather—for these individuals at least, are efficacious and powerful dynamics of recovery.

(c) Magical Interventions

The final form of magic which I shall discuss in this chapter is the tendency for the world to interrupt—that is, a series of magical happenings which (in contrast to the planned nature of service delivery) occur ‘as if by magic’, or else with meaning or consequence which simply could not have been predicted.

A first example of such interventions constitute ‘Road to Damascus’ experiences or, to use another cliché, ‘wake-up calls’, in which the direction of life events were changed by occurrences so small or subjective that in other situations they might never have been noticed. Pete has been suffering from depression and problematic drinking since the late 1990s and in 2003 was prosecuted for benefit fraud which had a severe and lasting effect on his self-esteem (ironically, the fraud in question was a failure to disclose that he had got back together with his ex-girlfriend and was now living with her—however when she found out about the prosecution, she broke off the relationship for a second time, leaving Pete back in the bedsit on which he had been fraudulently claiming). The incident in question occurs six years after the conviction on the way to

a day's cash-in-hand labouring for a friend in the building trade, when Pete steps out to cross a road but has to stop suddenly when a prisoner transport van unexpectedly pulls out from a side road and nearly crashes into him.

> I was feeling really shit but it just hit me when I saw that van and the little blacked out windows and them inside not knowing where they're going and I thought 'well, at least I'm not in that—at least I'm not locked up somewhere'. It was a wake-up call. I suddenly felt I was really lucky. I never went to the site [...] I went and got a coffee, [...] I got myself a newspaper and I started looking for a proper job.

For others, magical happenings took the form of new unexpected powers to overcome difficulties, or moments of growth which take place in a 'flash of inspiration'. Vanessa, a student teacher who has battled with voices in the head for a number of years, reports such a moment on her teaching placement when she successfully exerts authority over a pupil who is being difficult in class:

> I said something like, 'you can either sit down and join in with the rest of us or you can leave. I'm not having you at the back heckling us'. And I had been getting very agitated because the Voices were being particularly disruptive that day also and so for some reason I said to them in my head, 'and that goes for you too!' [...] I was very surprised because I have never been particularly assertive before, but the guy came and sat down and to my astonishment I felt the Voices slope out of my head and disperse [...] some of them sitting down at the empty desks and being quiet [and others] shuffling outside the classroom and waiting for me outside.

Like Pete, this sudden ability to (non-aggressively, calmly) control the voices—at least in the specific context of the classroom—was to Vanessa a 'quite remarkable feeling', and the start of a slow process of gaining a healthier relation with the various characters who lived in her head.

The kinds of events I draw together here as magical differ from the focus of more traditional research into life events (marriage, divorce, bereavement, etc.) in several respects. First they differ in scale (being small rather than large) and intimacy (being highly personal and gaining most of their significance from subjective experience rather than culturally expected responses). Such events also differ from the subjects of more traditional life events research by sitting outside of traditional scientific modes of

explanation, for example, through appealing to the sentimental rather than the rational, by appearing ‘strange’ or ‘spooky’, or by arriving somehow ‘without an explanation’—factors which I suggest together might account for the somewhat underrepresentation of magic in the conventional evidence bases. In three more weather related stories, Eleanor describes her ‘magical moment’ (which as it happens is how she described it) on a rainy day at the Plumtree enterprise project in the run up to Christmas whilst the team were packing stockings to be sold for charity at the Mall on Christmas Eve. Eleanor had at first been quite reserved around other workers at the project, reluctant to admit that she was ‘like them’ (i.e., a mental health service-user) but at that moment, with the rain beating on the roof panels offering an extra feeling of camaraderie, she looked around and saw these people had become her friends—and to her amazement caught the eye of another who seemed, in her view, not only to know how she was feeling, but to forgive her for her previous snootiness. Sonya, who was in her late thirties and in the midst of a painful divorce from a controlling husband, found magic on the York-Darlington train when a power-cut in a lightning storm left her stuck in the countryside for nearly an hour. Bored, she inspected a book which had been left in her carriage by an earlier passenger—a book which turned out to be Anne Dickson’s self-help text, *A Woman in your Own Right*—now comically dated but cringingly relevant to Sonya. Curiously, a handwritten inscription on the inside cover revealed Sonya’s maiden-name, and the page holder—a folded leaf from a local magazine—advertising plots available for starter homes at a new-build estate in exactly the location and price range for which she had been looking as a place to start afresh.

Finally, there were stories like Hannah’s. One afternoon in May, shortly after returning from holiday in Spain, Hannah became suddenly quite tired and went to bed in the afternoon. When she realised two hours later she was still too tired to collect her daughter from nursery, she phoned her mother, who fetched the doctor when two days later Hannah hadn’t got up. A week later, Hannah was diagnosed with severe, delayed-onset postpartum depression and was admitted to hospital after a month when her lack of appetite had rendered her dangerously weak. Nearly two years passed, during which time Hannah almost continuously slept, her husband and mum taking care of the child, who would visit Hannah at her bedside. And then, as Hannah described:

> I woke up. It was May again, same date as I had gone to bed the first time [...] Something was different. The world was brighter. I noticed the breeze tugging the

> curtains. It was light and sunny outside. [...] I felt different. I felt like I had had a really nice afternoon nap. I stretched [...] stood up [...] I couldn't remember why I felt so dizzy until I remembered. I was hungry. And I really, more than anything else ever, was ready to see my daughter.

In all three of these stories, we are faced with a mysterious, unknown and almost unspeakable joy and sadness. Sonya's discovery of the book just *is*: whether we are inclined toward theories of fate or divine intervention, or simply of chance coincidence, the facts are just what they are. Eleanor's magic is clichéd perhaps—sentimental, we might say—the weather-world providing the setting and scenery as if being acted in a heart-warming film. And yet this magic is powerful and intuitive and yet strangely inexplicable in the sense that we would struggle to say why such event should be experienced at this particular moment, or to recreate it in any sense. Hannah's long sleep is a mystery, as is how she eventually wakes up feeling better. Leader (2008) writes about how memories and losses can be stored in the unconscious rhythms of the body which keeps its own, impeccable magical timekeeping, and so maybe we can speculate that something about that May afternoon and Hannah's exact two years of sleep were triggered by some forgotten sadness. Yet any such explanation remains buried both to Hannah and to us as researchers.

Moments of magical recovery and redemption seem very different from intervention/intention in their un-programmed qualities. Pete's 'road to Damascus' was an awakening—uninvited and unworked for (indeed Pete explained that he hadn't even realised how 'bad' his life and lifestyle had been before the near-miss with the prison van). Eleanor and Sonya were working hard towards recovery—in therapy, as well as by taking medication for their depression—yet these moments of realisation (*and the scales fell*) seemed unexpected and (for different reasons) inexplicable. Hannah's sleep and her magical awakening have the qualities of a fairytale.[89] The story progresses with near-faultless presence of beginnings and endings, and the listener must just accept on account of the happily-ever-after that this strange magic made sense (this narrative quality of magic is something I shall come to in the next section). To return briefly to Deville's distinction between directed magic and world

[89] For the magical properties of sleep, again consider Asclepius' temples (And sleep, my various and conflicting/ Selves I have so long endured/ Sleep in Asclepius' temple/ And wake cured' [Louis MacNeice, cited in Smeyers *et al.*, 2007, p. 171]); also Sleeping Beauty—'And she awaked, and opened her eyes, and looked very kindly on him. And she rose, and they went forth together, and the king and the queen and whole court waked up, and gazed on each other with great eyes of wonderment' (Brothers Grimm, trans. Margaret Hunt).

magic, the magic I have described here owes nothing to spells or sorcerers but rather exists as innate and endemic aspects of a rich and wonderful (the latter written in entirely non-sentimental senses) world.

Drawing attention to magical experiences like these does not seek to override other modes of recovery such as the recoveries made through ‘working on oneself’, or to dismiss the contributions to recovery made by formal mental health care or by changes in social and material circumstances (in which ‘back to work’ programmes might be included). Rather, cataloguing these experiences, as I have put it here, seeks simply to *widen* the evidence base—to include with the same level of authority the magical aspects of recovery which unfold besides other manners of getting better.

Magic and the Evidence Base: A Magical Realist Perspective

> Magic = the ephemeral, the unexpected, something that ‘sparks’, divine intervention, animalistic and naturalistic suspicions, attraction, inexplicable events, falling in love, highly unusual incidents, the incidental, the marvellous, transcendental thinking, anything to which the onlooker might say, ‘it was magic!’; combinations of any of the above. (*Dictionary of Magically-Informed Social Research*, 2011)[90]

I leave the above section with a commitment to a kind of surplus or magic in the world which seems ‘in excess’ of an evidence base or technical knowledge on a range of grounds—because it was never the kind of thing that was thought about, or because it wasn’t expressed to the researcher, or perhaps because it was expressed but was later dismissed (for all kinds of reason: disbelief or lack of understanding, lack of space in academic reports, or simply because it didn’t ‘fit’ with the kinds of things that are generally discussed in scholarly research).

As I have phrased it here, such events have an experiential quality of magic (the experience of the ephemeral, like Murdoch’s kestrel) although commitments to a supernatural ontology are not necessary to accepting them. From the point of view of

[90] Copies of this text are rather hard to find.... for an alternative, see Lefebvre, ‘Magic plays an immense role in everyday life be it in emotional identification and participation with other people or in the thousand little rituals and gestures used by every person, every family, every group’ (cited in Merrifield, 2011, p. 19).

application, such events are highly resistant to technicism or operationalisation, at least in their 'raw' status—which I shall comment upon later—although, from the perspective of ontology, I will sustain that there is no *a priori* reason why such experiences could not be incorporated into a mainstream catalogue of evidence (as such, their epistemological status is the same as most other bits and pieces we think we know). My arguments are threefold:

1. The evidence base, as it currently stands, is impoverished by lack of a full appreciation of magic (the epistemological argument).
2. That magic, as here phrased, is an ordinary part of the human world, particularly where concerning matters of breakdown and recovery (the ontological argument).
3. And that, as such, social inquiry should expect to encounter magic and should design itself where possible to see magic and the prosaic together (the methodological argument).

Despite the preference in this thesis towards poststructuralist forms of knowledge which are more associated with a withdrawal from representational thinking it is noteworthy that this is to an extent an appeal towards some notion of realism—to describe the world as it is, or as it has revealed itself, or as I have found it to be. (Certainly these are notions of 'soft' philosophical realism, or perhaps more accurately the kind of realism that we observe in art or literature—but I shall come back to this point later). To advance these ideas, in the remainder of this chapter I want to step finally into another genre of magical writing—that which has become known as magical realism. With origins traced as dispersedly as twentieth century Latin America and nineteenth century Russia, magical realism is a broad collection of fantastic narrative and artistic forms (for examples, see Gabriel García Márquez, Salman Rushdie, Angela Carter, Isabel Allende as well as numerous others—Nikolai Gogol, Franz Kafka, Will Self, Haruki Murakami, etc.) who variously transgress or problematise the conventional division between bourgeois scientific rationality and the fantastic or magical. Highly acclaimed in the academic literature, magical realist texts can be read as politicised fairytales embedded not in a land 'far, far away' but in the everyday landscapes of the contemporary world. Often originating from the global south, magical realism now has a well established presence in postcolonial studies including among scholars in the social sciences as well as the literary disciplines. With encouragement from others (e.g. Hegerfeldt, 2005, p. 281; Aldea, 2011, p. 11;

Merrifield, 2011, p. 12), I believe a journey into magical realism is also helpful in the context of mental health and the magical encounters I have described in this chapter. Whilst there are differences between the canonical magical realist masterpieces (Márquez's *One Hundred Years of Solitude* or Rushdie's *Midnight's Children*) and the approach to magic I believe is required for a properly responsive evidence base, in what I sketch out below I hope to offer some suggestions of how social research into matters of mental ill health and recovery might benefit from a magically realist perspective.

It is worth briefly setting out some organising characteristics of magical realism before going further. First and most obviously, magical realism is characterised by the presence of magic in otherwise ordinary and realistic settings. Magic is part of the ordinary world—flying carpets wait alongside taxicabs in Mumbai traffic jams, circuses and carnivals have as many technologies as the medical clinic, and humans share agency with animals and spirits in quite undiscerning manners. Such events are presented realistically and without textual differentiation from more mundane happenings (a matter-of-fact, somewhat textbooky style is characteristic of the genre—a basis for its realist credentials). The magic portrayed, as in my own examples above, is nearly always of Deville's 'world' category—i.e., appearing simply *in* the world and not at the fingertips of particular shaman or witches or other magical individuals. Similarly (and importantly for our purposes), magical experiences such as hallucination, clairvoyance and transfiguration are not symptoms of psychopathology but are ordinary human experiences, especially in times of change or transition.

It is not necessary to delve too far into a technical literary analysis of the genre but it is useful for our purposes to identify two ontological tactics which are present (often simultaneously) in presenting the magic in magical realism. The first (and most obvious to the reader) is what Faris calls an 'ontological flattening' (Faris, 2004, p. 45) or what Chanady refers to as an 'absence of hierarchy between two codes of reality' (1985, p. 151)—that is, the co-existence of ordinary events and magical events within the *same* ontic realm. As above, there is no wardrobe door through which the characters of magical realist texts exit one code of reality and enter another; rather, everything is as real as everything else. This flattening of hierarchies accounts for many of the most noticeable magical realist traits: an almost baroque level of empirical detail to authenticate magical happenings (Carpentier, 1997); frequent use of multi-

sensory description to triangulate characters' narrations (Faris, 2004); the purposeful employment of *un*real events (dreams, lies, hearsay, etc.) by which to establish 'truth' elsewhere. Yet a second, quieter strain of ontological manipulation is an 'ontological reticence' (Aldea, 2011) or as I shall call it later, a *withdrawal* from questions of ontology. As such, accompanying the baroque insistence upon the realness of events is a *lack* of interest or concern in the real; as Chanady puts it: 'the narrator does not provide explanations about the accuracy or credibility of events described or views expressed by characters in the text; furthermore, the narrator is indifferent' (Chanady, 1985, p. 15).[91] If the two strategies appear opposed then it is fair to say this discordance feeds into the aesthetic style of magical realism too, with an often uneasy effect on the reader. However in terms of sense-making (or progressing through the story), it is notable that the two strategies of 'everything is as real as everything else' and 'it is uncertain what is real and therefore we shall treat all things equally' are in practice almost indistinguishable.

A final feature of magical realism which is essential to mention is its (politically and texturally) *subversive* nature. Through and through, the genre is one for 'ex-centrics': written 'by and for those at the margins' (D'haen, 1995, p. 194). This subverseness is twofold. First, in displaying what is metaphysically bizarre or unreal in textually realistic lights, a new 'mythical and magical perspective on reality' is opened—often with the effect of revealing to the reader what is strange and incongruous about the real-world as it would normally be conceived (Dombroski in Bowers, 2004, p. 522).[92] Yet secondly, the alternative world evoked in magical realism and the ontological flattening that produces it are *themselves* subversive—disrupting the hegemony of modernist literature in which the magical and mysterious are peripheralised in relation to rational logocentric narrative forms. As such, exploration of the tensions between scientific and suprascientific understandings of the world, between dominant and marginalised understandings, and complete and incomplete understandings are also central features of the genre.

[91] As a side note, these ontological modifications—classed here as a *success* of the genre—are elsewhere taken as evidence of pathology: see, for example, the paper cited in chapter four (note 52, p. 125) about the writing style of mentally disordered writers and poets (Thomas and Duke, 2007), which identified particular 'cognitive distortions' to include 'forming conclusions without supporting evidence or in the face of contrary evidence'.

[92] Dombroski's quotation concerns Massimo Bontempelli, whose writings served as a sardonic response to Italian fascism in the early twentieth century—however, similar comments can be made in the postcolonial (or critical psychiatric!) context also. Concerning D'haen's comments, much of the genre is written by people at the margins by nature of geographical location, gender and sexuality. However, D'haen also remarks that magical realism can be a strategy through which authors of socially dominant identity groups disassociate themselves from their 'power discourse' (D'haen, 1995, p. 195).

Most straightforwardly, magical realism is of interest to this chapter because, as genres similarly bound with the ex-centric and magical, mad stories and magical realist stories frequently cover similar material. Both engage explicitly with the liminal and marginal. Just as Azaru exists between the spirit world and the living to be called upon by either at any time in Ben Okri’s *The Famished Road*, Sam, who has appeared on numerous occasions throughout this thesis, lives between the worlds of fighter pilots and electrifying wars and the more mundane spaces of the mental health daycentres, both of which seem to increasingly demand her attention and time.[93] Both exist in a non-human world which is alive with its own agency—just as Tracy and Howard seem to be cradled by a living space which lives with them, the occupants of the three-storey house in downtown Miami in Brautigan’s (1972) *Revenge of the Lawn* seem equally alternately encouraged and thwarted by its magical abilities. Whilst *clinical* conceptions of mental distress are comparatively rare in magical realist writing (a point I will expand upon below), themes of downfall and recovery are almost omnipresent. As are often the protagonists of mad stories, the characters of magical realist texts are in various combinations suffering or disabled, disbelieved or distrusted, fugitive or foreigner, or socially, geographical or spiritually isolated—or else in some way enriched as a result of their marginalising experiences. Since magical realism shies away from the expressly psychological, it is better to speak about *personal* than mental breakdown here—yet as shall become apparent, these breakdowns tend to collapse traditional divisions between mind, body and world.

Magical realism, like many of the narratives in my own research, is also indelibly linked with journeys and transitions and disruptions to self and the life course. Kafka’s *Metamorphosis* follows the story of Gregor Samsor who wakes one rainy morning to find he has been ‘transformed in his bed into a horrible vermin’ (Kafka, 1915, p. 1), apparently a result of his long working hours and stressful occupation as a travelling salesman. Similarly, Gogol’s *The Nose* (often considered to be the first instance of magical realism) tells the story of Major Kovalev, whose nose falls off his face and runs away to lead an independent life without him—an experience which appears to be

[93] Similarly, to take a text with another child protagonist, when Alexander Cold is sent to accompany his eccentric grandmother on a trip to the Amazon in Isabelle Allende’s *City of the Beasts* (2002), he must balance a life between his real-world life back in North America and his totemic life as a jaguar which becomes revealed to him as he journeys through the jungle. Indeed with the small difference that Kitty Gattrel, the self-harmer in my above section, does not physically transfigurate into feline form, the experiences and storylines of totemism appear remarkably similar between the novel and the empirical data (see also daemons in Philip Pullman’s *His Dark Materials*).

a result of the myriad frustrations of Russian bureaucracy (Gogol, 1836). Irani's *The Cripple and his Talismans* (2005) follows another young man who has recently lost a body part (this time, an arm) and his journeys across India to try to recomplete himself. In Irani's text, much more of the moral rehabilitative discourse (as I have discussed in relation to case studies such as Pete and Jake in my own research) can be seen: throughout the story, the unnamed narrator must make the transition from an ill-tempered 'novice cripple' to someone who has empathy and wisdom, before he can be reunited with the arm.

Whilst madness has been the subject of many artistic genres, we can begin to see something in magical realism then that has particular sharpness in capturing the spirit of the empirical encounters and philosophic persuasions I have compiled in this thesis—and especially in the magical catalogue in the earlier part of this chapter—which makes it helpful and perhaps even instructive to this campaign. First, magical realism is assuredly non-medicalised in its approach to distress, with characters and authors appearing to varying degrees suspicious, indifferent or merely distanced from conventional medical expertise (to translate, we might simply say that this is a genre in which the medical and psy professions are not indispensable). In *The Nose,* Kovalev finds the disappearance of his nose a matter for the police rather than the physician; in *Metamorphosis*, Gregor's family sends away the doctor when they realise what misfortune has befallen Gregor. Cortázar locates *The Night Face Up* in a modern day hospital as the protagonist recovers from a serious traffic accident; however, the *real* action takes place in an equally real but magical 'coma-world' existence of which the doctors and other patients seem futilely unaware. In the Latino contributions, shamans are occasionally consulted for their traditional medical expertise, but as Faris argues (2004), these encounters are more easily understood as communal healing processes, rather than individualised interventions.

Related to this, the perspective that magical realism adopts towards its characters is distinctly non-psychologised (and on occasions *anti*-psychologised). The *realism* of magical realism itself makes this point, of course. Unlike the related genre, surrealism, which takes the landscape of the (psychodynamic) psyche as its homeland, in magical realism, magic happens strictly *in* the world and not in the minds of individuals. (It is worth here remembering the tenets of depressive realism: that clinically depressed individuals may 'really' be better at judging reality than their non-pathological

counterparts: as already stated, magical events *really* happen).[94] A phenomenon of particular recurrence in this context is the dream. *Metamorphosis* begins with Gregor waking from a dream (it is when waking from this dream he discovers his insect-like condition); the first main section of *The White Hotel* (Thomas, 1981) starts similarly when Frau Lisa is woken by the ticket collector after sleeping in a railway carriage. In *The Night Face Up,* the bedridden protagonist drifts between consciousness and what at first appears a feverish dream-world of Aztec sacrifice—however, the sensual and sensuous properties of the apparent dream soon indicate that dream/wake have been reversed ('It was unusual as a dream because it was full of smells, and he never dreamt smells'). Such dream states serve not as the loci of the action (a Joseph and His Coat scenario) but as textural mechanisms to locate real magical events in the authentic conscious world. In the so-consciously satirical *The Nose*, this is taken further: not only does Gogol begin the text with two characters as they awake from sleep, in Russian, nose (HOK) is the reverse of dream (KOH)—the opposite of dream or anti-dream. The skill of this in preserving Gogol's intended political, real-world meaning is only fully revealed a century later, amidst numerous attempts by critics to reduce the story to purely phallic renditions—the missing nose indicating unconscious castration anxiety. However, since even Freud was clear that castration anxiety belonged strictly to the dream-world and noses to the phenomenal world of consciousness, such HOK-KOH riddle persists as Gogol's post-mortem insistence that insanity—if we must call it that—exists in the world and not only in the head (Peace, 2008).

Without the constraints of a dominant tradition (the 'psy' or rational, scientific discourse, etc.), unhappiness as portrayed in magical realism is thus refreshingly free. On occasion, misfortunes occur as a result of loss or trauma (I shall consider two examples of bereavement shortly) or as a result of particular social or cultural pressures; other times misfortune acquires moral characteristics (as punishments or journeys towards self-understanding), acquiring some if not many of the characteristics of earlier classical narrative genres: the necessity of *anagnorisis* (insight) in the tragic novel, for example. However magical illnesses often occur (and end) simply because they happen without reason or for reasons unknown or for reasons never disclosed to the reader.

[94] Of course, the evidence is mixed. The original thesis was published in Alloy and Abramson (1979); for a recent overview see Bentall (2003).

As such, magical realism contains no essential ingredient with which to explain or to cure—an absence that renders any *automatically* reductive or totalising explanations of distress awkward and deluded. An example of the strength and subtlety of this anti-reductionism can be seen in Thomas's *The White Hotel,* which documents the fictional relationship between Sigmund Freud and his patient, the hysterical and clairvoyant Jewess Frau Lisa, in the years and months preceding both of their deaths amidst the background of rising anti-Semite hostilities in Germany. To an extent, Freud is a wise and loyal helper who offers Lisa a level of comfort, yet their faith together in an Oedipus complex by which to explain her hysterical fantasies and apparently psychosomatic pains obscures the truth of Lisa's magical clairvoyant abilities, and it is not until the end of her life that Lisa realises her neuroses and fantastic injuries have in fact been corporal foreknowledge of her execution at Babi Yar. *The White Hotel* avoids the polarity of true anti-psychiatry due to its lack of anger. In a reparative post-death postscript to the novel, Lisa stumbles into a much diminished Freud who has now also died and she offers him kindness—concealing the fact that his diagnosis wasn't quite right in order to save his feelings. Thomas describes Freud as a 'majestic' individual, his psychoanalysis as a great and beautiful myth (author's note) and as such psychoanalysis itself is spared its own violent execution. Yet along with all of the other ideologies that have harmed Lisa, the totalitarianism of psy must be displaced or demoted into something as fragmentary and contingent as the subjects it seeks to describe.

As a second means to develop this un-medicalised/anti-medicalised theme, magical realist stories problematise the boundary between 'ordinary' responses to life experiences and apparently extraordinary or pathological affairs—an effect I have consistently sought to achieve in my own writing also. To take a couple of examples, in Kuhlman's *The Last Invisible Boy* and Will Self's *The North London Book of the Dead*, protagonists weave between ordinary expressions of (in this instance) grief and extra-normal, extra-psychic magical happenings. In *The Last Invisible Boy* (a children's text):

> I began disappearing this past June, right after what I call That Terrible Day that Changed Everything, the day I lost my dad forever. That morning I looked in the bathroom mirror and I saw that one strand of my black hair had turned milky white and that my skin was missing a small amount of pinkness, one of the proofs that I was a living kid. I had lost a little bit of myself. No, it was stolen. Nobody noticed but me.

> Now people notice. Nearly half my hair has freakishly gone white and my skin is as pale as a ghost's. Call me Salt and Pepper Boy, or Frankenstein, or Snow White (if you are kind of mean), or Uncle Fester from the Addams Family. I've heard it all.
>
> [...] Dad was taken instantly. I'm vanishing in bits and pieces, like a disease that will not kill me but will erase me. First goes my hair and then my skin. And then the rest of me. Going, going, gone. (Kuhlman, 2008, pp. 4–5)

Throughout the book, this 'invisabilisation' continues until Finn Garrett, the narrator, is scarcely perceptible. In *The North London Book of The Dead*, the unnamed narrator similarly transits between normal expressions of grief—shock, depression, hallucination—into apparently magical affairs (it is worth quoting from this passage at length in order to reveal how attention to empirical detail achieves such effect):

> About six months after Mother's death I entered an intense period during which I kept seeing people in the street who I thought were Mother. I'd be walking in the West End or the City and there, usually on the other side of the road, would be Mother, ambling along staring in shop windows. I would know it was Mother because of the clothes. Mother tended to wear slacks on loan from hippopotami, or else African-style dresses that could comfortably house a scout troop. She also always carried a miscellaneous collection of bags, plastic and linen, dangling from her arm. These were crammed with modern literature, groceries and wadded paper tissues. And then, invariably, as I drew closer the likeness would evaporate. Not only wasn't it Mother, but it seemed absurd that I ever could have made the mistake. [...]
>
> All of this made the events that transpired in the winter of the year she died even more shocking. I was walking down Crouch Hill towards Crouch End on a drizzly, bleak, Tuesday afternoon. I'd taken the afternoon off work and decided to go and see a friend. When, coming up the other side of the road I saw Mother. She was wearing a sort of bluish, tweedish long jacket and black slacks and carrying a Barnes & Noble book bag, as well as a large handbag and a carrier bag from Waitrose. She had a CND badge in her lapel and was observing the world with a familiar "there will be tears before bedtime" sort of expression.
>
> The impression I had of Mother in that very first glance was so sharp and so clear, her presence so tangible, that I did not for a moment doubt the testimony of my senses. I looked at Mother and felt a trinity of emotions: affection and embarrassment mingled with a sort of acute embarrassment. It was this peculiarly familiar wash of feeling that must have altogether swamped the terror and bewilderment that anyone would expect to experience at the sight of their dead mother walking up Crouch Hill.

> I crossed the road and walked towards her. She spotted me when I was about twenty feet off. Just before a grin of welcome lit up her features I spotted a little moue of girlish amusement—that was familiar too, it meant "You've been had". We kissed on both cheeks; Mother looked me up and down to see how I was weighing in for the fight with life. Then she gestured at the shop window she'd been looking into. "Can you believe the prices they're charging for this crap, someone must be buying it." Her accent was the same, resolutely mid-Atlantic, she had the same artfully yellowed and unevened dentures. It was Mother. (Self, 1991, pp. 4–5)

As Mother goes on to explain, contrary to classic understandings of life after death, when people die they in fact just move to another part of London and live with other dead people doing dead jobs and dead pastimes. That few people know about this arrangement is not evidence of some meta-theological conspiracy but simply testimony to 'how big and anonymous the city really is' (p. 12). The story concludes with a journey by the narrator to visit Mother in her new home at Crouch Hill—the eponymous 'book of the dead' acting as a handbook to initiate newly dead incomers. In both stories, the ordinariness of grief accentuates the magical element of the stories (like the dream strategy above, Self opens the story, 'I suppose that the form my bereavement took after my mother died was fairly conventional'); however, the extraordinary and the ordinary also seem sympathetically aligned. In *The Last Invisible Boy,* Finn's transformations differ from that of other grieving children (the doctor has never seen anything like it, we are told in one chapter). Yet at the same time his invisibility seems the most natural reaction a boy could have to the loss of his father, as does the feeling that the narrator's new feelings towards his mother in *The North London Book* are a natural response to grief. It is tedious to become too drawn into whether Kuhlman or Self's characters *literally* experience the magical events they report (consider as comparison the somewhat unimaginative parent looking with her child at a picture book and prompting, 'and do you think a tiger *really* came for dinner or did the little girl just imagine it?'), although from the tenets of magical realism we must accept that such events happen as said. What is significantly more interesting however is to consider the ease with which magical realism eschews the boundary between ordinary grief processes and pathological or magical ones. Again, magical realism here wrestles with the same issues that an empirical, socially scientific inquiry into mental ill health must face—the magical events of Hannah's long sleep or Sonya's discovery of the book on the train, for example, which seem simultaneously so *very* understandable and yet so *very* fantastical.

It should now be clear to the reader how there are many ways in which magical realism can be read as a close ally of critical and anti-psychiatry—and particularly Deleuze and his collaborations with Felix Guattari (a statement which can be made for few other fictional genres).[95] I have written elsewhere (Laws, 2009) how Deleuze and Guattari consistently demonstrate how 'madness' is in the world and not in the mind: Deleuze and Guattari's 'anti-Oedipus' (that is, the rejection of psychoanalytic reductionism to the Oedipus complex) appears vividly in Gogol's HOK-KOH inversion (it is the world that has the qualities of a nightmare; not Kovalyov's dreamtime) or the metaphysical presence of Mother in *The North London Book.* However, this critical allegiance extends beyond magical realism's treatment of psychopathology to a whole (de-centred) mode of conceiving difference. To quote from a succinct and somewhat incidental passage from the very heart of magical realism, in which Pelayo and Elisenda in Márquez's *A Very Old Man With Enormous Wings* have been caring for an angel since he crashed in their yard in the rain:

> The most unfortunate invalids on earth came in search of health: a poor woman who since childhood had been counting her heartbeats and had run out of numbers; a Portuguese man who couldn't sleep because the noise of the stars disturbed him; a sleepwalker who got up at night to undo the things he had done while awake; and many others with less serious ailments. (Márquez, 1955, p. 109)

To look at this list of unfortunates, first Márquez provides us with various details of the kinds we have explored above: the concerns of these individuals are to be taken seriously; that there are many others like them. Yet there is also a sense of a collective individualism incisive of the magical realist genre which exposes a de-centred and paradoxical ontology which in any other context would surely be described as Deleuzian. The invalids (who we might see as the mentally ill, the incapacitated) move both as a discrete subsection of society (the sick, who parade Márquez's worlds in search of cures or else who stay at home and work for their recovery) *and* as the world as a singular ('the world had been sad since Tuesday', we are told). Illness is never reduced to the Other since death and madness are in Pelayo and Elisenda's house from the start—the purpose of the angel's visit had first been to collect their dying child who is miraculously cured. And yet madness is never reduced to the collective, either: these

[95] To turn this point on its head, there are also elements of *Capitalism and Schizophrenia* which themselves read as rich magical realism although I have not developed this point here.

individuals—woefully atomistic in the specificity of their ailments—must be treated with the particularity that their concerns demand. The list—which is primarily how this passage is presented—is thus another characteristic trope of magical realism since one of the strengths of the genre is to realise how condensing a number of individuals into an umbrella term is a problematic strategy. For Deleuze—a philosopher of 'radical self-differing singularity' (Hallward, 1997, p. 9) *and* of the 'almost impossibly plural' (Massumi, 1992, p. 117)—this is appropriate, and the lists that I have suggested are characteristic of magical realism are in many ways akin to Deleuze's own concept of 'series' in expressing the resemblance of items one to another whilst expressing also the impossibility of collapsing these particulars into something that would then become a category.[96] The implication of this tension between the singular and the that-which-would-be-a-group is that the reader is trained quickly to understand that individuals are always both existent somehow in and of themselves (an effect which approaches Deleuze's rendition of the singular) and as only relations of each other (Aldea, 2011). In terms of raw philosophy, the effect as Hallward has it is that in comparison to 'high postmodernism' which has typically struggled with the demands of collective identities (gendered, racial, sexual, national, etc.), such rhizomatic theories can weave between what he refers to as the specific, the specified and the singular (Hallward, 2000).[97] In terms of the applied context of people living with mental distress, this realisation of both the necessity of the individual and of a collective body of madness (the collectively injured, the social movement, etc.)—achieved in magical realism through the low key strategies of list-making and others—is but one way of addressing some of the challenges of representing mad identity addressed in chapter four.

Having set out a number of strengths of magical realism and its seductive applicability to the kind of empirical research I have been reporting in this thesis, it is time, finally, to return to ontology and the question of realism (assuming we had ever left it). At the level of critique, there is some debate over the success, or intended success, of the realism of magical realism. As a genre, the reader is not entirely convinced (a facet which Faris terms 'unsettling doubts' [2004, p. 19]) and for all that has already been said, the truth-telling qualities of the genre remain in a state of ambiguity. At its core, magical realism resists allegorical interpretations (which would preclude claims to realism) and yet at the same time allegory appears essential for any of the broader

[96] The irony of constructing the earlier part of this chapter as a *catalogue* should thus be apparent.
[97] Hallward implicates authors such as Derrida, Lyotard and Jameson in this 'high postmodernism'.

critical readings which magical realism appears to invite. Likewise, regarding the relation between magic and the psyche of our characters (a topic I considered briefly in my empirical work above), there seems ambiguity. Certainly magic is, to an extent, unrelated to individual psychology. Yet it seems naive to read magical realism without an understanding of its commitment to the human condition (even if we don't wish to couch this in expressly psychological language): the invisible boy or Kafka's Gregor experience things both in the world and in the mind; as such, changes are both extra-psychic (inscribed on the body) *and* psychogenic (created by the mind) *and* reflective of some greater unhappiness (the recurring theme in magical realism of transfiguration is seen by many scholars as a metaphor for broader political or cultural transition): in other words magical realism is an *and* and a *because* and allegory.

For what it's worth, I see this undecidability, this *l'entre-deux* or merging realm between not only the metaphysically mundane and the magical (which others have identified), but also between realism and surrealism, between allegory and literalism and between the personal and the political as one of the successes of the genre. Realism, as it appears, is an ironic realism: a puzzling (literary) realism that at times appears simply fantasy superimposed in an otherwise ordinary setting, which unsettles our faith in ordinary reality to thus make (philosophically) realist claims about what the world is 'really' like—what might rather clumsily be termed an allegoric philosophic realism. In trying to talk about mad stories of the kind that have appeared in this thesis, this is particularly impressive since it captures the impossible doubleness of magical thinking. In the case study of David (who I introduced in chapter two), the compulsion to 'check' (tap) surfaces to assess their integrity is identified by him *both* as a meaningless superfluous action, *and* as a means of saving the world, *and* as a psychological injury inflicted on him by his previous employers: 'I think it started when I was [employed] at the bus station. We got wrong for everything if the buses weren't on time, we were supposed to manage these things that we couldn't really help—if we were late because there was road-works or because there was snow and we couldn't get the buses up, we'd get wrong'.

However, despite all this talk of ontology (of realistic narration, of magic-as-real, as allegoric philosophical realism), as I suggested at the top of this section, what impresses me most about the magical realist genre and its potential for a magically informed social science is its simultaneous *withdrawal from ontology* or *lack of*

interest in ontology—for it is true that very rarely is ontology deeply questioned either by the characters themselves in magical realist stories or by their authors.[98] Again, we might see this lack of ontological questioning as a defining feature of magical realism since it separates the genre both from surrealism with its overflowing eagerness for psychological interpretations but also other genres such as science fiction in which the reader is painstakingly provided with authorial notes to explain futuristic technologies according to standard post-Enlightenment scientific knowledge. An obvious consequence of this withdrawal from questions of ontology is to encounter unusual happenings—magical encounters, highly unusual events, psychopathological phenomena (delusions and hallucinations), etc.—with an astounding lack of differentiation from more prosaic and explicable events. Yet a second is to be able to 'get on with the story', both from the point of view of the reader who wants to know what happens next (again, the comparison could be the science fiction novel in which the plot is interrupted too often with lengthy explanation) and from the perspective of the characters who ultimately, whatever the ontological status of the events their authors have created for them, must respond to them as they are.

In the right mindset, I believe such aspects of magical realism can be particularly instructive both for social science research and for the day-to-day tasks of responding to people with unusual psychological symptoms. First, a withdrawal from or suspension of ontology of the kind exhibited by magical realism is one way in which we might give ourselves permission (as researchers, as listeners) to take a rest from the always already futile activity of interpretation—a pursuit which I suggest can be harmful in the instance of mad and magical stories.

In the previous chapter, I explored how a central motivation for the 'what works' literature was transcendence by virtue of the weight of scientific evidence from the need for interpretation (which, as I argued, was conflated by 'what works' scholars with rampant subjectivity or bias). Yet, as I discuss it here, the creation of 'best evidence' (the cornerstone of the 'what works' philosophy) is itself tied inextricably with the process of judging or interpreting evidence as either dependable or capricious,

[98] Certainly, characters are sometimes puzzled or even alarmed in the immediacy of a magical happening: Ivan Yakovlevitch is castigated by his wife for finding a nose in his bread bun, for example (who believes he has drunkenly lopped it from one of his clients at the barbershop); likewise Pelayo and Elisenda are at first a little afraid of the angel who appears in their courtyard, but 'very soon overcame their surprise' and 'in the end found him familiar' (p. 106). However never is the anguish about such happenings in the least bit commensurate with the strangeness of the event.

thus revealing a circular argument in its own *raison d'être.* The evidence hierarchies described in the previous chapter are one example of this, where particular forms of evidence (the epidemiological study, the clinical trial) are judged in high regard whereas other evidence-kinds (which may be highly valued in different methodological or cultural contents—insights from informal conversations for example, or from novels or paintings or tealeaves or delusions) are ranked variously as lower-status evidence sources or else are rejected from the evidence framework altogether.

It can therefore not be this kind of escape from interpretation (which is really only a different kind of interpreting-commitment) that I am celebrating in magical realism. Rather, the kind of withdrawal from interpretation that I advocate is one which recognises that making interpretations about truth-status is always problematic. As I have discussed elsewhere in this thesis, making rigid decisions about what is and what isn't 'good' knowledge is problematic. However well designed the interview methodology, respondents can be wrong, they can mislead, they can not know the conditions of their own experience. Information that may appear suggestive of psychiatric symptomatology may in fact be factual reporting of events (*just because I'm paranoid, doesn't mean they're not out to get me...*) just as, likewise, psychotic delusions appear on a spectrum with other claims and beliefs which are in various combinations unverifiable, matters of opinion, or unrepresentative. And of course even in the scientific community, best evidence is only ever ephemeral (as this chapter is written, physicists scratch their heads over findings from Geneva that subatomic particles have been travelling faster than the speed of light: 'Professor Einstein, you can relax. E still equals mc^2. Probably …' writes *Guardian's* Frank Close [24.09.11].)

The withdrawal from ontology that is seen in magical realism—which as I suggested earlier explores the literary compatibility between the statements, 'everything is as real as everything else' and 'it is uncertain what is real and therefore all things shall be treated as equals'—thus offers some route around these interpretative aporia. In the context of already marginal forms of knowledge such as those from mad and magical stories, the endless interpretation of truth-claims, and the associated hierarchies of evidence cause demonstrable difficulties. In chapter four I have already explored, for example, the challenges of the service-user researchers who felt compelled to 'edit' the madder viewpoints of the service-users they represented in order for the research they produced to be taken seriously in academic and policy-making circles (to the extent of

purposeful data deletion prior to analysis or surreptitiously discouraging particular individuals from attending focus groups or consultative meetings). Similar sentiment was expressed by Sonya (above) whose story involved the strange matter of the lost book on the train: 'I feel a bit weird explaining this with the [voice] recorder.... it's not very scientific, it's a bit weird'. For a magically informed social science, the first benefit of a withdrawal from ontology then as encapsulated by magical realism is an inclusive attitude to 'data' which doesn't pre-empt the real.

The second potential I see in magical realism's ontological strategy concerns modes of engagement with people in mental distress. Pelayo and Elisenda overcome their initial alarm at the angel who lands in their yard, just as the narrator of *The London Book* learns to live with his newly acquired knowledge about the 'world of the dead' a tube and a bus ride away in Crouch Hill. As such, Pelayo and Elisenda and the man in *The London Book* demonstrate to the sensitive reader that initial anxieties about magic are transient and surmountable and that unusual happenings will soon appear familiar. In *The Last Invisible Boy,* the therapeutic potential of this acceptance is taken further since Finn can only start to get better when he and his family stop worrying about his increasing invisibility. A key moment of healing in the story is thus when Finn's family stop taking him to the hospital to seek a medical cure for his condition but instead bleach their own hair so that Finn no longer feels left out (they contemplate dyeing the cat also but decide the cat would rather not be bothered with it). This ability of characters to *accept* and de-problematise magic indicates to the reader unfamiliar with various non-interventionist perspectives on psychotic and magical states of consciousness that *destroying* magical experiences is not the only or inevitable way to 'treat' psychosis—and that by contrast, learning to live alongside highly unusual happenings can provide a highly therapeutic means of growing from psychotic experience (in the UK, for example, the Hearing Voices Network has become a leading organisation in supporting people to live with voices and visions without suppressive medications and to 'learn and grow from them in their own way' (Hearing Voices Network Website, 2012).[99]

[99] It is interesting how, for the Hearing Voices Network and other similarly disposed organisations, the notion of 'what works' differs from its formulation in the evidence-based publications in the previous chapter. To take a couple of quotations from voice-hearing networks: 'What can help you cope with the voices or disturbing beliefs? In the early days you won't know what suits you, but after a time you may find out *what works for you*' (Newcastle Voice-Hearing Network, cited in Newcastle, North Tyneside & Northumberland Mental Health NHS Trust, 2002, my emphasis); '[in group sessions] we will not criticise each other's contributions but we realise that *what works* for one person may not work for others' (Coupland *et al.*, 2004, my emphasis again). With some atypical exceptions however (e.g., Romme and

Suspending questions of ontology (whether that statement is truth or delusion) also seems to open a means for engaging seriously and without fuss with the burden of unhappiness (the third element of a withdrawal from ontology I have picked out for analysis). Earlier in this thesis I have made much of how mental distress generates additional work and responsibility for people with mental health difficulties which surpass matters of ‘merely’ being unhappy—and how this is often forgotten by professionals, the academy and people working and living with such individuals (I recall Grove and Membrey’s example of the woman on the Parent and Teachers’ Association who is initially refused permission to leave meetings periodically to talk to the voices in her head [Grove and Membrey, 2005, see also my discussion in chapter two]). In magical realism perhaps more than any other genre justice seems to be done to this issue. In that extract from *A Very Old Man*, the woman who must count her heartbeats and the man who undoes all his doings at night are accepted in a way which neither romanticises nor trivialises their responsibilities. Nor are the magical works of counting or sleepwalking pathologised or set apart from more earthly forms of occupation—indeed the kinds of magical work that are described in the story appear on a continuum with all other kinds of fortune which also generate work (for example, the cast of crabs which for some reason fills the house each night and leave Pelayo spending his days returning them to the sea).

Again, such taking seriously of magical burden in magical realism provides ways of thinking about engaging with people with unusual psychological symptoms. I refer again to the case study of David who performs compulsive wall-tapping rituals in order to prevent a number of transcendental crises. Throughout the thesis I have tried to offer various explanations for David’s behaviour in terms of his personal occupational history and wider cultural setting, as well as to disrupt other more clinical diagnoses that imagine his behaviours as events in neurochemistry alone. Yet regardless of our interpretive commitments, if we are going to keep up with David or help him integrate in a mainstream ‘non-tapping’ world, we must accept that David *does* tap walls and must cease being alarmed by every instance of tapping and checking that David displays. Similarly, it is the case that Deborah, a participant on the ‘broadening horizons’ back-to-work project at the Enterprise Centre, is highly averse to the colour green and will not be able to attend a work placement in which any aspect of corporate merchandise (logo, uniform, etc.) contains the colour green, or indeed which would

Escher, 2009), the efficacy of the Hearing Voices movement has generally been ignored by the traditional evidence-based agenda.

involve travelling through a place with green nomenclature (Greencroft, Greendykes, Greenhill, Greenside are all off limits—as would be Greenacre Business Park, Grassmere Arcade or anything involving travel on Newcastle's light railway Green Line). If we were working with Deborah we might do well to remember that green is an historically unlucky colour ('And with a green and yellow melancholy, she sat like patience on a monument, smiling at grief', *Twelfth Night*, Act 2, scene 4).[100] Similarly, we might be particularly sensitive to her strict Catholic upbringing in a rural community, where the condemnation of lay superstitions as 'deviances of religion' was equalled by the incessant superstitions of the Catechism. Yet explanation does little to capture the phenomenological greenness of green or the particular powers which prevent Deborah from trespassing onto green vocabularies (Wednesday is a difficult day because Wednesday is unlucky in its own right [*Wednesday's child is full of woe*] but also because Wednesday is recycling day and thus the day that the green bins come out). To *really* work with Deborah then, we simply have to accept that green is off limits. If we are going to integrate Deborah into mainstream work or social activity, we must simply equate (neither reduce nor expand) a fear of green with other occupational decision-making factors (job security, financial recompense, suitable qualifications).

Magic, Pragmatism, Social Research

It is then this *suspension* of ontological concern or withdrawal from it that appears so useful in magical realism in the context of mental health research. Having started out in philosophically realist dimensions (and after travelling through some fairly unconventional territory) it is finally then with a pragmatic position I finalise the case for magical realism in the social sciences.

Studies of mental distress have for too long concentrated on questions of ontology and causation and with establishing what is real. Both academic psychiatry and anti-psychiatry fall into this trap in their keenness to persuade us either of the biogenetic bases of mental ill health or to disabuse us of such beliefs (we are left with the memory that mental illness may or may not be a myth, but with less impression of what this means for us). Freud too, in his almost exclusive interest in the ontogenesis of distress,

[100] See Hutchings (1997) for a fuller review of green folklore. In ordinary clinical contexts, a phobia of the colour green is referred to as chlorophobia (from chlorophyll, the pigment in green plant matter). However, given that Deborah's fear extends only to man-made greens, this term seems not quite apt.

seems guilty of not matching his commitment to establishing causation with a forward-first interest in helping. By generating hierarchies of evidence in which magical accounts feature only dimly, evidenced-based research also occupies itself with particular accounts of what can be included in the evidence base (i.e., again, with the real or the ontic).

Yet the purpose of these last chapters has been about ‘what works’ and in the context of ‘what works’ it is pragmatics that are worth pushing forwards. Magic happens and transforms people’s lives. Thankfully, we may feel, the current world has a little less of the transcendental magic seen in magical realism—yet unexpected events, magical connections and interruptions from a magical world shape people’s lives alongside and along with the forces more ordinarily considered by social science research. Deborah really must avoid the colour green and, if we are going to help her, we are going to have to accept that. Similarly, David is going to continue his tapping and David’s life—at least for now—must accommodate tapping routines alongside other more real-world activities. We might feel that in the longer term it would be preferable to encourage Deborah and David beyond these magical worlds and the entrapment they bring, but in the meantime, we are going to have to work *with* and not against such magic.

Pragmatism may seem a strange stopping place for a chapter which has drawn heavily on magical realism—especially where we see pragmatism as only an instrumentalist theory of knowledge into which magic doesn’t easily fit—and especially where we see realism and pragmatism as irrevocably separated poles of philosophy. Yet, in the analysis I have offered above—that the innovation in magical realism is less its experimental *engagement with* ontology but rather its *circumnavigation of* or *withdrawal from* ontological angst—it appears that pragmatism, especially of the ‘neo’ kind which has been associated most closely with Richard Rorty, is highly commensurate with the remarks I am making:

> [Pragmatism] says that truth is not the sort of thing one should expect to have a philosophically interesting theory about. For pragmatists, ‘truth’ is just the name of a property which all true statements share. It is what is common to ‘Bacon did not write Shakespeare,’ ‘It rained yesterday,’ ‘E equals mc^2,’ ‘Love is better than hate,’ ‘*The Allegory of Painting* was Vermeer’s best work’. They doubt this for the same reason they doubt there is much to be said about the common feature shared by such morally

> praiseworthy actions as Susan leaving her husband, America joining the war against the Nazis, America pulling out of Vietnam, Socrates not escaping from jail, Roger picking up litter from the trail, and the suicide of the Jews as Masada. They see certain acts as good ones to perform, under the circumstances, but doubt that there is anything general and useful to say about what makes them all good. [...] When they suggest that we do not ask questions about the nature of Truth and Goodness, they do not invoke a theory about the nature of reality or knowledge or man which says that 'there is no such thing' as Truth and Goodness. Nor do they have a 'relativistic' or 'subjectivist' theory of Truth or Goodness. They would simply like to change the subject. (Rorty, 1982a, pp. xiii–xiv)

As Rorty has it then (1982a; 1982b), matters of truth, as of ethics, are less something that correspond in any representational sense to reality but are simply ways of thinking that allow one to move or to act in particular ways in the world that make sense at that time (which is why neo-pragmatism, like its predecessors, can be described as a philosophy of action). In this way, in other words, pragmatism attempts exactly that which magical realism does—to do away with a stratified theory of knowledge in which particular kinds of truth or evidence are higher than others: the pyramids of evidence in which only the tightest clinical trials make top ranks or the traditional division between scientific and magical affairs that organise ordinary discourse (we remember that had this research not somehow been a magically-aware research project, Sonya might not have shared her curious story about the book with her name in it that appears in the railway carriage in that moment of need—indeed she says as much, 'I feel silly saying this...'). It is this way in which Rorty sees pragmatism as overcoming traditional means of dividing the 'assemblage of true statements' (1982a, p. xvi) into upper and lower divisions of knowledge (which was of course the traditional task of the Platonic tradition). It is in this same way that Pelayo and Elisenda are able to overcome their surprise at the angel who crashes in their garden in *A Very Old Man*, or that the young man in *The Cripple and His Talismans* can begin the search for his missing arm, or that in *The White Hotel*, Frau Lisa can move to some kind of forgiveness after the atrocities at Babi Yar and the conditions of her premonition—by setting aside the metaphysical questions of 'how' and 'why' and instead acting only at the level of 'this is the case'.

Advocating a pragmatic base from which to push forward with a magically-informed social science then is a way of *i.* rejecting hierarchical theories of Truth which limit the

kinds of knowledge that are admissible as social science evidence, in order *ii.* to conceptualise the maximum number of dimensions of mental distress and recovery, so that we can *iii.* act in the world in a way which is meaningful to each of these contexts in equal regard. Of course suggesting a way to move forward with pragmatics is not to offer some competing new method for the analysis of magical realist or other magical narratives, or to deny value in approaches in social science whose objective is to consider the reality-status of events and phenomena (for to suggest this would be to replicate the very kind of epistemological violence I have critiqued in ‘what works’ agendas). Rather, it is just—as Rorty has it—to ‘change the conversation’, to move on from the question, to ‘work around’.

Conclusion: Social Science and Magic

Having suggested some ways in which the literary genre magical realism might inform the ways in which evidence-bases are constructed (socially and literally), it is therefore the purpose of this chapter to end with some thoughts on how an understanding of magic might also be incorporated into the kinds of technical or operationalisable knowledge which I suggested at the beginning were the *modus operandi* of ‘what works’ frameworks (this is what, in some other doctoral theses, might be encapsulated as ‘implications for policy’ although I recognise the obvious differences between the following notes and a traditional policy recommendation).

It is perhaps difficult in the first instance to think of ways in which magic can be incorporated into the frameworks of ‘what works’ and technical knowledge: I have insisted throughout this chapter that the kind of magical transformation—magic connections and magical interventions—listed in my catalogue cannot be *prescribed* or otherwise governed or guaranteed in application (in the examples I picked from the weather-world or from the world of spirits and gods this was particularly evident). However, this is not a counsel of despair, and what I do suggest is a series of ways instead that we might appreciate magic and create space for it in the mainstream arenas of mental health care and occupational rehabilitation. The following is a prototype for policy-makers, academic researchers and organisations working with people in mental distress for what in a future, more magically receptive social arena, such magical manifesto might look like:

1. Be aware of magic and its possibilities, both positive and negative.
2. Take magical experiences seriously, be these magical moments of recovery or the (dark?) magic of distress or madness. Develop magical realist (or magical pragmatist) modes of professional practice in which the movements of magic are legitimate topics of conversation.
3. Challenge modes of service delivery or service planning which prevent or prohibit magic. Examples of such practices will include hyper-bureaucracy and micro-management in healthcare settings which prevent staff from engaging in the kind of magic experience described in this catalogue, or highly performative cultures in which formal measurements of means and outputs ignore and override magic. With regard to the intimate and idiosyncratic nature of magic (both in terms of magical recoveries and the magic of distress and psychosis), avoid one-size-fits-all modes of delivering services and instead encourage flexibility around the individual needs of the service-user and the emerging presence (or lack) of magical connections.
4. Alert people to the possibilities of magic so that they might be better placed to notice it and take advantage of it when it arrives. With regard to the magical interruptions from the world and the weather I discussed earlier, perhaps one form of this might be interventions such as 'mindfulness training' which seek to heighten individuals' sensual awareness of the world—interventions which in any case have been demonstrated to have numerous other health and wellbeing benefits already. In the context of casework or counselling, another suggestion would be to support individuals wherever possible to get out and take part in the world, since it is in the world that magic happens (a reviewer of an earlier draft of this chapter in which I claimed more vehemently that magical experiences could not be prescribed suggested correctly enough that whilst we might not be able to increase the chances of a particular intervention having magical impact, by exposing individuals *in general* to a greater number of experiences we can increase the likelihood of a magical happening somewhere and somehow).
5. Open up research to include more magic. In empirical social science this will mean a commitment to research methods which are capable of perceiving and analysing magic: research projects like this one in which spaces for participant response have been open-ended and unstructured, or research in which magic, wonder and the transcendental of everyday interactions form the backbone of question-setting and analysis. At the level of evidence-based practice, this will also include doing away with the *un-critical* exposure of student practitioners to

hierarchies of evidence which dismiss mad- and magically-led styles of research (or more realistically, providing student practitioners not only with evidence hierarchies with which to evaluate the quality of research, but with philosophical tools—including an appreciation of magic—with which to evaluate the validity of evidence hierarchies and 'what works' metaphors themselves). Finally, in the academy (and notwithstanding current pressures on research priorities and research resources) it will also involve developing magic as a recognised and relevant concept on the social science agenda (and I have listed already in this thesis numerous scholars who are working already in this area: Abram, Bennett, Merrifield and van Dongen among others). In the last weeks of writing this chapter, discussion has emerged with colleagues working in different but related fields, for example, about proposing a conference panel on magical geographies, which will be one of many means of developing a critically informed and peer-reviewed concept of magic for a future social science.

6. Finally, be aware and unafraid of what is specific about the mad and magical worlds of people living with mental distress. In the field of employment and mental health, in the last years, much progress in securing equality for people with mental health difficulties has come from a 'disabilising' agenda which has pushed for mental health conditions to be understood as illnesses and disabilities equivalent to other physical conditions and handicaps—and equally protected by disability-related employment and discrimination law. Whilst I have no desire to discourage such efforts, it is also the case that the very idiographic nature of mental distress exceeds discourses of disability or illness alone—Deborah's fear of green or David's tapping requirements again provide evocative examples. As such, where magic and madness appear particularly entwined, reserving space for what is mad about madness—and not reframing people with mental health difficulties as legitimate actors in society only by virtue of suppressing this fact—will again be one way of taking the experiences of mental distress seriously.

In this and the previous chapter, the aim has been to explore a range of limitations and possibilities in 'what works' thinking—drawn both from a creative examination of the polysemy of 'what works', and from an exploration of some possibilities beyond a traditional 'what works' agenda. In thinking about magic, and the kind of magical stories that do not always 'make it' into more traditional social science accounts of illness and recovery, a more colourful picture of mad narratives has been offered; in finding solidarity with other ex-centric modes of narrative, it has also been explored

how these can be brought to complement (rather than negate or destroy) existing modes of writing research.

The magical manifesto with which I have concluded this chapter is deliberately playful. However, whilst we may play with traditional ideas about reading and writing research papers (including doctoral theses), such playfulness extends also to ideas that magic cannot be incorporated into pragmatic frameworks and that embracing mad/magical narrativity must inevitably be a matter for philosophy alone. An earlier title for this chapter was 'works of magic' which seemed one way of highlighting the potentials for 'what works' to surpass mechanical rationalism alone. I have changed this to 'magical happenings' to emphasise instead the ways in which magic is always already there-present in the world—in need less of *work* and more, as Eden Phillpotts tells us in the opening lines of this chapter, for us simply to notice it when it unfolds.

Conclusion

Works in Progress

This doctoral thesis began with a sketch of a socio-political landscape of work and mental health which had become heavily, and in some instances exclusively, occupied with questions of 'back to work' or the policy of returning people with mental health difficulties to the competitive labour market. In this sketch, participation in the mainstream labour market was venerated above all other forms of occupation and going back to work presented as a synonym for recovery. Based partly on economic concerns about welfare dependency but also ideas about what service-users themselves desired and needed, individuals living with mental distress were re-branded not as passive recipients of care but as active citizens, capable of becoming net economic producers in society. In the context of academic research, a similar and related trend was documented: a scenario in which 'what works' research figured ever more prominently, and in which health research into back-to-work outcomes constituted the primary mode of imagining the links between work and mental (ill) health.

In the discussions that have followed, this thesis has tried to demonstrate how the moments of collision between work and madness are radically more complex than back-to-work accounts alone. Whilst the experiences and needs of people re-entering the labour market after periods 'off sick' indeed form an important context in which work figures in the lives of people living with mental distress, such episodes are matched by numerous other interesting and important connections which interact, overlay and detract from 'back to work' as a narrative. Although standalone research contributions and personal narratives about 'back to work' are *part* of this rich tapestry, as an overarching discourse, back-to-work can also be charged with reductionism—

narrowing the ways in which work and mental distress are rendered knowable, and failing to recognise the full range of ways in which work has consequence for human flourishing. Through examining a series of different intersects between work and madness which feature less commonly in the academic literature, it is hoped that throughout these discussions the case for a fuller and more inclusive understanding of work and madness has been offered.

Several recurring themes or ideas for a broader study of work have arisen in this thesis and it is worth reiterating briefly what I think these and their value might be.

The first concerns the panoramic *scale* of the philosophic project that comes into view when work and madness are freed from highly delineated definitions of paid employment, biomedical disease or other reductive modes of definition. Metaphorically, this sense of breadth is one—after the painstaking work of hacking through tight woodland—of breaking out to open ground and a landscape of undreamt scope and vastness. Yet whilst this 'discovery' describes the *experience* of this breaking free, since such breadth and polysemy has always been 'there' in the world, such revelation is only really a reminder or a requisite for seeing. In attending to the philosophical breadth of work—of climbing out of the confines of particular analytic gazes—it is hoped that the polysemic power of work in its myriad different presentations (recovery work, mad work, back to work, what works) can better be appreciated.

A second consequence of this 'opening out' of the terrain of work and madness is a *decentering* of knowledge in which understanding breaks free of any singular discipline (anthropology, sociology, any of the psy disciplines) or single level of explanation (epidemiological, phenomenological, biomedical, etc.). (It will be remembered that this decentering was one of the major characteristics I found helpful in magical realist perspectives.) An alluring direction for this project would have been to attempt a *cohesive* analysis in which these conflicting perspectives were amalgamated into a unitary analytic model; however, in the thesis presented here I stop simply at cutting *between* these traditional arrangements of knowledge—an act which I gently suggest was necessitated—not only because of the resource limitations of a single-authored doctoral project but also because of the inherently fragmentary nature of knowledge in this field. There are connotations of *decentering* that differ from simply re-centering or re-locating disciplinary boundedness. The first is to pay

particular attention to discord and tension between different ways of looking at the world in a way which does not seek to stifle complexity but which (with Winch and others) appreciates that moments of conflict and confusion are often the most fertile sites of inquiry. Another is to seek a means of addressing traditional imbalances between disciplines or between professional and 'lay' knowledges which avoids an equal and opposite reactionary movement. (A good example is the dialectic between traditional psychiatric and 'anti'-psychiatry perspectives which, without care, can become framed around unnecessary and unhelpful polemical discussions; likewise between what might be classed as work-is-good and work-is-bad debates which pervade some cruder discussions in this arena.)

Finally, a last concern which stretches across the thesis concerns the radical *instability* of the connections between work and madness: that is, of the contingent and endlessly differentiated relations between humans and their work across space and time. One of the repeated ways I have attempted to illustrate this point is through attention to the individuality, variability and often esoteric and idiographic character of madness as exposed through the minutiae of personal experience. Again, care is needed with this point: as I have argued expressly in the final chapter, such observations are *not* equivalent to a 'counsel of despair' in which the extent of individual difference precludes any possibility of collective response to issues such as long-term unemployment or mental health recovery. Likewise, it is important to separate this appreciation of difference from classic neoliberal individualism in which the individual is aggressively decoupled from his or her environment and community—a vision which dramatically underplays the role of the political and the structural in personal narratives. Rather, what might be developed from this point is thus a *politics* of idiography by which recognition of the vibrancy and magnitude of idiosyncrasy destabilises both universalistic statements about the properties of work (for everyone, at all times) and the universalising tendencies to individualise and yet treat equally individuals in need of psychiatric or vocational support.

With these comments in mind, it is helpful to think back through the chapters to consider how each of the intersects or narratives introduced in this thesis have offered something specific to the project here outlined. In the first two chapters the chief concern was the various constructions of the relation between work and therapy, through history and across different contemporary contexts of work and recovery. In the first chapter, the myriad ways in which work has been construed as a kind of

therapy were explored, from the earliest conceptions of occupational therapy to contemporary visions of the ‘naturally’ therapeutic properties of ordinary, mainstream employment (to include the ‘therapy’ of getting paid and becoming a taxpayer). In the second chapter, the direction of this relation was reversed to consider how being ill with a mental health complaint itself produces forms of work and how therapy and getting better are similarly imbued with work and workfulness. In these chapters, two key ideas were drawn out to map the terrain for the later project. The first of these ideas was that of *paradox* and of the ‘waxing and waning’ nature of ideas about the significance of work for mental health. The second was what I have called ‘assertive’ description: the project of writing and recording as an ethical endeavour to address imbalance in the existing research literature, especially when tackling themes with a long history of marginalisation such as the activity and agency of service-user populations (another theme which runs throughout the thesis).

In the third and fourth chapters, the primary focus was relationality and the ways in which connections between work and worker could be considered. As a loose template for these chapters, Marx’s four alienations—between worker and the activity of his work, worker and the produce of his work, worker and his essence or *gattungswesen,* and worker and the community of workers—were considered against the backdrop of contemporary narratives of mental distress. Whilst value was found in traditional accounts of alienation and the alienating potential of paid employment in conditions of late capitalism, a series of alternative narratives were also offered to describe different ways of being connected or disconnected from one’s work. Underlying these chapters philosophically, two important ideas were advanced: first was the idea of the embeddedness of work in an ‘ethics of relation’ (a phrase chosen to emphasise the *multiple* work ethics that govern human connectedness to work) and the second to stress individuals’ own capacities for conceptualising and narrating these relations (a theme I draw out in the fourth chapter with the specific example of narrators’ own philosophies of putting madness to work).

In the final two chapters, ideas about the polysemy of work were taken to a more discursive level—to consider more broadly the unstable pairings between work and rationality and madness and ‘breaking down’; to explore the semantic connections between work (as a labour or occupation) and work as a broader state of functionality; and to introduce some more magical works of recovery at the edges of ‘what works’ rationality. In the first of these chapters, developing the Winchean commitments at the

beginning of the thesis, the primary emphasis was *what it makes sense to say* about work, broadening the topic to a more comprehensive exploration of 'what works' beyond paid employment alone. In the final chapter, as a direct response to this agenda, focus shifted to the possibilities for a more fully magical understanding of connections between work and distress—including a more magical policy/political framework.

It is the nature of both the empirical and philosophical commitments of this thesis that conclusions will not be easy or linear or directive in their character. However, one facet of this latter concern with a more fully sensitive policy approach to dealing with people in distress and disadvantage is the observation how, with just a little more listening to the magic and complexity that is already there in the world, space for just a little more magic can be found.

Work Undone

It was stated at the beginning of this thesis that this project could make no claims to comprehensiveness, and it is worth thinking briefly on what is missing from the thesis as it is presented here. Most obviously, there are sacrifices which have been made for the 'very open-ended' research method I have pursued in this thesis, and insights which have been lost for want of more systematic geographical, sociological or philosophical investigation. I am mindful that the full significance of gender, age, and also physical health and geographical location, do not shine through in this account to the extent that some of my empirical material demanded—a significant weakness given the potentially depoliticising effects of such omissions (and especially in a research context in which disability and illness studies are already critiqued for failure to attend properly to intersectionality).[101] Whilst it has been an explicit point of discussion in places in the thesis, a more rigorous discussion of educational background and what might be described as 'social class' would also have been profitable: indeed, one of the most striking aspects of my fieldwork encounters which was never quite assimilated into the text was the high levels of functional illiteracy among participants, especially at the Women's Project and at the place I have called Walter House, as well as the striking number of personal narratives in which occupational disadvantage began its

[101] See Hudson Banks and Kohn-Wood (2002) or Mercer (2002) for further discussion. I have omitted ethnicity from this series of identity markers since, beyond the exceptions that have already been mentioned in the text, all participants were white and British – a demographic reflective of the wider English 'Northern white belt' in which the research was conducted.

inscription during compulsory school years. In the context of occupational rehabilitation, these concerns have obvious connotations for both prevention and intervention.

Another interesting theme with important ramifications which has not been developed fully in this thesis is the intersect between mad work and ordinary work, and between the emotional and affective life-worlds of mental health service-users as a ‘special’ population and other groups of workers. At times, such omissions have been deliberate: as with the account of the greenness of Deborah’s green or Sam’s imaginary aeroplanes to emphasise the rich and wonderful, but also horrific and disabling, specificity of mad experiences and their consequences for welfare policy. Elsewhere, however, stories of the workaday world would have constituted a helpful lens through which to stress how people living with mental health diagnoses are also always on a scale with, as Freud puts it, ordinary human misery—for example, through a greater discussion of ‘everyday’ work-related stress and anxiety—or through a fuller and more illustrated account of the ways in which an individual’s madness can seem less alien when viewed against their objective material circumstances (The writer and clinical psychologist, David Smail, gives the account of an out-of-work agoraphobic whom he eventually visits at home after failing to make therapeutic progress at his office—whereupon, on seeing the boarded-up houses and litter-ridden streets in the neighbourhood in which she lives, discovers that her overriding experience that she does not want to go outside suddenly ‘makes sense’ [Smail, 1984].) A related link between mad work and ordinary work which has appeared at times in the thesis but which has not been developed more fully is that of the ways in which late capitalist work might itself be considered mad, which would be another rich and interesting means of disrupting the image of the unintelligible and workshy mental health patient.

Finally, some words should be dedicated to the ‘missing’ chapters from this thesis—half-written but expelled on account of space and time limitations: a creative account of madness and megalomania with regard to the ‘new’ work ethics of ‘celebritydom’, consumerism and, in Oliver James’ coinage, ‘affluenza’; a fuller and more comprehensive discussion of the philosophy of the active and passive self and its relation to work, recovery and mental health activism; and finally, an exploration of post-work, anti-work and refusal-to-work perspectives and the understanding they offer to mental distress. It is hoped that each of these strands of inquiry will find outlets beyond the doctorate; however, for now, it should be stressed that their omission from

the final text (especially with regard to these latter anti-work perspectives) do not reflect any greater theoretical or political commitments of the author. It is also worth, just briefly, paying tribute to the individuals who gave their time to this project but whose stories have not appeared here. (How can I not have mentioned the farmhand who glued his eyelids shut after moving to a job in the city? Or the anorexic who takes a job as a cathedral tour-guide in order to burn more calories as she climbs the tower twice hourly? Or the three women of a County Durham village who set up their own stitching and ironing business after deciding that the lack of quality employment in their locality was contributing to their ongoing depressions?) This problem of data reduction and representativeness is, of course, little different to that discussed by the service-user representatives in chapter four of this thesis and is an endemic feature of qualitative narrative-based social science more broadly (Diefenbach, 2009; Silverman, 2010). Again, it is hoped that even whilst these absent participants have failed to appear by name in the thesis, the insights they have offered have contributed towards a more nuanced understanding as I have approached my tasks of analysis and writing.

I shall conclude this thesis with reference back to the two working metaphors which have traversed this thesis—to Freud's psychic work of 'working through' and Winch's reworking of Locke's under-labourer concept of philosophical inquiry (introduction, p. 14). For Freud, 'working through'—the title of this thesis—was an ongoing process in which understanding was only ever in progress (indeed, Freud prepares us for a 'perpetual struggle'—although he goes on to tell us the rewards will be worth it [Freud, 1914, p. 153]). From what has been said already, it should be apparent that a similar 'unfinishability' can be observed in the working through that has comprised this thesis also. With Freud, however, I do not see this as necessary grounds for pessimism. Rather, to return to that other working metaphor at the very beginning of the thesis—Winch's retrieval of the under-labourer conception of philosophical inquiry—I suggest that with the right relation to work we can rediscover value in these struggles: not to deny that they are work or labour, but to deny that we should find anything demeaning or discouraging about such work or that satisfaction—joy—in work can begin only when such conceptual tasks are done.

Epilogue

Work involves change—that is, a process of effecting change in the world and in turn being changed oneself. Indeed, according to classic analyses, it is because of this notion of change that we search in vain for a joyful understanding of work prior to modernity, since before then existed no coherent concept of progress or transformation by which to make such judgement (Meakin, 1976).

With these thoughts of change in mind, it is perhaps appropriate to end this thesis by reflecting on what has happened to the places and participants described in this research project in the sixteen months since the formal period of interviewing and ethnography ended.

To start first with the political landscape of back-to-work, the march of progress described in chapter one did nothing but accelerate. The war against social exclusion, started by New Labour and continued by the current government, continued to prioritise mainstream integration over segregated occupational services for mental health service-users. 'Buildings-based' services remained a particular target for critique, and at the end of 2011, the project I have called the Plumtree Centre was closed down to be replaced by a series of vocation-based initiatives in integrated settings. Foregrounded by global economic uncertainty, more broadly in the wake of the 2008 financial crisis, a cumulative array of rising unemployment figures, industrial unrest and increasing hostility towards the latest work schemes for the long-term unemployed have brought again the links between work and mental health to the forefront of public attention (*The Guardian*, 26 July 2011; National Audit Office, 24 January 2012; BBC, 15 February 2012). With regard to the service-user involvement agenda described in chapter four, policy has also changed, amounting not quite to an abandonment of the involvement commitment but certainly a retrenchment in its more far reaching ambitions (RADAR, 2010). Against this background, several of the involvement projects co-ordinated by the Network disappeared entirely; however, as

Benji explains, most of them have come back, ‘phoenix-like’, with different names and funding bodies. With their always more active outreach philosophies, the Enterprise Centre and Women’s Project have fared better in this time span and indeed in the last six months have both expanded. At Walter House, strangely impervious to the outside world, things seem to carry on as they have always done.

It has not been possible to account for all the individuals in the wake of the fieldwork but a meeting with Trish, the support worker at the Plumtree Project, Benji, and a handful of other participants has helped me to catch up with some of the news.

First, we should start with some ‘back-to-work’ success stories. After a few false starts, Simon, the ex-worker at the glass factory, found employment as a supermarket shelf-stacker and feels his confidence and mood are steadily improving. Barbara returned to practising law at a more women-friendly firm and in June 2011 accepted a generous out-of-court settlement from her previous employers for the way she had been treated. Jake, in what is the only success story of a government welfare-to-work initiative I have encountered in this project, has been assisted to find work in an electrical company after a series of taster sessions in a range of employment sectors. The relation between him and his dad remains close and his father continues to transport him to work each day, illustrating again the importance of magical people in sustaining recovery. It is noteworthy also how economic downturns have winners as well as losers. Michael, the motorcycle mechanic whose business collapsed when repairing old bikes was no longer economical, finds that many of his old contacts are coming back to him now that buying a new bike is less affordable, and in recent months Michael has developed quite a cash-in-hand industry from helping out his friends. His only gripe, or so he says, is that the current benefits and taxation system is so difficult for people who are trying to get back to work after long periods of ill health that, for now, this income is ‘under the radar’.

Other people have been in touch with me also. Lucy’s first novel is finished (with significantly greater ease than this thesis, apparently). Kerry called to let me know she had returned to university after our numerous chats at the Plumtree project. June, who had just completed a graded return to her office job at the time of our initial meetings has had two further periods off sick but feels the strong supportive relationship she has with her line manager helps her get back as soon as possible. Sometime in 2010,

Martin—the entrepreneur with the manic business ideas—got in touch to enlist my University's support to prevent the Cadbury takeover by Kraft, which he felt was an almost unbearable loss to British industry and identity. The word on the street was that he spent a sustained spell in hospital after that, having adopted the salvation of the confectionary company as his latest magical vocation—although it is apparent that both he and his real-world businesses retained their characteristic resilience throughout.

Elsewhere, recovery happens more slowly. Sam no longer believes she is a fighter pilot but remains highly disabled by her condition and has been excused from work-focused benefit reviews on grounds of her health. Vera, along with several other long-term members of Plumtree, has been transferred to another day project (ironically with less of an occupational focus), although Trish raises concerns for those who failed to find a place elsewhere and no longer have any regular contact during the day. Trish now works as a 'roaming' support worker, visiting people in their homes or in mainstream community settings. Bill however took early retirement after Plumtree closed. 'He'd had enough, I think', said Trish. Tragically, in the later stages of writing this thesis, volunteers at Walter House informed me the person I have here called David died last summer (as did Els van Dongen, the anthropologist who had inspired me to write about magic and to whom I had promised a copy of the thesis when complete, and as did my own father—an event which happened directly after writing about the bereavements of Finn Garrett and Will Self's fictional narrator—and which for this reason acquired its own texture of magical realism). According to the rumours, David was simply found at his home by social services, presumably having committed suicide. It is sad, people tell me, but it is something that happens when you work in this field.

Finally, there are updates which disrupt and unsettle my initial analyses as written in the chapters—Phil, for example, whose story I used to challenge the necessary desirability of liking one's work, who I am told is now thinking of returning to his former teaching career having had therapy enough from less demanding employment. It was tempting on hearing this news to scratch out my earlier commentary concerning his beliefs—and yet perhaps it is this ability of real people to go on living after the research process has ended that separates the kind of cameos and narratives I have relied upon in this thesis from the pure 'thought experiment' or fictional

characterisation utilised by philosophy or literature (and perhaps again this is one way in which we may draw a soft line between the social sciences or *Geisteswissenschaften* and the arts and humanities).

In drafting out an ending to this thesis, I am reminded again of the warnings of Gwyneth Lewis (chapter four) about the danger of using one's writing as one's therapy (a critique which, incidentally, has been directed to several of the great biographers of madness to include Freud, Jung and R.D. Laing among others). For this reason, in these spaces of concluding, I shall avoid further 'working through' of my own journey as a doctoral researcher or abridged 'workings out' of the research as if they were now indelible truths. To paraphrase Freud, after all, we and the things we do are only ever works in progress. Instead, for want of a better way to finish a thesis, I shall leave with the lasting images that stay with me in my final moments of wakefulness: of the empty spinning wheels in the curative workshops; of waiting with Michael for two hours at a jobcentre to meet an advisor who never once looks at us; of the homemade twist to the clichéd sign in the User Network's headquarters—'you really DO have to be mad to work here...'; of the work crew at the gardening project in the back of the minibus, dancing and singing to Dolly Parton on the radio on the way to the allotments: *working nine 'til five, what a way to make a living...*

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Appendix

Abridged outline of research participants cited in the thesis to include basic profile and summary of research contact. Summary descriptions use narrators' emic vocabularies where possible.

Pseudonym	***Summary***	***Research Contact***
Amy, f, early thirties	*Graphic designer at a publishing house. Responded to the call for participation for this project, which she saw in a local newspaper, because she felt so strongly that work was the best therapy for her ongoing voice-hearing and depression.*	*6 recorded interviews and 1 workplace visit (Mar 2009–Jan 2010). Recruited via general advertisement.*
Barbara, f, mid thirties	*Solicitor who lost her job after 'behaving strangely' at work during a schizophrenic breakdown. Later took the case to industrial tribunal for constructive dismissal and sexual discrimination after it had been proven she had been systematically bullied by her male colleagues.*	*3 recorded interviews (Sep 2008–Mar 2009). Recruited via word of mouth.*
Becky, f, late twenties	*Ex-participant at the Plumtree Project who has recently returned to her old job at a school canteen after seven months off with depression. Claims that she likes the job but finds the early starts stressful and reports that going back to work means she has no energy to keep up with her friends or even to cook meals for herself.*	*3 recorded interviews and occasional ethnographic contact (May 2008–Oct 2009). Recruited via Plumtree.*
Benji, m, late thirties	*Co-ordinator of a regional service-user-led mental health network. Benji has himself experienced ongoing mental health difficulties including a two-year period of hospitalisation.*	*4 recorded interviews plus regular ethnographic contact and ongoing follow-up discussions (Apr 2008–). Recruited via The Network.*
Bob, m, mid forties	*Employee in a cake factory, responsible for overseeing the industrial dishwashers. Currently taking part in a 'Conditions Management Programme' to help him cope with his depression and anxiety at work.*	*2 recorded interviews (Feb 2009–Apr 2009). Recruited via word of mouth.*
Brett, m, late thirties	*Professional violinist who toured for several years with a well-known ensemble. Now feels that he has 'burnt out' and is currently in receipt of incapacity benefit. Brett is an occasional attendee of Plumtree, although his overall evaluations of the centre are negative.*	*3 recorded interviews plus occasional ethnographic contact (May 2008–Oct 2009). Recruited via Plumtree.*
Carly, f, early thirties	*Qualified social worker employed in a supported housing project. Carly experienced mental health problems and behavioural difficulties as a teenager and finished her compulsory schooling in special education.*	*4 recorded interviews plus 2 workplace visits (Jan 2009–May 2009). Recruited via word of mouth.*

Charles, m, late fifties	*A self-professed 'mad scientist' (professor emeritus in particle physics) who took medical retirement after 'office politics' became too much to manage alongside his schizophrenia. Charles is a supporter of several mental health charities and occasionally offers his services to projects orchestrated by The Network.*	*3 recorded interviews and occasional ethnographic contact (Jun 2008–Sep 2008). Recruited via The Network.*
Christine, f, late thirties	*A mother of two and librarian by training. Attempted to go back to work after the birth of her second child but found that leaving the children in daycare aggravated her obsessive compulsive disorder and she resigned. Has no plans to return to work because she and her husband can manage without the income.*	*4 one-to-one recorded interviews and 2 group discussions (Sep 2008–Mar 2009). Recruited via The Network.*
Clive, m, mid fifties	*Participant at the Plumtree Project with an engineering background. At the time of the fieldwork, Clive experienced delusional beliefs that he was (amongst other things) the catering manager at the daycentre, a master chef at a restaurant and the director of adult psychiatric services for the region.*	*Occasional ethnographic contact (May 2008–Oct 2009). Recruited via Plumtree.*
David, m, late thirties	*Trained as a bus driver after gaining a Heavy Goods Vehicle license, but was transferred to maintenance work at the depot after experiencing a psychotic breakdown. Dropped out of work altogether six months later due to difficulties with workplace bullying. A regular attendee at Walter House.*	*2 recorded interviews plus regular ethnographic contact (Sep 2008–Oct 2009). Recruited via Walter House.*
Dawn, f, mid forties	*Attendee at the Plumtree computer literacy course. Used to work at an airport as a cleaner but quit after the 2007 terrorist attack at Glasgow Airport which triggered her anxiety. Has always wanted to be a nursery nurse but is frightened about the stigma of mental illness preventing her from working with children.*	*3 recorded interviews plus regular ethnographic contact (May 2008–Oct 2009). Recruited via Plumtree.*
Deborah, f, late forties	*Full-time housewife attempting to get back to work after a long period of depression. Deborah has agoraphobia and a series of specific anxiety disorders—particularly a phobia of the colour green—which mean that finding suitable work, or indeed leaving the house alone, can be very challenging.*	*4 recorded interviews including one with her husband, plus one 'walk about' the neighbourhood (Mar 2009–Nov 2009). Recruited via the Training and Enterprise Centre.*
Eleanor, f, late forties	*Former 'surgeon's wife', which Eleanor describes as a full-time job due to the volume of society events she was expected to attend (not to mention looking after her husband). Started attending Plumtree after her husband left her and her mental health problems worsened. Would like a job but worries about how she'll cope.*	*3 recorded interviews plus regular ethnographic contact (Mar 2009–Oct 2009). Recruited via Plumtree.*
Emily, f, early twenties	*Recovering anorexic and psychology graduate who is currently working as a tour guide at a cathedral. Has been 'disowned' by her family since she is not in professional work and her friends tell her she is only still working at the cathedral because climbing the tower every hour uses lots of calories—an interpretation in which she sees some truth.*	*3 recorded interviews and ongoing follow up conversations (July 2008–). Recruited via personal contact.*

Felicity, f, late twenties	*Mental health campaigner and freelance service-user consultant, providing a user voice on developments in the NHS. Became interested in working in the service-user sector after some highly negative experiences during her spell as a compulsory patient in a psychiatric hospital.*	*5 recorded interviews and intermittent ethnographic contact (Nov 2010–May 2011). Recruited via word of mouth.*
Ginny, f, late thirties	*Mature student studying to be a qualified occupational therapist after a long history of working with older people. Ginny finds the academic side of her training difficult because of her long-standing depressive disorder and the side-effects of the drugs she takes for this, which make it hard for her to concentrate on her studies.*	*3 recorded interviews (Jun 2009–Aug 2009). Recruited via Plumtree where she was doing a placement.*
Gwyneth, f, early fifties	*Professional writer and the first National Poet of Wales. Gwyneth moved from a broadcasting career to being a full-time freelance writer after a major depressive episode. In 2002, Gwyneth published a 'cheerful' autobiographical self-help book about depression. [N.B., Gwyneth has given permission for her real name to be used in this text].*	*1 recorded interview and 1 ethnographic meeting (Nov 2010). Purposively recruited.*
Hannah, f, late thirties	*Events organiser who described herself as having 'loved' her career until one day, on returning from a family holiday, she fell ill with catatonic depression with extreme hypersomnolence. Whilst the manifest symptoms of her illness vanished in 2008, Hannah's consultant encourages her to remain off work 'for the time being' due to the idiopathic nature of her complaint and the fear that overwork may have been a contributory factor.*	*3 recorded interviews (Nov 2009–Mar 2010). Recruited via word of mouth.*
Harry, m, late forties	*Bricklayer by trade, now attempting to find work in the service sector after the side effects of his anti-psychotic medication made him unable to continue with a manual job. Has had to leave several work experience placements after experiencing ongoing harassment concerning his gender, sexuality and mental health condition.*	*6 recorded interviews (Mar 2009–Nov 2009). Recruited via the Training and Enterprise Centre.*
Hattie, f, mid twenties	*Ex-Cambridge graduate who left after just two terms, feeling 'stifled' by the culture there. Has since tried a range of occupations including journalism, voluntary work, and selling homemade jewellery. Hattie is supported financially by her parents—but they have started to put pressure on her to 'settle down' and find a 'proper job'.*	*4 recorded interviews (June 2008–Dec 2008). Recruited via word of mouth.*
Helen, f, early fifties	*Counsellor who left her previous career as a human relations officer to train as a therapist after counselling helped her to recover from her own experiences of depression and childhood abuse.*	*4 recorded interviews (Sep 2009–Dec 2009). Recruited via advertisement in local media.*
Howard, m, early sixties	*Participant at the Plumtree Centre who began engaging with mental health day services after his wife, who had cared for him, had died from cancer. Howard had been unimpressed by the support services he had initially been offered and chose Plumtree instead as a more activity-based alternative.*	*1 recorded interview plus regular ethnographic contact (May 2008–Oct 2009). Recruited via Plumtree.*

Ian, m, late forties	*Railway enthusiast who, after building up investments from stocks and shares, bought and renovated one of the UK's few remaining independent railway stations. Ian finds the railway so important to his mental wellbeing that he has arranged with his doctors for, in the instance of a hospital admission, to be sent to a specific hospital which is located in view of the rail-tracks so that he can watch the trains.*	*6 recorded interviews plus 1 workplace visit (Sep 2008–Mar 2009). Recruited via general advertisement.*
Jake, m, late twenties	*Participant on a government-run 'pathways to work' scheme who was diagnosed with schizophrenia as a teenager. Lives with his father who has a physical disability and both care for one another.*	*4 recorded interviews plus a series of tips together from his home to Walter House on public transport (Oct 2008–Feb 2009).*
James, m, mid thirties	*Business advisor by training who gave up salaried employment after a series of hospitalisations at the time of his first wedding. Is now employed on a sessional basis at several Northern universities to offer a 'service-user perspective' on medical and nursing degrees.*	*2 recorded interviews plus occasional ethnographic contact (Mar 2010–April 2010). Purposively recruited.*
Jed, m, late forties	*Previous owner of a taxi firm in a rough neighbourhood. Sold the company after a nervous breakdown, triggered in part by his increasing exposure to and involvement with crime and violence. Now works as a support worker with social services.*	*2 one-to-one recorded interviews and 5 group discussions (June 2008–Jan 2009). Recruited via word of mouth.*
June, f, early forties	*Administrative assistant in the public sector. Underwent a lengthy battle with the help of her trade union to arrange flexible working hours on grounds of her panic disorder. Now has a new line manager with whom she gets on well, and is also involved at a national level with her union's disability team.*	*5 recorded interviews (Oct 2008–Mar 2009). Recruited via word of mouth.*
Karen, f, late fifties	*Dental nurse who lives and works a small village. Whilst experiencing obsessive compulsive disorder since a young adult, Karen had her first hospitalisation in the early 2000s when she experienced psychotic withdrawal effects from the controversial Seroxat anti-depressant. Attributes her 'back to work' story to the close relation she has with the dentist she works for—and to her need to 'get out the house' during the day to distract herself from the obsessions.*	*2 recorded interviews plus 4 unrecorded interviews and ongoing follow–ups (Nov 2008–). Recruited via personal contact.*
Kate, f, late teens	*Participant in the 'under 25s' project at the Women's Centre. Experiences depression, voice-hearing and self-harming, and has been sectioned several times. Kate is currently volunteering at an animal shelter, which is a direction she thinks she might like to develop her future career. [N.B., Kate has given her permission for her real name to be used in this text].*	*3 recorded group interviews (Sep 2008-Dec 2008). Recruited via Women's Centre.*
Kelly, f, early twenties	*Another participant at the 'under 25s' project at the Women's Centre who is 'on parole' after a series of committals to psychiatric hospitals, drugs facilities and, most recently, prison. Kelly has recently started some vocational courses in beauty and is taking literacy classes at the Women's Centre, made possible largely due to the support of Pauline, her mentor in an innovative multi-agency support programme for troubled young people.*	*3 recorded group interviews (Sep 2008–Dec 2008). Recruited via Women's Centre.*

Kerry, f, early thirties	*Participant at the Plumtree project, where she first started attending as a service-user after withdrawing from her architecture course, but where she now attends as a volunteer tutor in the literacy and computer classes.*	*2 recorded interviews plus regular ethnographic contact (May 2008–Oct 2009). Recruited via Plumtree.*
Kev, m, mid forties	*Long-term sufferer of depression and participant in the therapeutic activities programme at Walter House. Kev lives alone and would like to get a job as he gets lonely, but hasn't worked since the early 1990s when he was made redundant from one of the last coal mines in the region. 'But who'd want to employ me?' he says.*	*3 recorded interviews plus regular ethnographic contact (Sep 2008–Oct 2009). Recruited via Walter House.*
Lizzie, f, early twenties	*Participant at the Plumtree Project diagnosed with personality disorder and bipolar depression. No paid work history. Lizzie lost many of her disability-related benefits in a review to her benefits as she was judged able to work. However, during the time span of the research, Lizzie has been on a waiting list for a back-to-work scheme and has been unable to find employment on her own.*	*1 recorded interview plus regular ethnographic contact (May 2008–Oct 2009). Recruited via Plumtree.*
Lucy, f, late twenties	*Drama graduate and participant at Plumtree who has recently received an arts enterprise grant to establish herself as a full-time author and playwright. Lucy feels her experiences of depression and bulimia provide useful insights into the human psyche which she can use in her writing.*	*4 recorded interviews plus one workplace visit and occasional ethnographic contact (May 2008–Feb 2010). Recruited via Plumtree.*
Marcus, m, late thirties	*Jamaican-born rail-worker who hears voices in his head and struggles with paranoid delusions. Marcus has had long periods out of work and intermittent contact with the mental health services for years. He is now taking part in a job-seeking course at the Training and Enterprise Centre after complications with his diabetes brought him back into contact with health services.*	*1 recorded interview, plus regular ethnographic contact (Mar 2009–Oct 2009). Recruited via the Training and Enterprise Centre.*
Margaret, f, mid fifties	*Promotions manager for a national mental health charity. Worked in a management background prior to the birth of her children in the 1980s but after a few years working for a chain of charity shops for a homelessness charity, moved to the mental health sector as she felt her firsthand experiences would be useful.*	*3 recorded interviews (Sep 2008–Feb 2009). Recruited via Walter House.*
Marie, f, mid twenties	*Student welfare officer in a support department at a northern university, providing one-to-one study support for students with mental health difficulties and acting as a referral point to the university counselling service and other facilities. Marie has bipolar disorder but does not currently use mental health services.*	*5 recorded interviews (Aug 2010–Jan 2011). Purposively recruited.*
Martin, m, early fifties	*Manic depressive, millionaire, entrepreneur and partner in several independent businesses in the travel and tourism industry—as well as the owner of an internet site selling and trading retro clothing, inspired by his own obsessions about collecting nylon shirts.*	*6 recorded interviews (Feb 2009–Oct 2009). Recruited via word of mouth.*

Maurice, m, mid forties	*Decorative glassworker and artist renting a workshop and gallery space at a visitor attraction, with business support from the Training and Enterprise Centre. Turned to a full–time career in the arts after the last of the shipyards closed down, when he decided to pursue a more creative lifestyle that was more in keeping with the 'mad side of himself'.*	*1 recorded and 4 unrecorded interviews plus 3 workplace visits (Oct 2009–Jun 2010). Recruited via the Training and Enterprise Centre.*
Meghan, f, late thirties	*Service-user researcher employed in a traditional university. Meghan's primary tasks are to provide a service-user's perspective on a large, research council funded mental health research project, to coordinate service-user volunteers in data collection, and (occasionally) to contribute to research methods training for graduate students.*	*2 recorded interviews (Apr 2010–Jun 2010). Purposively recruited.*
Michael, m, early forties	*Owner of a motorcycle repair business until a change in the economy made the enterprise unfeasible. Now on benefits having struggled to find alternative work (despite engagement with several back-to-work schemes) and having experienced a prolonged period of depression following the collapse of the business.*	*6 recorded interviews (Sep 2008–Mar 2008). Recruited via word of mouth.*
Nick, m, early forties	*Coordinator of a mental health involvement project with which he became engaged when his son was diagnosed with schizophrenia. Nick has mental health problems himself (depression and anxiety) which he links to his family situation and to the insecurity of his 'rolling contract' with the involvement project, in which job security is low.*	*3 recorded interviews and 1 week ethnographic contact at a service-user involvement training course (Oct 2010–Jan 2011). Purposively recruited.*
Pete, m, early thirties	*Construction worker with depression and drink problems. Had previously spent several years 'on the dole' without any regular occupation but in 2008 started attending an alcoholics' support group at Walter House and later in the same year acquired a two-year labouring contract on a new build estate.*	*1 recorded interview, 3 recorded group discussions (Jan 2009–May 2009). Recruited via Walter House.*
Phil, m, mid thirties	*Work history as a PE teacher but currently employed as a delivery driver after several failed attempts to get back into teaching after a period off with anxiety and depression. Phil reports missing the teaching but that he is most suited to work where he can 'switch off his mind'.*	*4 recorded interviews (Nov 2008–Mar 2009). Recruited via word of mouth.*
Ryan, m, late twenties	*Ex-soldier with post-traumatic stress disorder and substance misuse issues. Found participation in the Walter House therapeutic activities programme helpful in overcoming some of his problems. Ryan is a member of the Walter House alcohol support group with Pete and Stuart.*	*2 recorded group discussions plus regular ethnographic contact (Sep 2008–Oct 2009). Recruited via Walter House.*
Sally, f, late twenties	*Part-time worker diagnosed with stress, dissociative disorder and anxiety—symptoms which she attributes to trying to hold down five different jobs (a supermarket cashier position, two cleaning jobs, catalogue delivering and a shift per week in a bar). Continues to work three of these positions because she cannot find a full-time job to support herself.*	*3 recorded interviews (Sep 2008–Feb 2009). Recruited via Walter House.*

Sam, f, mid twenties	*Participant at the Plumtree project on 'day release' from a local psychiatric hospital. Sam's 'delusions' include that she is a fighter pilot for the Ministry of Defence and, when she is talking to me, that she is doing a University degree (a claim which is apparently fictitious). No known paid work history.*	*1 recorded interview plus regular ethnographic contact (May 2008–Oct 2009). Recruited via Plumtree.*
Sheila, f, mid fifties	*Ex-housewife who has recently started working as a support assistant at the Women's Centre, which constitutes her first paid job since leaving secretarial work as a young adult. Was in hospital for several weeks with 'empty nest syndrome' but hopes that this job will give her a new identity now that her children have grown up.*	*2 recorded interviews plus regular ethnographic contact (Aug 2009–Oct 2009). Recruited via the Women's Centre.*
Simon, m, mid thirties	*Work history in the North East's glassmaking industry as a glass cutter in the factory where both his father and grandfather worked. Had great pride in his work but lost his confidence after witnessing a serious industrial accident on the factory floor and was eventually fired after failing to turn up to work in the mornings. Now looking for work elsewhere as he feels he can't have a girlfriend until he has a job.*	*3 recorded interviews (Oct 2008–Jan 2009). Recruited via Walter House.*
Sonya, f, late thirties	*Speech therapist and a victim of domestic abuse who experienced a return of the voice-hearing and anxiety symptoms she had had as a child when the relationship with her husband deteriorated. Enjoys her job but raises concerns about 'not looking professional', especially after an occasion where she went to work with a black eye.*	*3 recorded interviews (Jan 2009–Apr 2009). Recruited via general advertisement.*
Steph, f, late twenties	*Service-user research assistant who works as a research writer in a service-user led research organisation in partnership with a traditional university. Steph has a doctorate and worked very briefly in mainstream academia before taking this role. She enjoys it, but expresses frustrations that it is so much more poorly paid than comparable research assistant posts elsewhere.*	*2 recorded interviews and 2 workplace visits plus subsequent unrecorded discussions (Apr 2011–). Purposively recruited.*
Stuart, m, late thirties	*Recovering alcoholic and participant at Walter House, especially for the 'afternoon walking group' and the alcohol and drugs group. Has suffered from depression for years leading to a disrupted working life and several hospitalisations. Most of his work history is in outdoor work and he has applied for several grounds maintenance positions—but has yet to be invited to any interviews.*	*2 recorded interviews and regular ethnographic contact (Sep 2008–Oct 2009). Recruited via Walter House.*
Sue, f, mid forties	*Employment history as a bank clerk but has been claiming incapacity benefits for several years after a depressive breakdown. Says she would like to go back to paid work 'for a rest' as her family leave her with so much work to do around the house and in looking after her grandchildren—a situation which she feels exacerbates her health condition. Has recently started an assertiveness course at the Women's Centre.*	*4 recorded interviews (Jul 2008–Nov 2009). Recruited via the women's centre.*

Tano, m, mid thirties	*Sudanese asylum seeker who worked in various cash-in-hand jobs before being admitted to hospital with psychosis. Is 'building up his life again' on the Plumtree allotment project. Says he would like to work in a paid capacity as a gardener one day, if his immigration papers are ever granted.*	*Regular ethnographic contact (May 2008–Oct 2009). Recruited via Plumtree.*
Tim, m, late forties	*Teacher who moved from mainstream to special education after finding that his own experiences of mental distress made him particularly attuned to the children's difficulties. Tim has recently taken part in a national teaching union's campaign to highlight the mental health challenges of teaching in the 21st Century.*	*4 recorded group discussions and 2 visits to Union meetings (Nov 2008–Jun 2009). Recruited via word of mouth.*
Tom, m, mid sixties	*Long-term participant at Plumtree, who has spent most of his life in residential care, with the exception of a few years at sea with a cargo ship. Is shortly to 'retire' from the Centre's work programme and be transferred to a specialist older adults' day service.*	*2 recorded interviews and regular ethnographic contact (May 2008–Oct 2009). Recruited via Plumtree.*
Tracy, f, early twenties	*Participant in the 'Under 25s project' at the women's centre, currently employed through a work experience scheme in the warehouse of a clothes shop. Reports having had no stable routine through most of her life and thus her surprise regarding the positive effect a routine has had on her lifestyle and mood.*	*3 recorded group interviews (Sep 2008–Dec 2008). Recruited via Women's Centre.*
Vanessa, f, early twenties	*Student teacher, who has been working with Tim on the Trade Union report on teachers' mental health. Finds teaching beneficial to her health and an important source of confidence and esteem.*	*3 recorded group interviews and 2 visits to union meetings (Dec 2008–Jun 2009). Recruited via word of mouth.*
Vera, f, mid sixties	*Participant at Plumtree who organises the bingo and lottery syndicate but refuses to participate in any of the other work projects. No paid work history.*	*1 recorded interview and regular ethnographic contact (May 2008–Oct 2009). Recruited via Plumtree.*
William, m, mid twenties	*Farmhand with little formal education. Ended up in a hostel in Newcastle after the death of his parents and sale of the farm, whereupon he 'super-glued his eyes shut'. Recovered through being returned to an agricultural setting and is now embarking on a farming course at a local agricultural college.*	*3 recorded interviews and occasional ethnographic contact (May 2008–Oct 2009). Recruited via Plumtree.*