An exploration of how mental health service users construct meaning from the Work

Capability Assessment process - using Foucauldian Discourse Analysis

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Abstract

Welfare reform has seen disabled people finding their eligibility for unconditional welfare benefits reassessed through the Work Capability Assessment. The welfare-to-work policy has seen those that are economically inactive and unemployed constructed as problematic groups who require intervention to become productive members of mainstream society. The Work Capability Assessment process has been criticised for not adequately assessing work capability in people with mental health difficulties and has been deemed discriminatory against mental health service users. There is a paucity of research in this area, particularly in relation to users of mental health services, and within the psychology discipline. Semi-structured interviews were conducted with ten users of mental health services who had participated in the Work Capability Assessment process. Foucauldian Discourse Analysis was used to explore how service user's constructed the Work Capability Assessment process, and how they were constructed through their involvement in the process. Participants were constructed as "fraudulent versus genuine", "workshy", "an economic drain", and "just a number". Participants constructed the process as a "catch 22 situation", "something you either pass or fail", "an all or nothing process" (work versus non-work), "a political act" and a "threat". The findings of the research are discussed in relation to implications for clinical practice, wider policy, and future research.

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This introduction provides an overview and rationale for the study. This chapter uses Foucault's genealogical approach to explore the history of welfare provision in the UK in order to trace the ways in which mental health service users' encounters with state welfare have been spoken about and with what effects.

Overview

Major political and economic changes since 2007 have led to welfare reforms and benefit changes, in particular eligibility for some benefits which has created uncertainty and instability in incomes (Ridge 2013). The government has portrayed welfare retrenchment as an economic necessity, whilst others view welfare retrenchment as a political choice and an attack on the welfare state with the most vulnerable in society being impacted upon. This thesis aims to explore how one aspect of welfare reform, the replacement of Incapacity Benefit (IB) with Employment Support Allowance (ESA), and the introduction of the Work Capability Assessment (WCA) has impacted on users of mental health services by exploring how they construct this process.

Part of the Labour Government's welfare reform policy in 2008, proposed the replacement of Incapacity Benefit, Severe Disablement Allowance, and Income Support Benefit paid on the grounds of incapacity with ESA. Initially introduced to new claimants, people already in receipt of Incapacity Benefit would be migrated over to ESA and require a reassessment of their work capability using a functional assessment known as the WCA. The Coalition Government continued the national reassessment process when they came to power in April 2011. The WCA's were originally conducted by Atos

Healthcare, and superseded by MAXIMUS health and human services LTD from March 2015, both private contractors (Department for Work and Pensions [DWP], 2008; DWP, 2014a). The government were explicit about the aim that some people would no longer qualify for Incapacity Benefit and would be supported to obtain work through Work Related Activity Groups (WRAG), and suggested that returning to work is good for one's well-being. Those deemed fit for work by the WCA would be placed on Jobseekers Allowance (JSA), paid at a lower rate than ESA, and would have to actively search for work, whilst those individuals judged unable to work would be placed in a Support Group. The Department for Work and Pensions (DWP) suggested that prior to these changes people could have remained on Incapacity Benefit indefinitely and would have received no support to return to work (DWP, 2008). Chris Grayling, Employment Minister (2010-2012), claimed "We now know very clearly that the vast majority of new claimants for sickness benefits are in fact able to return to work" (DWP, 2011a, para. 4). Such statements present a view to the general public that many claimants of Incapacity Benefit were making a choice to be out of work.

The replacement of Incapacity Benefit with ESA is particularly pertinent to mental health service users as data indicates that 40% of people participating in the WCA process identified their primary difficulty as mental health problems (DWP, 2014b). With rhetoric suggesting that many people claiming Incapacity Benefit are making a choice to be out of work and on benefits, this positions many people with mental health difficulties who claim Incapacity Benefit as taking advantage of the welfare system. However, the WCA has been criticised for not adequately assessing work capability in people with mental health difficulties (Harrington, 2010; Litchfield, 2013; Litchfield, 2014), and has been deemed discriminatory against those with mental health problems (Public Law

Project, 2013). Consequently the WCA has attracted some critical attention from the media, those who work with people experiencing mental health problems and disabilities (McCartney, 2011), and professionals undertaking the assessments (Wood, 2013).

Dominant media and political discourses have focused on disability benefits being too easily accessible, people not being sufficiently ill enough to qualify, benefits being overly generous, and not enough obligation placed on participants to move back into work (Freud, 2007; DWP, 2008, 2010, 2011b; Organisation for Economic Cooperation and Development [OECD], 2010, 2011). These types of discourses serve the function of justifying welfare reform to the general public and highlighting the idea that people make a choice to be out of work. The OECD, who promote policies that intend to improve the economic and social well-being of people, produced a report that described mental illness as responsible for a significant loss of potential labour supply, high rates of unemployment, high rate of sickness and reduced productivity at work (OECD, 2011). The OECD suggested reform policies were required to improve the labour market participation of those with mental health difficulties. The OECD also claimed that too many young people leave the labour market or never enter it due to early moves onto disability benefit. Lindsay and Houston (2013) have highlighted how the assumptions regarding a high number of benefit claimants are based on the nature of the benefits system and the influence the system has on the behaviour of individuals claiming, emphasising the notion of a dependency culture.

Framing reduced labour market participation of those with mental health problems as a choice and an aspect of a dependency culture firmly locates the problem as one within the individual, who can be identified through the WCA process. Patrick (2012a)

highlights how the current welfare-to-work model can be viewed as placing a corrective lens on the disabled person, with the deficit being individualised and little account of the role of society and the demand-side barriers people face: the availability of suitable jobs, stigma, discrimination, and the physical and emotional challenges. Patrick claims government policies are focused on the medical model of disability, emphasising the problem as impaired "work readiness" and further stigmatising claimants as inactive and non-contributing, whereas the social model of disability would focus on the social barriers which influence disabled people's opportunities to enter paid work. I advocate the use of a social model in analysing employment problems for people with disabilities as the suggestion that unemployment and underemployment can be explained in isolation of other factors is insufficient and discriminatory towards people who find themselves disabled in this society. Orford (2008) maintains that people's functioning can only be understood in terms of the social context they find themselves in as social environments can be oppressive, for example, welfare processes can be viewed as bureaucratic and dehumanising, with people being socialised to meet the demands of the labour market (Kagan & Burton, 2001).

Morris (2011) views the central narrative driving the replacement of Incapacity Benefit as the poor and disabled being divided into those who "deserve" assistance and those that are "malingerers". Morris highlights the emphasis on the individual being viewed as the problem, and their attitudes and motivation requiring fixing. Bambra (2008) suggests the discourse of "fake" disability[1] benefit claimants is frequently directed at mental health service users and promotes the view that some people are more deserving than others. Morris (2011) comments on the punitive and stigmatising narrative that

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[1] The term "disabled" is used throughout this document and includes those that identify with this label due to mental health problems.

insists large numbers of people are claiming to be too sick to work when they are capable. Contrary to this narrative, 37% of appeals against "fit for work" decision were overturned between October 2008 and September 2013 (DWP, 2014c). This statistic suggests that the WCA process has been designed to position people as undeserving of benefits and fit to work, yet many people have been able to reject this position through the appeals process.

The OECD (2014) has acknowledged the disproportionate effect of the ESA process on people with mental health problems, suggesting they are exposed to stricter conditionality and sanctions which are too harsh. Sanctions can involve ceasing a claimant's benefit due to obligations not being satisfied. Data indicates that mental health service users in the WRAG group were more frequently sanctioned compared to the average rate of sanctions (OECD, 2014). This indicates people may have incorrectly been placed in the WRAG group as they were unable to meet the requirements of the group, and consequently sanctioned. Sanctioning people who are unable to meet the expectations of the group suggests people are making a choice not to participate and reinforces the discourses around choice and malingering.

Counter to this suggestion that people are making a choice to be out of work, and are undeserving or benefits, is that of the WCA process being discriminatory, particularly towards those with mental health problems. In May 2013, a tribunal panel at the Royal Courts of Justice ruled that the DWP had failed to make reasonable adjustments to the WCA to ensure people with mental health problems are treated fairly by the system, therefore placing claimants at a substantial disadvantage (Gentleman, 2013). This ruling was triggered by two mental health service users who argued that the WCA requires people to understand and be able to explain their mental health difficulties, when they

may not have sufficient enough understanding to do so (Gentleman, 2013). Despite evidence suggesting mental health service users are disproportionately impacted by these reforms (OECD, 2014) there is a paucity of research exploring how mental health service users have made sense of the WCA process. This research seeks to explore how users of mental health services construct the WCA and how they are positioned through their involvement in the process.

Garthwaite (2011) comments on the language currently used to describe people in receipt of sickness benefits, 'dependency', 'workshy' and 'unwilling', and how this is not a new phenomenon as it echoes the distinctions made between the 'deserving' and 'undeserving' poor over 100 years ago. In order to understand why such constructions exist, Foucault suggests exploration of history is a necessary tool for understanding the present, as universal and taken for granted notions are often contingent on past struggles and governmental strategies (Mik-Meyer & Villardsen, 2013). Foucault's views are inevitable components of discussions about power and welfare (Mik-Meyer & Villardsen, 2013), in particular his work on discourses, the construction of madness, power and knowledge, surveillance, and governmentality are all relevant to the exploration of how people who use mental health services talk about and construct meaning from the WCA.

Foucault archaeology and genealogy

Foucault's methodological approach is traditionally divided between the archaeology phase and a later genealogical phase, with the two stages overlapping (Jorgensen & Phillips, 2002). Archaeology refers to Foucault's interest in exploring the historical archives of societies to determine the discursive formations and events that

produce knowledge and "truths" (Danaher, Shirato & Webb, 2000). Foucault asserted that phenomena gained meaning and "truthfulness" within a specific historical context, and these forms and practices of knowledge would differ across contexts (Hall, 2001). Rather than being static and unified, discursive formations are being reproduced and transformed through use (Olssen, 2014). From *Discipline and Punish* (1977) onwards Foucault's work took a genealogical approach and focused on a history of the present through tracing the struggles, displacements and processes to demonstrate how current practices have emerged through complex power relations and struggles (Garland, 2014).

Foucault regarded archaeology and genealogy as complementary (Foucault, 1980). As a successor to archaeology, genealogy shares the examination of bodies of statements (Kendall & Wickham, 1999), however, rather than viewing history as a site where original meanings can be found, genealogy views history as a discontinuous series of events which are connected through people exposing or re-covering them in the present (O'Brien & Penna, 1998). Foucault did not believe there was a single, linear, universal history, but that alternative knowledge's and histories become repressed or subjugated through the way in which these discourses are formed (O'Brien & Penna, 1998). Genealogy, a history of the present, differs from conventional historical analysis in that it is not a chronology or a search for origins but a tracing of erratic and discontinuous processes to show how present day practices are based on historical conditions (Garland, 2014). Therefore the approach to the genealogy presented within this research is not a chronology but an exploration of processes and power struggles that have contributed towards the current practices of welfare for those out of work and the WCA process. This requires using history as a means of critically engaging with the present (Garland, 2014) and therefore this genealogy makes associations between historical and current factors.

Foucault's genealogical approach had a greater focus on power (Jorgensen & Phillips, 2002). Foucault's work *Discipline and Punish* (1977) is concerned with not only the language through which we know the world but also the power that changes the world (Gutting, 2005). Within *Discipline and Punish* (1977) Foucault examines the role of power between institutional practices, the body, and knowledge. He explores the origins of rules, practices and institutions that claim authority in an attempt to understand and evaluate the present, with the intention of challenging claims of authority (Gutting, 2005). Genealogy reveals how phenomenon or groups of people have emerged or been constructed as problems, and the rationalised schemes for managing them (Mik-Meyer & Villardsen, 2013).

As Foucault did not provide a method of how to undertake a genealogy, individual researchers approaches vary, but all have in common Foucault's concepts of discourse, power and knowledge (Carabine, 2001). The approach within this research combines Foucault's concepts of discourse, power and knowledge, with his work on the evolving meaning of madness to explore the discursive formations and events that have led to the current constructions of benefit claimants, work capability and welfare provision. By applying a genealogical analysis to the notions of mental health and welfare provision this allows problematizing of taken for granted assumptions and exploration of the influence of power.

A genealogy of mental health service users and welfare provision

Foucault saw a profound truth in Freud's suggestion that a madman can neither work nor love. The relationship between mental health and work has long been recognised. Foucault (1970/2003) states that the first criteria for determining madness is when one is unfit for work and suggests this is still relevant to present times. However, more recently a policy change has seen the relationship between mental health and employment revised with an emphasis on users of mental health services returning to work.

To understand the relationship between welfare and mental health we must trace back to early English poor relief. A law of 1388 saw the development of a categorical system in which the ability to work was a criterion that determined whether people would be placed in primary work-based system or a secondary need-based system (Stone, 1984). Within this law the notion of deception was introduced and local officials were expected to distinguish between those who were able to work and those unable to work (Stone, 1984). This method of distinguishing is particularly relevant to current media constructions of "fake" disability benefit claimants and is reflected in the two-tier system of ESA in which people are either considered sick but able to work hence undeserving, or too unwell to work and deserving of benefits (Bambra, 2008). The notion of distinguishing those who are able to work from those that aren't was also apparent in the Personal Capability Assessment (PCA) introduced in the mid-1990's to determine eligibility for Incapacity Benefits and has continued through the reformed WCA process (Barnes & Sissons, 2013). This binary distinction has been criticised, with Barnes and

Sissons (2013) arguing that multiple groups can be identified amongst disability claimants in regard to their attachment to the labour market.

The Poor Law 1601. The Elizabethan Poor Law (1601) was a refinement and elaboration of the principles outlined in the 1388 law. It was a national act for England and Wales which provided a compulsory poor rate, identified people to oversee relief, and aimed to set the poor to work (Spicker, 2015). The Poor Law (1601) enabled parishes to build work houses, putting the poor to work (Spicker, 2015). The theme of setting the poor to work has been debated in parliament ever since the Tudor times (Jones, 2000). The relationship between poverty and work continues to be debated in current welfare policy with the DWP (2007a) claiming that work is the main route out of poverty for all groups in society. This claim that work is the main route out of poverty suggests that one can straightforwardly move out of a position of poverty if they were to find work, and fails to account for the reality of in-work poverty.

Poor relief developed out of fourteenth century laws to manage vagrants who were viewed a major social problem, and often assumed to be idle, irresponsible, criminal, and disrespectful to authority (Stone, 1984). Of interest here is the way in which the characteristics of a vagrant were outlined as problematic, drawing attention away from the idea that the way society is organised may be the problem. Stone (1984) reflects on how particular social groups, vagrants in this case of The Poor Law (1601), are always viewed as the cause of whatever social problem is under discussion. Tyler (2013) suggests public anxieties and hostilities are channelled towards particular groups including the unemployed, welfare recipients and migrants as a method for gaining public consent to legitimise economic measures and governmental responses.

Between 1500 and 1700 England saw dramatic population growth and the transition from a feudal social order to capitalist agriculture and industry (Stone, 1984). At this time there was also an increase in vagrancy which was thought to be associated with the transition to capitalist agriculture and industry (Stone, 1984). The phenomenon of begging saw an array of theories identifying the cause of the problem in the personality of the beggar; with beggars being viewed as deceptive and often described as feigning illness or disability (Stone, 1984). Stone suggests there was a strong association between deception and disability prior to disability being recognised as a distinct category, and consequently the public consciousness was embedded with the idea of the possibility of deception. Stone claims the association between deception and disability led to development of a mechanism for distinguishing the genuine from the artificial when the category of disability was developed. If we are to consider the historical association with present day processes, the transition from Incapacity Benefit to ESA is based on an argument that Incapacity Benefit was not being provided to the "genuinely" sick or impaired people (Grover & Piggott, 2010) and Peter Hain (2007-2008) the secretary of state for work and pensions stated that the revised WCA process was intended to tackle "sick-note Britain" through assessment of what people can do rather than what they cannot do (UK Parliament. Record of proceedings, November 19, 2007, para. 8).

In terms of assessment of an individual's condition Turner (2012) suggested the Old Poor Law's relief for the sick and impaired frequently took account of individual circumstances and as many claimants would have personally known the overseers, greater trust was placed in claimants own assessments of their conditions, although overseers were cautious of vagrants who were not local. Traditionally GP's (General Practitioners)

have acted as gatekeepers to Incapacity Benefit, but the WCA saw this responsibility diminish for GP's. GP's were criticised for only being concerned with whether their patient was sick, not whether their patient could return to work, and it was suggested that GP's needed to embrace the idea that work is good for you (House of Commons Work and Pensions Committee, 2006). This suggests GP's were viewed as complicit in keeping "work fit" people out of work and emphasises the discourse of deception by claimants.

In 1607, associated with the 1601 Poor Law, the development of houses of correction in each county took place, where work could be forced on the idle and vagabonds (Bloy, 2002). Foucault (1964/2001) viewed this as a response to industrialisation and large establishments were built in England and France in which all those unable to work were confined; the mad, the unemployed, the sick and the elderly. Prior to the Lunacy Act (1890) private madhouses did exist but poor 'lunatics' were dealt with under poor laws, vagrancy laws or criminal laws, and therefore were likely to be contained in the workhouses or houses of correction ("Mental health", n.d.). Houses of correction were expected to have trades, workshops, and factories running to ensure the residents had work and to contribute towards their upkeep (Foucault, 1964/2001). There was no therapeutic intervention in these establishments; instead everyone was subjected to forced labour (Foucault, 1970/2003). Foucault (1970/2003) saw it as an irony that work therapy is frequently practised in modern psychiatric hospitals with the logic being that if incapacity for work is the first criteria for madness, one has to teach the patients to work to cure them of their madness.

Throughout Europe confinement was seen as the answer to the economic crisis of the seventeenth century. During periods of unemployment those perceived as idle,

including the mad, were confined and this protected against possible uprisings (Foucault, 1964/2001). The confined were expected to be productive, with records being kept of the value of the work (Foucault, 1964/2001). Foucault (1964/2001) suggested the relationship between confinement and labour was determined by relaxed morals, with labour being an exercise in moral reform and constraint. Labour continues to be related to moral reform, with government rhetoric presenting unemployment as a moral problem, suggesting a lack of work ethic and emphasising individual responsibility for unemployment (Cole, 2008). Confinement was specific to the seventeenth century and saw new meanings assigned to poverty, an obligation to work and ethical values linked to labour, which influenced the course of madness (Foucault, 1964/2001).

Workhouses. Towards the end of the seventeenth century workhouses began to open in England, continuing to confine the mad (Foucault, 1964/2001). Confinement was not about curing the sick but a condemnation of idleness, with the creation of the Hospital General in France aimed at preventing idleness and begging; viewed as the source of all disorders (Foucault, 1964/2001). For the unemployed person there was an implicit obligation in which the physical and moral constraint of confinement was accepted in order to be fed (Foucault, 1964/2001). The discourse of "idle shirkers" continues to be a social stereotype of welfare claimants (Romano, 2015). Traditionally these representations were used by governments to punish and confine the poor whereas now they are used to legitimise welfare retrenchment (Romano, 2015). An analysis of media coverage of benefits in national newspapers from 1995 to 2011 has demonstrated how the language and content of the coverage changes over time, more recently emphasising a lack of reciprocity and effort on the part of the benefit claimant (Baumberg et al., 2012).

This suggests that the view of unemployment as a moral problem continues in society currently, placing responsibility in the individual.

Although the mad were included in the condemnation of idleness during the eighteenth century a split emerged between the mad and those defined as abnormal in society (Foucault, 1964/2001). Madness began to be observed as a form of control. Tuke and Pinel are said to have freed the mad from the houses of confinement in favour of "scientifically" based treatments in the asylums (Gutting, 2005), however, Foucault (1964/2001) suggests this work had moral and religious motivations, as the mad were monitored for deviations from conventional behaviour and this was viewed as a way of making people feel morally responsible for their behaviour that may disturb society. This moral discourse prevails through current welfare reform policy, with the unemployed person being considered responsible for their own situation (Mooney, 2011). Those out of work due to mental health problems are positioned as responsible for their own situation which legitimises interventions that are aimed at achieving characteristics (e.g. motivation and the right attitude) that are said to increase employability (Friedli & Stearn, 2015).

Foucault viewed the asylum as moral imprisonment, emphasising the values of family and work. A work ethic was enforced as a fundamental moral principle. The intention of these institutions was towards an ethical consciousness of labour. Resistance to work was viewed as a transgression against bourgeois society, and was not excusable even by madness, and deserving of punishment (Foucault, 1964/2001). Family and work continue to be central to the strategy of new forms of control, with government policies attempting to reassert control over personal conduct embodied within notions of paid

work and stable family life (Rose, 1999a). Welfare reform has seen the management of the conduct of the poorest and most underprivileged intensified and assistance from the state no longer a right but conditional on demonstration of moral improvement (Rose, 1999a). In political spheres welfare recipients are constructed as lacking a work ethic and threatening the economic and moral wellbeing of society (Gunders, 2012), which allows them be viewed as a group that needs controlling through policies.

The Poor Law 1834. The 1834 Poor Law had a significant impact on welfare provision in the UK, both in the organisation and administration of welfare but also in regard to ideas around deservingness of welfare recipients and eligibility to welfare (Carabine, 2001). The Poor Law reform of 1834 was thought to be founded on the dilemma of distinguishing those who cannot work from those who will not work, and introduced three new principles: uniformity in welfare administration across the nation, no assistance outside of the workhouse, and deterrence as the basis for setting the level of benefits (Stone, 1984). Patrick (2012b) suggests the Poor Law (1834) reinforced divisions between the deserving and undeserving poor, by emphasizing the responsibility for citizens to work.

The purpose of the law was viewed as discouraging welfare dependency and to encourage a sense of moral responsibility (Cochrane, 1998). Despite workhouse existing long before 1834, one principle of the law was that relief would only be provided to those who were willing to enter the workhouse and abide by the rules (Stone, 1984). The aim was for life in the workhouse to be less comfortable than life on the lowest wage and to drive the poor into employment (Midwinter, 1994). This principle of less eligibility demonstrated the states minimalist approach to welfare and the importance of work and

consumption for full citizenship rights (Warren, 2005). The principle of less eligibility continues to be apparent in current welfare reform through the reduction of welfare benefits, conditionality, and the implementation of a welfare cap to ensure that people in work are rewarded whilst those out of work are not (Osborne & Smith, 2013). This draws a moral distinction between those in work who are viewed as doing the right thing whilst those out of work are viewed as in the wrong, and takes little account of wider economic and social factors that may affect a person's ability to work.

The Poor Law (1834) saw the workhouses developing categories of the poor; the sick, the insane, children, and the old and infirm, and if a person did not fall into one of these categories they were considered 'able-bodied' by default (Stone, 1984). Stone suggests this strategy of definition, able-bodied by default, continues to be the basis of current programs for people with disabilities. The WCA process replicates this notion of able-bodied by default, with claimants having to provide evidence from professionals and potentially undertaking a medical assessment in order to prove their entitlement to benefits. The onus is on the individual to prove their entitlement to the WCA assessor.

Within the workhouses, up until 1871, the insane unlike any other category were subject to detention against their will (Stone, 1984). The Lunacy Commissioners and the 1828 Lunacy Act had attempted to certify the 'insane' and build asylums, but the authorities refused and the insane remained in the workhouses (Midwinter, 1994). During the seventeenth and eighteenth centuries insanity was often viewed as a lack of reason. As the medical profession began to gain control over the treatment of insanity in the nineteenth century they were asked to make judgements of insanity for official purposes and could decide who would enter the asylum and who would enter the

workhouses (Stone, 1984). Those entering the asylum were presumably worthy of further study as they were perceived as having an illness requiring a cure, whereas those entering the workhouse would have been viewed as needing to develop a sense of moral responsibility. The intellectual controversies over how to define mental health problems in the nineteenth century are similar to the controversies faced in present times (Stone, 1984), with this being apparent in the WCA which has been criticised for its inadequacy in assessing individual's with mental health problems work capability (Litchfield, 2013).

The medicalisation of madness. Foucault suggested the speed of industrial development in the nineteenth century saw the unemployed viewed as a reserve army of labour power, so those who were able to work were allowed to leave the establishments whilst those who were unwilling or unable to work, namely the mad, remained in the establishments and began to be viewed as patients "whose troubles had characterological or psychological causes" (Foucault, 1970/2003, p. 375). This led to new rules on moral culpability for the mad, dividing madness from criminality and new rules under which blame or intent could be assumed (O'Brien & Penna, 1998). Institutions became psychiatric hospitals, confining those who would not work for non-physical reasons, with mental disorders becoming the object of medicine and psychiatry was born (Foucault, 1970/2003). Medical doctors became essential figures within the institutions (Foucault, 1964/2001). Foucault claimed that doctors did not have authority through their medical knowledge but through wisdom, with their role being to instil social and moral order. Doctors represented the moral demands of society (Gutting, 2005). This is of importance given that medical certification has now become one of the major paths to welfare in the modern state (Stone, 1984).

As madness became increasingly medicalised and an important category of medical discourse, it also became an important object of the 'psy' knowledge and professions (O'Brien & Penna, 1998). The medicalisation of distress appears to be very powerful with service users and professionals, whilst social approaches to understanding mental health are less well advocated. Social approaches allow broader factors to be taken into account to counter the individualisation of mental health problems. The medicalisation of misery is considered a form of social control that bolsters and maintains certain social systems (Conrad, 1992).

Foucault (1970/2003) saw the medicalisation of the mad man taking place for social and economic reasons, with the mad as an "avatar of our capitalist societies" (p. 376). The emergence of madness as a social problem targeted by the state and professionals was part of an epistemic shift in systems of knowledge and control (O'Brien & Penna, 1998). Foucault (1975/1995) viewed the state as deploying disciplinary power, what he referred to as "a subtle, calculated technology of subjugation" (p. 221). Agencies, such as psychiatric asylums, hospitals and prisons, were viewed as governing the conduct of groups of individuals through acting on the possibilities of action (Foucault, 1975/1995).

The incarceration of the mad defined to others who can be excluded as mad, how, and on what grounds (O'Brien & Penna, 1998) thus setting the norms by which society have to abide by, including work norms. Although many professionals working within the psy professions may refute Foucault's claims that these agencies govern the conduct of particular groups for social and economic reasons, it could be suggested that the recent inclusion of psychologists, Cognitive Behavioural Therapists and psychological theory in

the Work Programme approach and Job Centres suggests these professions are playing a

role in attempting to influence individuals' behaviour for economic reasons.

The "psy" disciplines, psychiatry and psychology, began examining the abnormal

in to order to devise "norms", whilst claiming to be able to normalise people who step

outside the norms (Rose, 1998). It is for this reason that the psy disciplines can be viewed

as agents of social control, for example many psychologists may not view their role as

one of effecting social change but that of influencing the individual so they can conform

to the norms of society, which may in fact perpetuate social injustice. Foucault claims

that the psy disciplines emerged in order to support governments to control large

populations who have the potential to rebel (Gutting, 2005). Parker (2007) argues that

psychology was organised around ensuring individual members of the population would

work efficiently to produce profit for those that have employed them. With those that do

not fit the normative model of how humans should develop and behave given special

attention and treatment. Parker suggests that psychology aims to enable people to lead

productive lives within the present-day political-economic systems that are based on

competition and profit.

Gutting (2005) sees the modern therapeutic view of madness as a sharp break

from the classical view, with the mad being returned to their human community but

within that community considered moral offenders (violators of social norms) who need

to reform their attitudes and behaviour. Although asylums were a practice of exclusion;

excluding the person from citizenship rights and entitlements (O'Brien & Penna, 1998),

more recently we have seen the duty to work extended to the responsibility of all citizens

(Patrick, 2012b) including those with mental health problems. Welfare reform between

1997 and 2010 has been based on the rhetoric of "no rights without responsibilities" and attempted to increase labour market participation for people with disabilities in an attempt to reduce welfare expenditure (Owen & Harris, 2012, para. 1).

The Welfare State. The introduction of the National Insurance Act (1911) saw an emphasis on collective welfare rights in Britain ("The Welfare State", n.d). The National Insurance Act meant manual workers had a right to relief when out of work due to sickness, on the basis of making regular national insurance contributions (Cochrane, 1998). Ditch viewed the National Insurance Scheme as similar to the Poor Law, as it determined who was deserving through moral judgement, with three million claims refused in the 1920's as the claimants were considered to not be genuinely seeking work (as cited in Loney et al., 1991, p. 37). Many psychiatric patients were excluded from the National Insurance Act (1911) as they continued to live in the asylums, but the dominance of the asylums began to wane from the 1930's onwards. Warren (2005) claims that disabled people found themselves more excluded from employment during the 1930's compared to a century before, as welfare provision marginalised all non-workers and wasn't showing signs of change until the Second World War changed the social and economic landscape of Britain.

The Beveridge report (1942) formed the basis of post-war reform, proposing the provision of social insurance from cradle to grave, and was viewed as the beginning of the welfare state. Beveridge (1942) viewed social insurance as an attack against the five giants: want, disease, squalor, ignorance and idleness. Idleness continues to be one of the most frequently discussed stereotyped representations of welfare claimants in Britain and suggests poverty arises from individual negligence (Romano, 2015). Beveridge (1942)

saw social security as cooperation between the state and the individual but did not want

social security to stifle incentive, opportunity and responsibility. Personal responsibility

continues to be a dominant political issue in recent welfare reform with many politicians

emphasising a balance between rights and responsibilities (Cameron, 2010). Owen and

Harris (2012) argue that the emphasis on no rights without responsibilities is influenced

by neoliberalism, an ideology and model that emphasises free market competition,

making labour market participation essential for all.

Beveridge (1942) aimed to improve social insurance by extending it to cover

those excluded (unemployed, sick, old or widowed) and by raising the rate of benefit;

however the plan had an emphasis on work and earnings, such as establishing

comprehensive health and rehabilitation services (NHS) aimed at maintaining

employment and avoiding mass unemployment. Mass unemployment was viewed as

demoralising to the fit, giving the sick no incentive to get well, preventing the partially

disabled from a happy and useful career, wasting labour resources, and placing a strain on

insurance schemes (Jones, 2000).

These dominant constructions of unemployment continue to prevail in current

political discourse with Iain Duncan Smith, the secretary of state for work and pensions

(2010-2015), describing sickness benefits as a damaging process that acts as a

disincentive to work, reducing opportunity and encouraging people to fall into a life of

dependency. He described too many sick and disabled people "languishing" in a life

without work, claiming work is possible for them (Reform, 2015). Constructing sickness

benefits in this way is a method of convincing the public that there are a group of

undeserving welfare claimants who need to be supported back in to employment through welfare reform and social policy.

Beveridge (1942) introduced the concept of further training for those that find themselves out of work, emphasising the need for people to find 'new livelihoods' and constructing unemployment as a temporary situation. The Beveridge report paid special attention to insurance against disability but this was only proposed for those who would have lost earnings as a result of their difficulties and benefits would only be paid if the disability lasted longer than 13 weeks. Beveridge (1942) did not think the state should take the burden of insurance for those in prolonged unemployment or with a prolonged disability as he believed providing benefits to the "idle", however caused, was not financially viable. Beveridge's view echoes current political rhetoric around idle scroungers, with conditions being attached to the receipt of welfare benefits, and work-related conditions being extended to those with mental health problems and disabilities (Patrick, Mead, Gregg & Seebohm, 2011). Current policies also appear to construct unemployment as a temporary situation.

An assumption of the Beveridge report was that very few people would fall through the insurance-based-safety-net (Cochrane, 1998). However, Beveridge realised that some people would never be in a position to contribute towards the insurance scheme, and proposed the state will give assistance to those in need, but subject to a means test to establish their physical status and how those in receipt of benefit are using their time. Resonating with current political narratives Beveridge (1942) suggested there was a danger in providing people with benefits for an indefinite duration claiming that recipients would adjust to this position. He viewed the role of the state as enforcing

citizens to seek all reasonable opportunities to work, to save them from habituation to idleness. The use of training and work centres for the unemployed was also seen as a way for unmasking suspected malingerers. Beveridge hoped to ensure a genuine test of unemployment in order to make it easier to judge whether people are actively seeking employment and to penalise them if they are not (Cochrane, 1998), highlighting how the welfare state acts as a form of surveillance and regulation (Pilgrim, 2012).

In response to high disability benefit payments Beveridge (1942) emphasised prevention of chronic disability through research into its causes and intensified treatment; which was dependent on adequate development of medical services. Beveridge suggested the primary interest was to develop a health service which diminished disease through prevention and cure, and ensured the careful certification required to control the payment of benefits; emphasising the rights and responsibility narrative which is evident in today's welfare policies. Beveridge saw it as the responsibility of the health department and departments concerned with employment to work together to rehabilitate disabled persons to a state of being "producers and earners", until maximum earning capacity is restored, irrespective of the cause of disability. Foucault (1977/2003) saw the health service developing out of the same thinking behind the Poor Law; aimed at controlling the needy social classes. The control of health was viewed as a way of making people fit for labour and less dangerous to the wealthy classes (Foucault, 1977/2003). Similarly, O'Hara (2014) views the welfare reform since 2007 as disproportionality affecting the most vulnerable in society whilst leaving the well-off unscathed.

Rose and Miller (1991) saw the welfare state as a new mode of governing the economic, personal and social lives of citizens. This mode of government embodied

certain political principles and ideals which are based upon a particular notion of society and its citizens (Rose & Miller, 1991). Rose and Miller view the contractual language of Beveridge's report as "responsibilizing" with insurance introducing a contract between the individual and society with a mutual obligation in which both have rights and duties and a mutual inter-dependency (p. 28). Insurance was not just aimed at reducing hardship and want; it ensured whether working or not that citizens were in effect employees of society. The vocabulary of insurance and the technique of contribution were viewed as ways of encouraging the citizen to be aware of the difference between earned and unearned benefits, and teach lessons of contractual obligation, thrift and responsibility (Rose & Miller, 1991). The significance of work for public order was as important as its economic function, as work has a capacity to encourage people to abide by routines and adhere to expectations, having a moralising effect (Rose, 1999b). Piven and Cloward (1993) view welfare provision as a method of regulating the political and economic behaviour of the poor, suggesting that welfare is expanded during times of social unrest and contracted when political stability has been restored.

Curtailment of the welfare state. The failure of the welfare state was a popular theme in the 1960's (Jones, 2000). The economic difficulties of the 1960's saw sterling devalued and public expenditure cuts being made. A lowered birth rate and increased proportion of older people meant fewer economically active people, and no government was prepared to expand social services further (Jones, 2000). In the mid 1970's the political rights aims were to reduce fiscal burden and the re-commodification of welfare structures (Pilgrim, 2012). The Conservative Government would reduce welfare spending and emphasise the value of self-help and private enterprise over that of community and social concern (Jones, 2000). Mutual aid and collective action was demonised, and

welfare seen as an activity of an overbearing "nanny state" (Nightingale & Cromby, 2001, p. 2). This was a clear message that collectivity and true welfare we're a thing of the past; people were now on their own (Nightingale & Cromby, 2001).

Within the 1970's social policy reorganisation saw Invalidity Benefit and Invalidity Allowance introduced, providing an income to those who had left employment due to sickness or disability, but only for those who had sufficient national insurance contributions (Burchardt, 1999). For those without national insurance contributions an equivalent benefit was developed (Non-Contributory Invalidity Pension), but paid at a much lower level. This was replaced with Severe Disablement Allowance in 1984, though still at a much lower level than its equivalent (Burchardt, 1999). The lower level benefits for those who were economically inactive resonates with the concept of less eligibility from the 1834 Poor Law; suggestive of a minimalist approach to welfare to drive the poor into work.

This minimalist approach to welfare in the 1970's also resonates with the rhetoric of "dependency culture" that is frequently referred to in current policy debates. The secretary of state for work and pensions claims that work has to be at the centre of welfare reform in order to reduce dependency (Smith, 2014). Smith (2014) sees welfare reform as improving peoples' lives through influencing the choices people make and supporting a journey from dependency to independence. This characterisation of life on benefits as a lifestyle choice has been criticised (Patrick, 2012a) and can be viewed as a method of gaining public support to legitimise welfare reform.

Poverty framed as an individual failing. Neoliberalism, economic liberalism associated with the economic policies of Margaret Thatcher, has seen the deregulation of welfare services, the privatisation of services and the fragmentation of collective life (Parker, 2007). Neoliberalism views success as a result of hard work and poverty as a result of laziness. The emergence of neoliberalism and the shrinking of the welfare state has seen an emphasis of a belief that individuals should be empowered to take control of their lives, and consequently circumstances that were once viewed as a social responsibility or a failure of the state, such as poverty, illness, and unemployment, are now viewed as the responsibility of the individual (Galvin, 2002).

Thatcher viewed the root cause of contemporary social problems as the "state had been doing too much" and increasing dependency (as cited in Jones & Lowe, 2002, p. 53). Thatcher was infamous for denying such a thing as society and justified this through claiming that individuals were accountable for their actions and must behave as so (Jones & Lowe, 2002); suggesting poverty is an individual failing rather than a social problem. She made reference to the distinction between the deserving and undeserving poor and claimed these groups should be provided different types of help as to not reinforce a dependency culture. Thatcher identified two groups; those who have genuinely fallen into difficulties and those who have lost the will or habit of work (Jones & Lowe, 2002). During this period it became popular to describe the poor as a single class of "layabouts" and "scroungers" (Jones, 2000).

The rhetoric of scroungers prevails in current welfare reform talk and Weatherhead (2014) views this as a way to convince the public that people are not deserving of benefits. Speed (2013) suggests rhetoric such as 'scroungers' is used to

morally justify the changes to welfare provisions, further marginalising those who may already be marginalised. Current welfare policies marginalise structural aspects of unemployment and poverty and transform them into individual pathologies of worklessness and benefit dependency (Wiggan, 2012). Increased conditionality for benefits and economic rationality are therefore seen as solutions to Britain's supposedly broken society (Wiggan, 2012). Social security is no longer viewed as a form of collective protection that ameliorates risks or compensates individuals for unequal distribution of resources and opportunities within society (Wiggan, 2012).

The psychology professions emphasis on the individual, defining how people should be, and labelling particular individuals as failing, could be viewed as ratifying the neoliberal system and individual responsibility. Despite many psychologists viewing psychology as politically neutral, rarely does the profession question the way society and resources are organised and the role of exploitation and oppression.

Incapacity Benefit and hidden unemployment. The 1985 a Social Security Review was instigated by the scale of the social security system, and aimed to remove people from social security benefits and support them into employment (Jones & Lowe, 2002). The large number of people on Incapacity Benefit in the UK during this period had been characterised as an employment problem, including lack of skill, low motivation and disengagement for the labour market, and continues to be framed in this way in current welfare reform (Beatty & Fothergill, 2010). Beatty and Fothergill (2010) claim that the continued rise in incapacity claimants cannot be explained in health terms alone, with the increase in incapacity claimants coinciding with problems in the UK labour market between the mid-1970's through to the 1990's.

The structural reform of UK industry in the 1980's had corresponded with an increase in the number of people claiming invalidity or Incapacity Benefit; trebling between 1979 and 2007 (Williams, 2010). It is suggested that the increase in people claiming Incapacity Benefit may be a way in which labour markets have adjusted to the loss of jobs from industrial areas in the 1980's and early 1990's (Beatty& Fothergill, 1996). The UK's industrial areas were severely hit with job loses with the disappearance of employers in the coal, steel, ship building and engineering industry. Incapacity has been claimed to be a form of hidden unemployment as incapacity claimants are not spread equally across the country and high numbers of incapacity claimants can be found in post-industrial regions (Beatty & Fothergill, 2010). Beatty and Fothergill (2010) claimed that incapacity benefits was often more generous than unemployment benefits and acted as an incentive, for those made redundant with health problems, to claim incapacity benefit.

Osborne, the Chancellor of the Exchequer (2010-present), has commented on the norm not to work in certain geographical areas, suggesting people choose to become welfare dependent and suggesting this choice can become deeply entrenched and passed on through generations. He claims that placing people on disability benefit was a method of reducing unemployment figures and denied people the opportunity to work (HM Treasury, 2013). Osborne's comments suggest people choose to become dependent on welfare, and fails to acknowledge the role of the labour market in incapacity claims. Framing incapacity as denied opportunities suggests people are capable of and able to find employment.

Williams (2010) views the relationship between non-employment and ill health as complex and unlikely to be amenable to political solutions, with many of the political solutions being based on the problem of individual motivation and suggestive of a clear pathway from welfare to work. Williams (2010) criticises the government's current welfare reform for de-historicizing the analysis of the cause of incapacity, individualising the solutions and generalising these to whole communities. The implications for those claiming incapacity benefits are that they are expected to exchange the stability and security of welfare benefits for the precariousness and insecurity in a highly de-regulated job market, with little improvement in economic circumstances (Williams, 2010).

The employment of people with disabilities. The Disabled Persons Employment Act of 1944 saw the provision of vocational training courses and industrial rehabilitation courses for disabled people (physically and mentally) over the age of 16; to render them "fit and competent" to undertake employment (Jones, 2000). Disabled people's names would be kept on a register and they would be supported to find employment, with it becoming a duty for employers to provide employment to the disabled. This legislation saw disabled people move from being viewed as unemployable to the employable (Stone, 1984). Within these legislations there is no room for unproductive citizens, and we see this narrative prevail through recent welfare reforms with the secretary of state (Smith, 2014) suggesting we should "hate the idea of people with unfulfilled potential languishing on benefits" (para. 5) claiming that people find themselves locked in a benefits system which acts as no incentive to find employment.

Bambra and Smith (2010) view the Disabled Persons Employment Act (1944) and The Disability Discrimination Act (1995) as the first passive phase of public policy

towards the employment of people with disability or chronic illness. The Disability

Discrimination Act (1995) made it unlawful to discriminate against people because of

disabilities. Whilst recognising the role of discrimination in the workplace and the need

for adjustments to be made, the Act also required the individual to establish the nature

and severity of their impairment; indicating a medical model of disability through

focusing on individual deficit (Morris, 2011).

Since the mid-1990's welfare reform has seen disabled people finding their

eligibility for unconditional welfare benefits reassessed (Deacon & Patrick, 2011). In

1995, Invalidity Benefit was replaced with Incapacity Benefit, and had tougher eligibility

criteria (Burchardt, 1999), suggesting that the intention was to exclude certain people

from claiming benefits. The Personal Capability Assessment (PCA) was introduced as an

objective and impartial assessment of functional limitation and entitlement to long-term

sickness benefit (DWP, 2006a). The PCA was a points based system which measured

limitations of physical and mental health functions, and went on to become the WCA.

The PCA was criticised for being based on whether there is any work the claimant could

perform, regardless of the likelihood of getting a job and its suitability (Burchardt, 1999).

A more active approach towards the employment of people with disabilities was

seen in the 1997 Labour Government social security reform agenda. This was based on

"work for those who can, security for those that cannot" and predicated on assessments,

rules and sanctions to distinguish the deserving from the undeserving (Morris, 2011, p.

7). In 1997 the Labour Government announced that the New Deal programme would be

extended to include people with disabilities and support them to move from benefits to

work with assistance from a personal advisor. The intervention was supply-side focused

and the programme was voluntary for disabled people, whilst mandatory for other groups such as single parents. Morris (2011) viewed both Labour and the Coalition Government taking a progressive stance assuming that the majority of disabled people can and want to work. The government emphasised that "everyone should have the right to work" and suggested GP's had a responsibility to avoid people accessing long-term sickness benefits, and assist people to remain in work or return to work at the earliest opportunity (DWP, 2006a, p. 9).

Reducing social exclusion. In 2003 the Labour Government continued with its passive approach to increasing the employment of disabled people, particularly those with mental health problems. The Labour Government worked with the Social Exclusion Unit to specifically focus on a vision that those with mental health problems would have the same opportunities to work and participate in the community as any other citizen (Social Exclusion Unit, 2004).

The policy framed people experiencing mental problems as being excluded from work whilst also beginning to make reference to the idea that people may choose to remain on benefits for financial reasons. The policy asked what could be done to enable adults with mental health difficulties to enter into and retain employment (Social Exclusion Unit, 2004). The report spoke of the impact of social exclusion on society, in particular the cost to the country, and the cycle of deprivation passed from one generation to the next. It was claimed that many people experiencing mental health problems wanted to work but were denied the opportunity to do so due to stigma and discrimination, employment not being viewed as a key objective for people with mental health problems, and lack of on-going support to enable people to work.

The report suggested people with mental health difficulties may be inclined to continue claiming benefits as they may not view themselves as being financially better off in work. This could be suggesting the welfare system is too overly generous or work is low paid, but fundamentally that people make a choice to remain out of work. Burchardt's (2003) calculations indicate that if incapacity benefit was intended to insure against loss of earnings this function is not being fulfilled.

The Disabilities Discrimination Act 1995 and the Pathways to Work Programme (a mandatory programme to assist incapacity benefit claimants into work) were viewed as contributing towards the tackling of social exclusion. The Pathways to Work Programme offered an incentive of £40 per week return to work credit (Social Exclusion Unit, 2004) which was presumably to tackle the disincentive of either an overly generous welfare system or low paid work.

Language used in the Social Exclusion report suggested there was some tolerance of people who may not work and have other aspirations, and an understanding that moving from benefits to paid work must involve a transition period.

Welfare Reform 2007. Freud (2007) comments on how the balance between active and passive policies for welfare and unemployment have ebbed and flowed since the development of the welfare state. He suggests governments in the past have been reluctant to engage with those individuals furthest from the labour market, but claims the evidence is overwhelming; that employment is beneficial for individuals and their families. Moloney (2013) suggests it's a recurring theme in western culture that

employment holds a central place in the lives of most people, through providing an income but also through purpose and status, but not recognising how low pay, insecure employment, and limited control over the work role can be as damaging for mental health as being employed.

The Labour Government outlined its intention to develop a more detailed work-focused health-related assessment (WCA) as part of the transition of claimants from Incapacity Benefit to ESA. The WCA intended to focus on residual functioning but also the individual's "approach and attitude to returning to work", their "motivation, their aspirations for returning to work, their self-confidence, and their perceptions about the health-related and psychological barriers facing them in relation to returning to work" (DWP, 2006a, p. 19), emphasising individual factors as hampering one's ability to find employment.

The Labour Government saw the title 'incapacity benefit' as reinforcing the view that people are incapable of working and benefits trapping people on a lifetime of dependency, and proposed the introduction of ESA would simplify the current system (DWP, 2006b). The government claimed that those with the most severe health conditions and disabilities would have their benefits paid without conditionality and should receive an increase in benefits (DWP, 2006b); presumably these were people that were entered into the Support Group who were not obliged to look for employment. The introduction of ESA has been viewed as the most radical of the welfare reforms with fewer claimants being exempt from WCA compared to PCA, and most claimants expected to be able to prepare to return to work (Barnes & Sissons, 2013).

Freud (2007) recommended that the government makes a commitment to rights and responsibilities as a central feature of welfare policy, suggesting that in return for more support for employment the state should expect more work-related activity from those on benefits. Central to the welfare reform has been the government rhetoric claiming a culture of dependency. The Chancellor of the Exchequer (2010 - current), George Osborne, referred to people as "sleeping off a life on benefits" (Osborne, 2012), whilst Iain Duncan Smith, the secretary of state for work and pensions (2010 - 2016), claimed that the budget deficit was related to too many people choosing a life on benefits over work, and the ability to remain on benefits unchallenged (Smith, 2012). He described a cultural challenge of intergenerational worklessness and welfare dependency, and people within the welfare system needing to be on a journey from dependence to independence, whilst making reference to a culture in which people were able to languish on sickness benefits.

Bambra and Smith (2010) suggest the transition from incapacity benefit to ESA represents a change from welfare to workfare and a re-emergence of labour discipline, with the introduction of conditionality of welfare overriding the previous voluntary nature of participation in employment interventions. This has seen a shift in political language and policy documents framing these changes as a way of empowering people and reengaging those who have been excluded (Bambra & Smith, 2010). However, Bambra and Smith propose that the division of ESA into a two tier system, the WRAG and Support Group, is tied to notions of 'deserving' and 'undeserving'. They suggest the reforms represent a political discourse that dictates that certain illnesses or disabilities are less deserving of unconditional welfare support. Stone (1984) highlights how the construction of disability has been an important feature of the welfare state, as the state

determines the injuries, diseases and incapacities people identified as non-disabled have to endure. Bambra and Smith (2010) suggest the influence of the deserving and undeserving dichotomy, and the modification of what is considered incapacity may impact on the stigma attached to claims; in particular those based on mental health conditions.

Specific attention was paid to mental health service users in May 2009 when the government commissioned a review on mental health and employment, focusing on how they could support mental health service users who are out of work to "fulfil their employment ambitions" (p.10) and claiming that employment is central to our society and the lives of most people (Perkins, Farmer & Litchfield, 2009). The report claims "appallingly high levels of worklessness" (p.6) in those experiencing mental health difficulties and "enforced inactivity" (p.6) having personal, social and economic consequences. It was suggested that worklessness "robs people of their identity, status, social networks and a sense of purpose" (p.6) and there is help available to assist people to realise their ambitions yet this support is not being provided. The report refers to young out of work mental health service users not contributing as equal citizens in society due to their employment status (Perkins, Farmer & Litchfield, 2009). Friedli and Stearn (2013) highlight how worklessness is viewed as a harmful attribute, linked to debility and dependency. Increasingly unemployment has been viewed as a psychological deficit and work preparation activities have focused on work-appropriate attitudes and beliefs (Friedli & Stearn, 2015)

Psychology's involvement in welfare to workfare

The number of incapacity benefit claimants had trebled between the late 1970's and mid 1990's and the characteristics of claimants changed, with a third of new claimants citing mental health reasons as the primary cause (DWP, 2006b). Most commonly reported was mild to moderate anxiety and depression which the Labour Government suggested were amenable to therapeutic interventions. In 2006 The Centre for Economic Performance's Mental Health Policy Group produced *The depression report: a new deal for depression and anxiety disorders,* which recommended the use of evidence-based psychological therapies to target people who are depressed and anxious as often they are out of work, on incapacity benefit and an economic cost to society (Layard, 2006). The report claimed that the strongest predictor of unhappiness is prior mental health, discounting poverty playing a role, and suggested half of the people experiencing anxiety and depression could be "cured" through challenging negative thinking and building upon the positive side of one's personality and circumstances. The Improving Access to Psychological Therapies (IAPT) was evidently employment driven; including regular collection of data from participants on their employment status, benefit status and sick pay, along with providing employment advice if the individual is not working (National IAPT Programme Team, 2011). Weatherhead (2014) asks whether IAPT services contribute towards the stigmatisation of those out of work, as the service was developed on the premise of people returning to work suggesting that people are not entitled to benefits.

Layard (2006) described work as a major route to recovery for many mental health service users. The claims made by Layard and IAPT have been described as a

naïve view of psychological problems as evidence suggests social and economic factors, including poverty, significantly contribute towards depression and anxiety (Marzillier & Hall, 2009). Marzillier and Hall suggest people are likely to be responding to the realities of stressful and difficult lives and Moloney (2013) highlights how Cognitive Behavioural Therapy (CBT) literature, the therapy approach primarily utilised within IAPT, pays scant attention to issues such as social inequality and exploitation. Moloney (2013) asks whether the trend in increased mental health problems represents an increase in psychological problems or a disenfranchised workforce resorting to illness language to express their objections and escape the pressures of daily work. IAPT identified that employed IAPT service users who were referred to an employment advisor had worse mental health than service users who did not see an employment advisor, suggesting that it's likely that this group had more significant problems at work (Hogarth et al, 2013). This finding could suggest that work was a contributory factor towards an individual's distress.

Pilgrim (2012) views clinical professionals as acting on softer forms of population management, through clinical interventions which enable people to return to socially acceptable functioning. Friedli and Stearn (2013) claim psychological coercion takes place within the Government's workfare schemes, with psychological practitioners being recruited into monitoring, modifying and punishing people who claim social security benefits, and raising ethical questions about psychological authority. With workfare schemes focusing on claimants to change their employment behaviour, participation in psychology focused courses, identification of psychological barriers to employment, and possible referrals to psychologists for non-compliance, psychology is now a feature of the conditionality in the lives of benefit claimants (Friedli & Stearn, 2013). Mandatory

training programmes run by workfare contractors (A4E and Ingeus) encourage individuals to develop the correct mind-set that will appeal to employers, develop assertiveness, develop confidence and motivation, and understand the benefits of work (Friedli & Stearn, 2013). Friedli and Stearn suggest these approaches perpetuate the notions of psychological failure and shift attention away from market failure and in-work poverty.

McClelland (2014) highlights how psychological practitioners are unable to avoid awareness of the real forms of suffering that people experience, for example material disadvantage, yet most therapeutic work focuses on the intra-psychic or interpersonal level with little recognition of toxic environments mediating distress. Williams and Lindley (1996) claim that mental health services do not take into account broader social issues and fail to reflect on the role of power and powerlessness in psychological distress. By ignoring the social context and locating the problem within the individual, this is thought to protect the interests of the privileged (Williams & Lindley, 1996). The separation of the individual from the social world has seen individuals become units of government concern, with problems being located in the individual serving to remove responsibility from society (Parker, Georgaca, Harper, McLaughlin & Stowell-Smith, 1995). Parker et al. (1995) suggests that the notion of the individual as a focus of change is often returned to as society feels too abstract to alter.

Responses to the Work Capability Assessment Process

Independent reviews of the WCA process took place annually for the first five years. The fourth independent review included mental health as an area of particular focus, due to concerns identified by a number of voluntary sector organisations (Litchfield, 2013). The review highlighted fundamental difficulties in the assessment of mental health, and this area requires a greater degree of skill compared to the assessment of many physical conditions due to the unseen nature of the impairment and variability in presentation (Litchfield, 2013). The review indicated assumptions were being made regarding work capability on the basis of diagnosis, and suggested this is stigmatising as "condemning people with mental health problems to a life on benefits is no kindness and inadvertently depriving someone of the opportunity to experience the dignity of work is a tragedy" (p. 70). Contrary to this the Centre for Mental Health, Mind, Rethink, and Royal College of Psychiatrists (2010) described inaccurate WCA assessments resulting in individuals with mental health difficulties being put through work programmes which are not suited to their needs, or denied support tailored to their situation, damaging their confidence and ability to work. The Centre for Mental Health et al. (2010) recommended that the WCA process should take into account how illness and impairment can affect an individual's chances of finding work, including stigma from employers. Evidence indicates that mental health service users experience low rates of employment (Rinaldi, Montebeller & Perkins, 2011) and face barriers to employment including: discriminatory attitudes of employers, ineffective models of support into employment, and low expectations of health professionals (Centre for Mental Health, 2013).

The Citizens Advice Bureau (2009) highlighted a number of problems with the WCA process, including: poor information confusing claimants, delayed transitions between benefits resulting in people struggling to cope financially, exempt individuals being asked to complete unnecessary paperwork and allocated to the incorrect benefit, the sudden loss of benefits due to medical certificates expiring, and a lack of clarity in award letters which claimants find confusing. Citizens Advice advisors also found people allowing their claim to lapse because they were too mentally unwell to manage the stress of dealing with the claim. Their evidence suggested that many individuals' with serious health problems and who did not feel ready for work, supported by evidence from their doctor, were found fit for work and often the first indication of this was through their benefits being stopped.

A further report by the Citizens Advice Bureau (2010), titled 'Not Working', and endorsed by a number of charities, expressed concerns regarding clients who are seriously ill or disabled being assigned to work related activity groups or deemed fit for work, suggesting priority was given to the WCA meeting, over evidence from specialists who work with the service user. The 'Not Working' report (Citizens Advice Bureau, 2010) highlighted poor recognition of mental health problems during WCA. Community Mental Health Team staff expressed concern regarding the number of service users being requested to undertake WCA's, and the impact of the appeal process on service users' mental health. Examples included a service user who was acutely unwell and unable to complete paperwork having their benefits stopped and another individual who was experiencing a manic episode, and had a lack of awareness of their present mental status, being deemed fit to work against the advice of psychiatric staff. Davies (2014) claimed

that the WCA process is not effective or accurate in determining appropriate financial or employment support for people experiencing mental health difficulties.

The Centre for Mental Health et al. (2010) described the WCA process as unfair, anxiety provoking, creating uncertainty and having a detrimental impact on peoples' mental health. They suggested the process discriminates against mental health services users and highlighted how benefits should offer protection to vulnerable people, who should be supported to improve their opportunities once they are able to. The Tipping Point survey of 4,500 disabled people reported 78% of people described their health worsening as a result of stress caused by the WCA process (Kaye, Jordan & Baker, 2012). The People's Review of the WCA process described the system as flawed with no regard for humanity and highlights the number of people who have died, due to health conditions or through committing suicide, whilst appealing against a decision that they are fit to return to work (Anonymous, 2013). In September 2014, the death of a man by suicide was deemed to have been triggered by the outcome of the WCA, in which he was found fit for work (Hassell, 2014). The Coroner also highlighted the risk that future deaths will occur if action is not taken. Prior to this landmark verdict, the loss or reduction of benefits had been viewed as a factor, rather than a cause, associated with deaths and suicides of claimants (McVeigh, 2015).

GP's who have been involved in the Work Capability Assessment process have spoken out about the WCA process. McCartney (2011) indicated the ethical dilemmas medical professionals face performing Work Capability Assessments when separate from the NHS, without access to full medical records, whilst adhering to professional duties. She also questions how it is possible to assess variability in symptoms at a one off

assessment (McCartney, 2011), and questions why Atos Healthcare were allowed to take over the assessment of the most vulnerable in society, with very little scrutiny (McCartney, 2012). McCartney (2012) described the assessments as insensitive and humiliating, particularly for people who may have worked most of their lives and now find themselves unable to and in need of benefits. Another GP resigned as an WCA assessor due to changes being made to the assessments he was producing; indicating claimants were more capable than he had assessed them to be (Wood, 2013). He considered this an encroachment on his professional autonomy and a breach of ethical boundaries. He also criticised the WCA process for being unable to account for conditions that fluctuate unpredictably. GP, Steve Bick, who went undercover as an assessor was informed that if he found too many claimants fit for work his assessments would be monitored (Kennedy, 2012). Bick's undercover footage of WCA assessment training revealed how difficult it is to be found unsuitable for work (Kennedy, 2012).

Service user perspectives. There is a paucity of research exploring service user views of the WCA assessment. However, Garthwaite, Bambra, Warren, Kasim, and Greig (2012) conducted a mixed methodology study in the North East of England over an 18 month period to explore the health of 229 Incapacity Benefit recipients in view of the assumption that people may not be sufficiently sick or disabled to deserve welfare benefits. The majority of participants reported musculoskeletal problems as their primary diagnosis (50%) whilst 24% reported mental health difficulties. Findings indicated that Incapacity Benefit participants had worse health than the general population with little change in their health status over the 18 month period, with qualitative data reinforcing the constancy of ill health.

As part of the longitudinal study 25 long-term sickness benefit claimants in receipt of Incapacity Benefit were interviewed in regard to the lived experience of illness and the reality of being out of work in a climate of transition from Incapacity Benefit to ESA (Garthwaite, 2014). "Fear of the brown envelope", the anticipation of the WCA, was a key feature in the narratives of these participants with only two participants having participated in the WCA. Participants reported fear and trepidation regarding on-going welfare reform. One participant described depersonalisation, being treated like a sick animal rather than an individual, with another person reporting being treated like a number rather than an individual. Participants highlighted the impact of political and media rhetoric, shirkers versus workers, resulting in stigma and shame. The research indicated that people who choose to take help available to them feared being be classified as scroungers. Participants reported that being in receipt of benefits was not a comfortable lifestyle choice, as often portrayed in the media. An "us and them" dichotomy was present in the research, with participants identifying other benefit claimants as scroungers, fake and lazy, whilst positioning themselves as genuinely deserving. This research mainly focused on the anticipation of welfare reform, with just two participants having participated in the WCA, and the majority of the sample identifying as having physical health problems. This suggests the need for further research with people who have participated in the WCA process, particularly those that identify as having mental health problems.

Research conducted by Patrick (2011), using focus groups, specifically explored the application of welfare conditionality on disabled people. Participants highlighted their aspiration to work but disabling barriers, particularly physical impairment and discrimination by employers, made this unlikely. Participants criticised the increased

application of conditionality indicating that it was likely to worsen an individual's

impairment. Exploration of a contract of rights and responsibilities between the disabled

person and the state indicated that participants were not supportive of this, suggesting it

might not be understandable to all disabled people. This research broadly described the

group as disabled but did not specify whether any of the participants identified

themselves as having mental health problems.

Rationale for this research and aims

The genealogy that has been presented traces the history of mental health service

users' access to welfare to help establish how we have come to the present circumstances

in which their entitlement to welfare is being questioned. The genealogy reveals the long

standing relationship between work and mental health, with work being viewed as

something that improves one's wellbeing. The genealogy shows how the expectation of

mental health service user's participating in the workforce has varied over time, but more

recently mental health service users' have been increasingly encouraged to enter the

labour market with various policies devised to assist this. The construction of people who

are out of work as being idle is long standing, and tied to the notion of morality

suggesting that people make a choice to be out of work. We can see these constructions

enacted in current welfare reform debate. Furthermore an exploration of recent literature

has shown the WCA process to be discriminatory against mental health service users and

causing further mental distress. Current empirical research is predominantly focused on

service user experiences in anticipation of the transition from Incapacity Benefit to ESA,

often from a social policy perspective and uses mixed samples of people with mental

and/or physical health problems. Garthwaite (2011) highlights the lack of service user

views on the WCA process. To fully understand the impact of the WCA process research

needs to focus on how individuals make sense of the process, and how they are positioned

through their involvement in the process. By listening to the stories of people who have

participated in the WCA process this may allow discourses to be explored and subject

positions to be identified. In particular research needs to focus on mental health service

users who have been identified as being discriminated against through this process.

This research aims to explore how users of mental health services construct the

WCA and how they are positioned through their participation in the process. The research

intends to explore the following two questions:

- How are users of mental health services constructed through their involvement in
  the WCA process?

- How do users of mental health services construct the WCA process?

Methodology

This chapter introduces the epistemological assumptions guiding this research, the adopted method, and the rationale behind these choices. This is followed by the procedure, ethical considerations and recruitment process. The method of data collection and analysis are also outlined within this chapter.

Epistemology

Epistemology is concerned with the nature of knowledge and how reliable and valid claims to knowledge are, with the researcher's epistemological position informing their approach to research (Willig, 2008). The epistemological position of this research is social constructionism as this research seeks to identify discourses surrounding the work capability assessment process by examining the way the work capability process is discursively constructed by users of mental health services. The implications of these discourses will be explored in regard to the subject positions made available and how these subject positions are grounded in wider material and institutional power relations.

Social Constructionism. Social constructionism is a theoretical orientation of which there is no single definition (Burr, 2003). Gergen (1985) has suggested that there are four main assumptions which are commonly implicit in social constructionism: social constructionism doubts a taken-for-granted view of the world and an objective basis of knowledge; instead suggesting the world can be understood in terms of social interchanges which are historically, socially and culturally bound; with particular understandings and knowledge prevailing due to social processes; and often excluding other forms of understanding. Gergen (1985) suggests that social processes, namely

communication, negotiation, conflict and rhetoric, determine what is considered and prevails as knowledge. He emphasises the role of language in creating descriptions and explanations of the world.

Social constructionism developed from the postmodernist movement which rejected the fundamentalist assumptions of modernism. Social constructionism is anti-essentialist in nature and rejects the essentialism of mainstream psychology; suggesting it can be oppressive my trapping people in personalities and categories which can be limiting (Burr, 2003). Harper and Spellman (2006) highlight how psychological therapies have been heavily influenced by structuralist concepts such as internal states, emotions, thoughts and personality types. Parker (2002) suggests psychology claims to have discovered the essential and universal characteristics of mental functioning and pathologizes those people who not display these characteristics. He criticises psychology due to the way in which it individualises and essentialises social processes, treating misery as a disorder, failure or illness that belongs to the individual and requires treatment (Parker, 2007). Rather than looking for explanations of social phenomenon within the individual, social constructionism focuses on the social practices and social interactions that give rise to social phenomenon (Burr, 2003). To understand psychology and social life, research must extend beyond the individual and include political, economic and social factors (Gergen, 1973).

Burr (2003) describes language as a pre-condition for thought, in that we acquire concepts and categories, from societal and cultural contexts, as we develop language abilities. These concepts and categories provide a framework of meaning and influence the way a person thinks and talks. This research is based on the view that language is

more than expression, but a way of constructing the world and therefore considered a form of social action due to the consequences and restrictions of language. This research is not attempting to understand the 'true nature' of phenomenon but the ways in which versions of phenomenon are constructed through language. I do not intend to explore the subjective experience of the individual but the cultural and social availability of ways of seeing and talking about the world. This research seeks to delineate the positions participants take up in discourse, with a focus on their historical emergence and the ideological context.

Within language, construction of the person takes place and this research seeks to explore how users of mental health services who have undertaken the WCA are positioned through discourses. Burr (2003) suggests that an individual may feel restricted or oppressed by their identity and acknowledges the difficulty of moving away from damaged identities and oppressive social practices; highlighting the importance of how we represent things through language. Poststructuralists would see the use of language as a way in which these identities can be challenged and changed as when identity is considered a product of language and social interactions this suggests a temporary and constantly changing identity, influenced by who the person is with, the context and the purpose (Burr, 2003). This research seeks to explore the implications of the discourses that are identified and allow examination of alternative constructions and counter discourses.

Method

Discourse analysis developed from the 'turn to language' in social psychology in the 1970's and 1980's alongside the emergence of social constructionism (Georgaca &

Avdi, 2012). The development of social constructionism and discourse analysis was viewed as a critical response to the naively realist approaches in psychology (Harper, 2006). Rather than focusing on discoverable truths discourse analysts examine how language produces effects by examining talk (Harper, 2006). Discourse analysis is therefore an appropriate method for this research because the aim is to explore how the WCA assessment is constructed in mental health service user's accounts and the implications of these constructions.

Discourse Analysis. Potter and Wetherell (1987) suggest the term 'discourse analysis' has been used in various ways with little consensus on meaning. They refer to 'discourse' in the most open sense; all forms of speech and written texts, both informal and formal. Discourse analysis is concerned with the way language produces and constrains meaning and how social conditions give rise to the forms of talk that are available to people (Burman & Parker, 1993). However, discursive approaches are not homogenous; varying on aspects such as reality and the ideological effects of accounts (Harper, 2006). Parker (2015) warns that different versions of discourse analysis are each governed by conceptual and methodological terms which orient the researcher to attend to certain aspects of language and Burman and Parker (1993) recommend building a methodology suited to the research question. Gough, McFadden and McDonald (2013) claim there are two broad approaches to the analysis of discourse; subjects as users of discourses and subjects as structured by discourse.

Subjects as users of discourses refers to the way in which people use rhetorical strategies in order to present self, others and the world in certain ways (Gough et al., 2013). Potter and Wetherell (1987) emphasise how conversation and linguistic activities

have a performative quality and are action orientated. People are thought to draw upon a range of different linguistic repertoires, sometimes conflicting, depending on what the individual hopes to achieve and the context (Gough et al., 2013). Linguistic repertoires are considered to serve lots of different functions, global and specific, which can only be understood in terms of the context in which they are used (Potter & Wetherell, 1987). Linguistic repertoires are used to construct accounts of events, which implies that some resources are included whilst some are omitted, and a person's account will vary depending on the function (Potter & Wetherell, 1987).

The second approach to discourse analysis, and the approach undertaken in this research, is concerned with how people are maintained or constrained within particular positions through discourses. This approach is considered a macro-level approach due to the focus on dominant institutions and the historical and cultural representations they employ, which impact on the positions people find themselves in (Gough et al., 2013). This approach sees the power of language as related to institutionalised practices, material and social structures, and is particularly influenced by the work of Foucault (Burr, 2003). Foucauldian discourse analysts are interested in how ways of talking about a topic are located in particular historical or institutional contexts, and embedded in power relations, supported by institutions at a particular point in history (Harper, 2006). Foucauldian discourse analysts are less concerned with the interactional context and more concerned in the objects and subjects that are constructed in accounts and the discourses that underpin these (Harper, 2006). Foucault (1975/1995) was particularly interested in the construction of physical apparatus of power and resistance which is evident in his work on prisons and bodies.

Rationale for using Foucauldian Discourse Analysis. FDA is considered an appropriate methodology for this research due to its macro-level approach focusing on the way discourses construct objects and subjects, creating a certain version of reality whilst maintaining certain practices and institutions (Willig, 2008). This research seeks to explore the way discourses both allow and limit possibilities available to users of mental health services who have been involved in the WCA process, including the subject positions made available to them. FDA entails historical enquiry and makes explicit the history of the object (Arribas-Ayllon & Walkerdine, 2008) and is therefore an appropriate methodology to seek to understand the historical and social conditions which support certain discourses at particular points in time.

Discourses are viewed as being tied to social structures and practices, masking power operating within society and having a profound effect on how people live their lives (Burr, 2003). FDA's emphasis on power and resistance is of importance when considering users of mental health services and the discourses they encounter and whether they take up or resist these. Foucault's work has drawn attention to the way in which language is organised around different systems of meaning which offer positions of power to certain groups of people whilst disempowering other groups (Parker et al.,1995). Foucault's work around madness, civilisation, power and the practices of surveillance and regulation is particularly pertinent to this research and allows critical reflection of the increased regulation and monitoring of users of mental health services claiming benefits, mechanisms of social control and the use of psychology in modern disciplinary society.

Foucauldian Discourse Analysis. Foucauldian Discourse Analysis (FDA), influenced by the work of Michel Foucault, is concerned with the constitution of social and psychological life through language (Willig, 2008). Foucault was less interested in discourse as a linguistic concept, but how discourse produces knowledge through language (Hall, 2001). Foucault viewed discourse as a 'system of representation', which is the formation of particular patterns of thought or language (Hall, p. 72). For example, he explored how the medical discourses around 'unreason' produced the mentally ill patient. Foucault saw discourses as constructing the topic and determining how a topic can be talked about. He was interested in discourse formations, including what is not being said and the discontinuity of discursive statements (Foucault, 1969/1972).

Foucault saw discourse as limiting and restricting other ways of talking and determining how people conduct themselves (Hall, 2001). Rather than objective 'truths' particular explanations can become more dominant than other explanations, often determined by political reasoning (Danaher, Schirato & Webb, 2000). An example of this can be seen in the use of language such as empowerment and independence to frame the employment of people with disabilities, which can be seen as a discursive strategy to legitimise neoliberal welfare reforms through focusing attention on the supply side rather than the demand side of labour (Connor, 2010). Foucault referred to a dominant discourse, which was characteristic of the state of knowledge at a particular time, as an episteme (Morgan, 2010). He was interested in the development of epistemes and how these appeared across a number of texts, and within different institutions (Hall, 2001). Foucault claimed that nothing exists outside of discourse, but rather than denying the material existence of the world he was suggesting that things take on meaning through discourse (Morgan, 2010).

Archaeology and genealogy. As discussed in the introduction Foucault's methodological approach to his work is traditionally divided between the archaeology phase and a later genealogical phase (Jorgensen & Phillips, 2002). Foucault attempted to contextualise and historicise the different forms of truth and knowledge; he believed that truth and knowledge had a history which was closely related to operations of power (Danaher et al., 2000).

Power and Knowledge. Foucault's work has been concerned with the historical investigation of power, and the relationship between knowledge and power. He viewed power as transforming the episteme or discursive formations that underlie knowledge; power as constraining and eliminating knowledge, but also producing it (Gutting, 2005). Foucault believed power struggles between different fields, disciplines and institutions produced knowledge and truths which go on to legitimise the workings of power (Danaher et al., 2000). An example of this can be seen in media discourses depicting benefit claimants as fraudsters and benefit cheats, focusing on character traits, personal responsibilities and lifestyle choices, which gains public acceptance of a 'welfare dependency' problem and the consequent policy changes (Pykett, 2014)

Foucault did not see power as belonging to or being held by anybody, rather functioning in terms of relations between different groups, institutions, and disciplines within the state, and constantly fluctuating. Foucault viewed power as not only repressive but also productive (Hall, 2001). Power can be seen as productive as it generates particular types of knowledge and social order (O'Farrell, 2005). To assume power as oppressive would be assuming that power is exercised from one source and one thing

(O'Farrell, 2005). Although power was viewed as moving around and not being owned by anyone, certain groups are viewed as having greater opportunities to influence power (Danaher et al., 2000). Prior to the Renaissance there was a homogeneity of authorised discourses, often based around the monarchy and the church, and once the church lost its power to authorise discourses institutions began to compete with one another to produce truth and knowledge, and authorise discourses (Danaher et al., 2000

Foucault saw knowledge as enmeshed in power relations because it was always being applied to the regulation and conduct of people, he saw all forms of political and social thought as part of the relationship between knowledge and power (Hall, 2001). Hall described knowledge associated with power as assuming a position of 'truth' and once applied to the real world can have real effects and has the power to make itself 'true'. Foucault believed knowledge operated through technologies and applications in specific historical settings, contexts and institutional regimes (Hall, 2001). He viewed truth as being produced through forms of constraint, with each society having a regime of truth; types of discourses which are accepted and function as true (Foucault, 1980).

Foucault (1980) believed 'truth' was centred around scientific discourse and the institutions that produce it, with it being subject to economic and political motivations, transmitted under the control of political and economic apparatus, and consumed through the apparatus of education. We have witnessed this with the 'psy-complex' which has been one of the networks of institutions that has served to individualise problems and was politically useful at the birth of the modern state when the individual became a unit of government concern and the responsibility of society could be removed through the focus on the individual (Parker et al, 1995). Foucault considered power more effective when

hidden from view; knowledge and technologies that are being used to control and regulate individuals and populations suggest that they are working in the interests of the people suggesting reform and rehabilitation but often moulding people to make them more serviceable to state (Danaher et al., 2000). The Improving Access to Psychological Therapies (IAPT) agenda can be considered an example of this; the Layard Report (Layard, 2006) stated that psychological therapy should be made available for all, but driven by an attempt to reduce the number of people on Incapacity Benefit and reduce unemployment.

Biopower. Foucault made reference to biopower which was all forms of modern power directed towards living beings (Gutting, 2005). He saw two main forms of bipower; on the level of individuals and social groups (Gutting, 2005). Biopower on the individual level was concerned with norms defining a healthy individual, whilst biopower on a social level was concerned with a focus on the entire population as a resource that must be protected, supervised and improved (Gutting, 2005). Foucault suggests that the technologies of biopower facilitated the development of capitalism by providing a healthy, active and disciplined population as a workforce (Danaher et al., 2000). Capitalism required universal medical care and education to ensure an adequate workforce (Gutting, 2005).

Work is seen as a moral obligation, an ethical and individual responsibility (Leonard, 1997) and has been construed as "an essential element in individual psychological health, family stability and social tranquillity" (Rose, 1999b, p. xxix). Welfare to work programmes can be viewed as emphasising ethical reconstruction of the citizen to enable them to achieve full membership to a moral community through work

(Rose, 1999a). Rose (1999a) suggests moral authorities scrutinise an individual's willingness to enter the moral community. The WCA process can be considered part of a moral authority; scrutinising an individual's ability to enter the world of work and setting out authoritative guidance on the correct ways to live life by contributing towards society through work.

The Subject. Foucault viewed subjects as being created within discourses (Jorgensen & Phillips, 2002). He was critical of the conventional notion of a subject as autonomous, stable, and an independent source of action and meaning; proposing that subjects are produced within discourse as they are operating within the limits of the episteme and discursive formations (Hall, 2001). Very few would argue that the individual is free from social constraints and the effects of the social, economic and wider cultural context (Leonard, 1997), despite a great deal of psychological theories ignoring the influence of distal power (Smail, 1996).

Foucault was not denying the reality of individual consciousness but thought individuals functioned in an environment that limits them in ways that they may not be conscious of (Gutting, 2005). For example, Leonard (1997) talks of the discursive formation which requires subjects to internalise an ethical compulsion to participate in productive work as a distinctive characteristic of modernity, and how the worker experiences this as autonomy rather than oppression. Discourses were seen as creating subjects whom personify the knowledge produced by the discourses, and the subjects have the attributes as defined by the discourse (e.g. the mad man and the criminal) which are specific to the discursive regimes and historical and cultural period (Hall, 2001). Foucault was able to relate discourses to particular social groups (prisoners, homosexuals,

medical patients and the insane) and heterogeneous links were made between institutional

practices and the construction of the notion of subjectivity (Arribas-Ayllon &

Walkerdine, 2008).

Discourse produces a place for the person who has been subjected to the

discourse, known as subject positions. Subject positions have implications for

subjectivity and experience (Willig, 2008). Davies and Harre (1990) suggests that once a

person takes up a subject position they inevitably see the world from the vantage point of

that position, however, because there are many and contradictory discursive practices that

each person can engage in there is a notion of choice. Davies and Harre (1990) see an

individual emerging through social interaction not as a fixed end product but as

constituted and reconstituted through the discursive practices that they engage in. Who a

person is, is seen as shifting depending on the positions made available within the

discursive practices (Davies & Harre, 1990). Parker (1992) highlights how we may resist

being positioned by the discourse and this is a factor that will be explored within this

research.

Being positioned as a member of conceptual categories has real consequences for

the subject identities of those who belong to it (Leonard, 1997). The subject position of

'welfare dependent' is likely to be subjected to a discursive formation which addresses

the individual as an object of negative ethical judgement and moral reform (Leonard,

1997). Negative ethical judgement, how it is manufactured in the political world and

disseminated through the media, legitimises increased state surveillance (Leonard, 1997).

Friedli and Stearn (2015) comment on the way in which unemployment has been framed

as a psychological deficit (having the wrong attitude or outlook) and how this has resulted

in authorised extension of state surveillance to psychological characteristics, with workfare schemes targeting people's attitudes and possible psychological referral and psychometric testing.

Normalisation and surveillance. In *The Birth of the Clinic (1963/1975) and Discipline and Punish* (1975/1995) Foucault traces the development of normalisation, disciplinary regimes and systems of surveillance; methods of disciplinary power. Foucault (1977/1995) mapped out the move away from a penal society of punishment and coercion, to a disciplinary society of reform and rehabilitation and to more subtle and pervasive forms of controlling the body.

Foucault's work saw how the state is concerned with the health of its subjects, and the human body as a site on which power is exerted. In particular he saw the control of the health and the bodies of the needy classes as a way of making them fit for labour and less dangerous to the wealthy classes (Foucault, 1977/2003). Leonard (1997) suggests the rise of capitalism and the need to provide a labour force to ensure capital accumulation and profitability led to the state being interested in the well-being of its subjects. Health policy is viewed as a method of ensuring we are fit and well and able to contribute towards the workforce (Danaher et al., 2000). With the body as an object of social concern, governments use tools like social policy to produce particular types of populations (Danaher et al., 2000). The WCA process could be viewed as a policy aimed at promoting labour market participation.

Foucault was interested in dividing practices, which separate the mad from the sane and the criminal from the law-abiding citizen. The division of madness and sanity

was a precondition for the emergence of psychiatry (Leonard, 1997), with psychiatry classifying forms of madness and with this bringing in new forms of discipline and new kinds of subjects (Barker, 2008). As a result psychiatric patients find themselves being subjected to institutionally validated gaze in which their every move is monitored (Danaher et al., 2000). Dividing practises produce subjects by categorising and naming them, based around norms, with classificatory systems being essential to the process of normalisation (Barker, 2008). People are distinguished on the basis of their perceived normality and either qualify or disqualify as proper members of the social order (Danaher et al., 2000). Those groups of people who do not conform to the norms set out by society, for example, users of mental health services and people who are out of work, find attention and explanations focusing on what makes them this way and increasingly the object of investigations, enquiries and state regulation, with the WCA process being considered another form of investigation and state regulation.

Foucault saw examination as a particularly effective technique in the exercise of disciplinary power as it combined both surveillance and normalisation (O'Farrell, 2005). Examinations (which took place in schools, hospitals, work places and asylums) allow performances to be measured and compared to others. The WCA can be considered a form of examination as it seeks to categorise people. The examination allows people to become individualised, to become cases, and to be used to develop norms which can be used to tighten control over populations and individuals (O'Farrell, 2005). Solutions can then be found for those that deviate from the established norms. Foucault saw disciplinary society as developing forms of training aimed at the individual and collective coercion, and resulting in docile bodies (O'Farrell, 2005). Foucault referred to the 'docile body' as being subjected, used, transformed and improved in order to maximise their economic

and social usefulness (Foucault, 1975/1995). Disciplinary power referred to the creation

and control of the individual through training the body and behaviour which is

particularly relevant to those undertaking the WCA process that find themselves part of

the WRAG group and subjected to work training programmes.

Within *Discipline and Punish* Foucault traced the way techniques to discipline

prisoners became the model for other modern sites of control (1975/1995). Prisoners were

subject to the continual gaze of a supervisor (Leonard, 1997). People modified their

behaviour as if they were being watched all of the time and this method was seen as a

highly efficient system of social regulation and control with surveillance now being found

at work in contemporary public or institutional spaces (O'Farrell, 2005), and operating at

all levels of a society's organisation (Barker, 2008). Surveillance has become internalised

by all members of society. People are viewed as governing themselves through

scrutinising their own behaviour for signs of not conforming to normality as defined by

the institutions of disciplinary technologies (Bevir, 1999). Subtle forms of government

turn into self-government and this has been illustrated by Garthwaite (2014) who showed

that stigma and shame associated with claiming benefits can deter people from accessing

the support they need. Individuals are not only controlled by disciplinary powers but also

as "self-scrutinising and self-forming subjects" (Gutting, 2005, p.96).

The power of the gaze activates what Foucault referred to as 'descending

individualism' (Danaher et al., 2000). Danaher et al. suggest that extremely wealthy and

influential individuals are to a degree able to resist the power of the 'gaze' to protect their

own interests whilst others are subjected to the gaze, for example children being

examined throughout school, employees through progress reports, and the poor through

government reports on their living conditions, work history and moral habits. Danaher et al. provide an example of descending individualism in how newspapers and television programmes devote coverage to suspected cases of welfare fraud amongst disadvantaged groups, whilst paying little focus to alleged fraudulent activities of wealthy groups. For example, tax evasion, tax crime, and tax avoidance in 2013-14 was estimated to cost the UK £12.4 billion (HMRC, 2015), whilst benefit fraud was estimated to cost the UK £1.2 billion (DWP, 2014d). Between 2005 and 2011 newspaper articles referring to Incapacity Benefit recipients as undeserving increased, influencing public views of disability related benefits, with some people predicting 70% of claimants were fraudulently claiming (Briant, Watson, Philo, & Inclusion London, 2011), yet data indicated that benefit fraud had increased by 0.1% between 2005/06 and 2013/14 (DWP, 2014d).

Technologies of the self. In contemporary Western societies people view themselves as individual subjects who are in control of their own actions and thoughts; however, Foucault rejects the idea that we are self-governing (Danaher et al., 2000). Foucault views subjects as products of discourses and power relations, taking on a range of characteristics dependent on the subject positions available in the social and historical context. He saw people's lives being scripted by social forces and institutions (Danaher et al., 2000).

Rose (1999b) suggests the idea of 'self' is misleading as social conventions, community scrutiny, legal norms, family obligations, and religious instructions exercise power over humans. He described how in the early 19th Century citizens become transformed into social beings whose powers and obligations were expressed through the language of social responsibilities and collective solidarities. He suggests individuals

became integrated into society as citizens with social needs, embodied in technologies of

government such as social security and child welfare, and doctrines of mental and social

hygiene. Modes of self-evaluation were developed in schools, and through professionals

and experts, with each person becoming an active agent in the maintenance of a healthy

and efficient state through exercising scrutiny over their personal, domestic and family

conduct (Rose, 1999b).

Foucault saw dividing practices, categorising those that do not conform to what is

considered as normal, as a method to encourage human beings to work on themselves to

conform to normality (Danaher et al., 2000). Foucault defined technologies of the self as

techniques which allowed individuals to work on themselves, regulating their bodies,

conduct, thoughts and way of being, to transform oneself to attain a state of happiness,

purity, wisdom, perfection or immortality (Danaher et al., 2000). Technologies of the self

were ways in which individuals could take up a position in society in which they would

not harm others and would benefit the community as a whole, with it being the duty of

the individual to try and perfect the self (Danaher et al., 2000). Technologies of the self

would imply certain modes of training and modification of individuals, not only in the

sense of acquiring certain skills but also certain attitudes (Martin, Gutman & Hutton,

1988).

Attempts are made to govern citizens through technologies of the self (Mik-Meyer

& Villasden, 2013). Foucault identified three main technologies of the self (techniques

allowing individuals to work on themselves), which all involved self-examination and

emphasised a need to verbalise our thoughts as a way of examining and knowing oneself.

Techniques that have encouraged individuals to express confessional truths have

proliferated in the modern welfare state (Mik-Meyer & Villasden, 2013). In particular we can see the connection with psychiatry and psychology who encourage us to examine ourselves through talking to professionals.

As discussed in the introduction we have seen how psychological concepts have become part of the examination of welfare recipients, to identify their character flaws, thinking errors and to suggest constructive and therapeutic interventions. An example of this is within the 2015 Budget which proposed that IAPT therapists would be co-located in 350 job centres across the UK to provide integrated employment and mental health support to claimants with mental health problems (HM Treasury, 2015). This scheme was criticised for framing unemployment as a psychological disorder (Gayle, 2015), shifting attention towards an individual's attitude and away from economic policy.

In unemployment, practices such as individual action plans, forms of evaluation, and careers advice are viewed as forms of technologies of the self and contribute towards the idea of normalcy (Gasten & Jacobsson, 2013). Evaluations are not only seen as measuring existing qualities but also signal what qualities are desirable, and as a result shape the subjectivity of the individual being evaluated (Gasten & Jacobsson, 2013).

Procedure

Participants and sample size. Participants were purposively sampled according to the inclusion criteria documented below. The aim was to recruit between 10 and 15 participants, and 10 participants were successfully recruited (see Table 1). Due to the focus on depth of analysis this is considered an adequate number of participants for this type of methodology as the researcher is interested in language use rather than the people

generating the language, and a variety of linguistic patterns are likely to emerge from a few people (Potter & Wetherell, 1987).

Inclusion and exclusion criteria. Participants included in the research were self-identified users of mental health service users (either voluntary sector or NHS) who had participated in the WCA process, which could have included completing the Limited Capability to Work Questionnaire (ESA50) or attendance at the WCA interview. Participants were required to be aged 18 and above, and required capacity to consent to participate in the research. People were unable to take part in the research if they were not users of mental health services, had not participated in the WCA process, were below the age of 18 and if there was a query over their capacity to consent to participate.

Recruitment. Participants were recruited via poster and flyer advertisements (Appendix A) provided to staff at four Mind mental health charity support groups across Colchester and Tendring in Essex, and through an advertisement placed in a Citizen Advice Bureau Office in Clacton-on-Sea, Essex. Mind support groups provide support to people using mental health services aged between 17 and 65; supporting recovery through reducing social isolation and engaging people in the local community. The Citizens Advice Service is a free independent advice service offering advice on a range of subjects, however this branch has a specialist mental health team enabling them to offer support specifically to users of mental health services.

Each Mind support group was attended to provide participant information sheets to those who were interested in participating, and answer any questions the group attendees may have. Staff at the Citizens Advice Bureau provided service users with a

flyer if the individual met the inclusion criteria for the research. Once individuals had indicated an interest in participating, they were provided with a copy of the participant information sheet and the consent form (see Appendix B) either face to face or by post. Participants provided their contact details and were contacted two weeks after their expression of interest to answer any questions they may have and ask whether they would like to participate in the research. If they agreed to participate a mutually convenient date, location and time were agreed for the interviews to take place.

Table 1

Participant information

Allocated Name	Gender	Age	Self-reported Diagnosis	Reported Benefit Status	History of employment
Mary	Female	47	Bipolar Disorder.	Attended one WCA. In receipt of ESA, in the Support Group and to be reassessed.	Yes
Linda	Female	53	Anxiety and Depression. Arthritis.	Attended one WCA. In receipt of ESA and in the Support Group.	Yes
Guy	Male	36	Asperger's and Depression.	Attended one WCA. In receipt of ESA and in the Support Group.	Yes
Susie	Female	51	Schizophrenia and Bipolar Disorder.	In receipt of ESA. Requested to attend WCA assessment but appealed and was placed in the Support Group. To be reassessed.	No
Patrick	Male	49	Depression, Anxiety and Panic Disorder.	Attended two WCA's. Placed in WRAG. Appealed. In receipt of ESA and in the Support Group, to be reassessed.	Yes
Judy	Female	42	Post-Traumatic Stress Disorder, Depression and Anxiety.	Attended two WCA's. Initially found 'fit for work' and appealed decision. Placed in Support Group and in receipt of ESA. To be reassessed.	Yes
Annabelle	Female	43	Asperger's, Emotionally Unstable Personality Disorder. Bipolar disorder.	Attended one WCA, placed in Support Group and in receipt of ESA. To be reassessed.	No
Pablo	Male	58	Depression and physical health problems.	Attended two WCA's, deemed 'fit for work', appealed and placed in the Support Group. To be reassessed.	Yes
Andrew	Male	36	Bipolar Disorder. Emotionally Unstable Personality Disorder.	In receipt of ESA. In the Support Group but previously placed in the WRAG.	No
Marcie	Female	60	Bipolar Disorder. Generalised Anxiety Disorder.	Attended five WCA's, deemed "fit for work", appealed, tribunal meeting result placed in Support Group. To be reassessed.	Yes

Ethical Approval. Ethical approval was sought and subsequently granted from the Faculty Ethics Committee at the University of Essex on 24th July 2014 (see Appendix C).

Ethical considerations. Researchers are required to adhere to ethical principles and guidelines to minimise risk and harm, and to respect the rights and dignity of human participants when conducting research (British Psychological Society, 2010). The Code of Human Research Ethics (British Psychological Society, 2010) was adhered to throughout the research. The nature of the research was documented for participants in the participant information sheet (Appendix B) and contact details were provided to enable participants to ask questions at any stage of the research process. Participants were given two weeks before further contact was made in order to allow them to make an informed and non-pressurised decision. A signed consent form was completed by participants (Appendix B) at the beginning of the interview process. Anonymity and confidentiality was maintained by replacing participant's names with a number, using password protected documents and an encrypted memory stick**.** At the analysis stage and for data presentation purposes, participants were allocated a pseudonym name which was selected at random from a collection of names found on the internet. Participant consent forms containing identifiable information were kept in a locked cabinet at the University of Essex. Participants were reminded that they could withdraw their consent at any stage at the process, without needing to explain why, and not disadvantaging them in any way; this was also documented in the participant information sheet and consent form. The participants were provided with contact details so they are able to withdraw their consent at any stage of the process, including after they have participated.

In the event of the interview process causing emotional distress to participants the interviewer planned to ask participants whether they wanted to take a break or end the interview, however this was not necessary. Prior to consenting to the research participants were asked to identify a staff member, preferably a key worker figure whom could be contacted in the event of risk issues being identified. Participants were provided with contact details of an academic supervisor so if they are unhappy with the research process they are able to make a complaint. Participants were offered the opportunity to be provided with a summary of the research findings, which they all requested.

In regard to confidentiality and anonymity participant information sheets made participants aware of how their data will be used, transported and kept. Data was non-identifiable, through omitting identifiable information and providing each participant with a number. A list identifying the names and numbers was stored in a Microsoft Word password protected document on an encrypted USB (Universal Serial Bus) flash drive. Interview transcripts were also kept on the encrypted USB flash drive.

Data collection. Semi-structured interviews were considered the most appropriate method for collecting data. This was because each individual's view was of importance and this approach allowed for each person's account to be explored further if necessary. Individual interviews allow the interviewee to have relatively more control than that of a group setting. Focus groups were considered and have various advantages; including alternative views stimulating discussion, and encouraging those reticent to speak to talk more freely. However, the practicalities of setting up a focus group, the possible difficulties talking about a potentially emotive topic in front of others, and the aim to

establish individual constructions (and later compare these for commonalities and discrepancies) meant this method of data collection was not used.

A semi-structured interview schedule was developed in consultation with my research supervisors (Appendix D) with themes exploring how mental health service users make sense of the WCA process, identified through the literature read. The interview schedule was designed to cover some points of discussion but overall be fluid and flexible to allow unexpected meanings to be co-produced (Mason, 2002). The interviews were conversational in style to allow for diversity to emerge from the accounts (Potter & Wetherell, 1987) and cues were taken from the on-going interview dialogues to determine what to ask participants next (Mason, 2002). Holt (2011) suggests unstructured interview schedules are unlikely to curtail the detail, inconsistencies and contradictions that the analysis hopes to uncover. An open approach is thought to allow participants to conceptualise and construct meaning in a way that is relevant to them rather than the researcher (Holt, 2011) which is in keeping with the aim of the research; to give voice to this group of individuals. Due to the nature of the interview transcript and the non-standardised flexible approach to the interviews it was not considered necessary to conduct a pilot interview. All interviews were not intended to be the same, but an opportunity for people to speak about how they make sense of the WCA process.

All interviews were face to face with nine taking place at the Mind group bases and one taking place at the individual's home. Interviews were conducted between October 2014 and January 2015. Interviews ranged between 24 minutes to one hour and 35 minutes, with an average duration of one hour and two minutes. Participants were

offered a £10.00 High Street voucher to reimburse them for their time and travel. Nine

participants accepted the voucher. Interviews were recording using a Sony voice recorder.

        Transcriptions. Interviews were transcribed verbatim using a software

programme known as Inqscribe. Transcription was focused on the content of the talk

rather than the detailed non-linguistic features, in keeping with FDA. A focus on micro-

level talk is seen as detracting away from content, which is the aim of top-down methods

of discourse analysis (Parker, 1992). Willig (2008) suggests transcripts and analysis of

them should concern as much attention to the interviewer's contribution as to the

interviewee's, as the interviewer constitutes part of the discursive context. The UK data

archive (n.d) guidelines for transcription were utilised (Appendix E). Participants were

informed they could have a copy of their transcript and all participants declined this offer.

Method of analysis

Reflexivity. Research is always carried out from a particular standpoint and the claim of neutrality in much psychological research is disingenuous (Parker, 1994). Researchers influence the research process through both personal reflexivity and epistemological reflexivity (Willig, 2008). Willig suggests researchers must focus their attention towards their role in the research process to consider the ways in which we are implicated in the research and its findings. Parker (1999) reminds us that all too often reflexivity can paralyse individuals when it should be "an active rebellious process that drives individuals into action as they identify the exercise of power that pins them into place" (p. 31).

Harper's (2003) approach to reflexivity is structured around three principles: critical attention needs to be focused on knowledge making practises since social constructionism is itself a social construction (Burr, 2003); reflexivity is a way of making the researcher accountable for their analysis through making explicit their interests and the context , but not engaging in 'confessional work' (Parker, 1999, p. 31) or simply listing the social locations one occupies; and thirdly a balance needs to be maintained between reflexivity and the research aims as reflexivity is not the only goal of the research. Burman and Parker (1993) remind us that researchers are producers of discourse and are implicated in the production of knowledge, but focusing too much on the researcher's construction of the account can shift the focus from what is being accounted for.

Harper (2003) describes analysis as a struggle for meaning, involving a wide range of choices that pose dilemmas for the researcher who holds multiple positions, and therefore there is a need for the researcher to be explicit about this. Keeping a reflexive journal was a method in which I was able to consider both methodological and personal dilemmas I faced, make explicit my choices and therefore making me more accountable for the analysis. Reflexivity will be discussed in detail in the discussion where I will reflect on how my social identity has impacted on the study and the analysis produced.

Process of analysis. Foucauldian versions of discourse analysis go beyond the immediate context of language and ask questions about the relationships between discourses, subjectivity, practices, and the material conditions in which those experiences take place (Willig, 2008). There are a variety of frameworks suggesting how to undertake FDA, all varying in the attention paid towards power, knowledge, historicity, governmentality and subjectivity (Morgan, 2010). Morgan (2010) suggests that many approaches to FDA do not pay enough attention to the issue of power. Willig (2008) acknowledges that her six steps do not constitute a full Foucauldian discourse analysis, particularly as it does not address the historicity and evolution of discursive formations over time. Parker's (1992) approach to FDA has a clear focus on the political and institutional implications of discourses, ideology and oppression. His method acknowledges how discourses are historically located and highlights the importance of disconnecting oneself from history. Parker (1992) provides a detailed 10 step framework for undertaking FDA which I have chosen to use due to his emphasis on the historical origins of discourses and the relationship with institutions, power and ideology which is an important aspect of this research.

Within his 10 step framework Parker (1992) identifies criteria for distinguishing discourses whilst also considering the role of institutions, power and ideology. Parker (1992) describes 10 steps but warns that it is not necessary to apply them sequentially. He defines discourses as a "system of statements which constructs an object" (p. 5). The ten steps are outlined below.

1. A discourse is realised in texts. This step involves determining which text will be studied and exploring "the connotations, allusions and implications which the text evokes" (Parker, 1992, p. 7).

2. A discourse is about objects. Parker (1992) highlights how objects are defined in discourse. This step involves identifying the objects that are referred to and describing them.

3. A discourse contains subject. This step involves specifying what type of person is being talked about in this discourse and speculating about what the person can say in this discourse.

4. A discourse is a coherent system of meanings. This step involves mapping a picture of the world this discourse presents whilst employing a culturally available understanding of what represents a theme, as different competing cultures will have different ideas about the discourses, particularly whom the discourse benefits and whom it oppresses.

5. A discourse refers to other discourses. Discourses are likely to "embed, entail and presuppose other discourses" (Parker, 1992, p. 13) which allows contradictions to occur and encourages us to question which other discourses may be at work. Parker suggests that analysis is facilitated by identifying contradictions between different ways of describing something.

6. A discourse reflects on its own way of speaking. Parker (1992) suggests it's possible to find examples of the terms chosen being reflected on. Parker suggests referring to other texts to elaborate on the discourse, in particular to bring out implicit meanings and find different layers of meaning.

7. A discourse is historically located. Discourses do not remain static; therefore discourse analysis needs to locate its object in time. This step involves looking at how the discourses have emerged and how they have changed and told a story.

8. Discourses support institutions. The employment of particular discourses is viewed as reproducing the material basis of the institution. Parker (1992) recommends identifying institutions which are reinforced when particular discourses are used, and the institutions that are subverted or attacked through the use of particular discourses.

9. Discourses reproduce power relations. Discourses give and take away the right to speak, with power and knowledge being intimately linked. Parker recommends looking at who gains or loses out from the employment of particular discourses, and who would want to promote or dissolve the discourse.

10. Discourses have ideological effects. Although Foucault (1980) described one 'regime of truths' being no more correct than another, Parker (1992) warns that we should not avoid ideology altogether. Parker recommends showing how discourses connect with other discourses which sanction oppression and showing how discourses allow dominant groups to justify the present through their narratives about the past.

Parker (1999) reminds us that reading the text is an active interpretive process in which we reconstruct patterns based on our cultural context and discourses that are at play in our subjective experiences. Parker (1992) recommends stepping back a number of times in order to make sense of the statements that have been picked out. Interview transcripts were repeatedly read to identify objects and subject positions. Parker (1999) highlights how the process of selection and omission is very important in interview transcripts. In this analysis I was particularly interested in objects that appeared to be bound up with the work capability assessment process and the discursive construction of these objects. Text was coded by hand. The frequency at which discursive features occurred was paid attention to as this suggested which features are prevalent and culturally available. However, frequency it is less important than if the discursive feature is said at all, by whom and in which context (Harper, O'Connor, Self & Stevens, 2008). Contradictions within the discourse and networks of relationships between discourses were focused on. Labels for the discourses were identified along with extracts which illustrated the discourses. Parker (2002) reminds us that the term used to describe the discourse will involve moral evaluation and political choices.

Research quality. In keeping with a social constructionist methodology this research does not attempt to make claims of truths. Knowledge is contingent, situated and partial, and truth is unobtainable as reality is not single or static. Social constructionist researchers acknowledge findings are culturally and historically specific related to the researchers values and world views, and therefore contestable and provisional (Burr, 2003).

There are several approaches to quality criteria found in the various approaches to discourse analysis and it has been suggested that qualitative researchers should identify evaluative criteria that is consistent with their epistemology and method (Georgaca & Avdi, 2012). Georgaca & Avid (2012) identify five quality criteria that they view as relevant to discourse analysis, as follows:

- *Internal coherence* which refers to the crafting of a consistent account of the data.

- *Rigour* which is attention paid to the inconsistency and diversity of the accounts, analysing 'deviant' cases as a way of adding richness to the detail.

- *Transparent and situated;* all stages of the research process should be explicated and the analysis should be grounded in extracts to allow the reader to judge quality and the relationship between the findings and the context in which they were generated.

- *Reflexivity* refers to the researcher being explicit about their role in the generation of data and the nature of the knowledge produced.

- *Usefulness* refers to the research being useful theoretically through providing new insights, enhancing existing research and generating new ideas for research, but also in terms of real world application of this. If research can demonstrate original novel explanations this suggests the usefulness of the research (Potter & Wetherell, 1987). The sharing of the research findings to organisations who have participated suggests this research will be useful in a real world context, through giving participants a voice and providing a critique that may have consequences.

Georgaca and Avdi's (2012) quality criteria were supplemented with Antaki, Billig, Edwards and Potter's (2002) approach which highlights potential shortcomings of approaches to undertaking the analysis. Antaki et al. (2002) warn of the dangers of *under-analysis through summary* in which they mean summarising the themes of the data but not analysing the discourses that are being used. They highlight how *under-analysis through taking sides* is not the same as analysing what is being said with the analyst potentially substituting sympathy or scolding for detailed examination of what the speakers are saying. Antaki et al. suggest avoiding *under-analysis through over quotation or isolated quotation* which can often be revealed by a low ratio of analyst comments to data. *Circular discovery of discourse and mental constructs* can be problematic if researchers allow data to speak for itself without substantiating the claim using material other than that of the text. Antaki et al. warn of *under-analysis through false survey* which is treating findings as if they were true of all members of the research, and *under-analysis through spotting* features of talk or text without unpacking it and showing what it is doing in this set of materials. These shortcomings were held in mind throughout the analysis and discussion in an attempt to increase the credibility of this research.

Results

In this chapter the main findings of the analysis will be presented and discussed. Each transcript was analysed separately, exploring constructions of the work capability assessment process and the individual's participating in the process. Some of these constructions were located within wider discourses, and the implications of the subject positions were explored. Institutions that are reinforced or subverted through the use of particular discourses were identified, along with who gains and loses out from the use of the discourse. Extracts from participant's transcripts are used to illustrate the constructions and subject positions identified.

In their talk participants reproduced dominant constructions identified in the introductory chapter such as being fraudulent, workshy and a drain on the economy. Many of the participants constructed themselves as "just a number". The WCA process was constructed as a catch 22 situation, something you either pass or fail, and an all or nothing process; that you are either capable of work or not. Some participants constructed the process as a political act to save money and alter unemployment figures. All participants constructed the process as threatening, with a sense of being interrogated. Although the constructions are presented individually, they are not mutually exclusive as there is often overlap and interconnectedness between them.

The results begin with the participants' discursive construction of welfare recipients of which there were four identified.

"Wheedles out people who are wrongly on ESA" - Fraudulent versus Genuine

The polar construction of fraudulent and genuine was evident in many of the participant's accounts and echoes the dominant discourse of the deserving and undeserving poor which was identified in the introduction. The positioning of people as fraudulent suggests that there are a group of people who are unwilling to work and make a choice to gain finances fraudulently resulting in categorising people as either morally right or wrong.

Within these results participants make a clear distinction between those who are considered responsible for their situation (undeserving of state support) and those that are not responsible (deserving of state support). In the extract below Judy deploys the deserving versus undeserving discourse:

I- And what do you think about those changes to the benefits system?

J- Um...I'm not sure I think it's good in a way because it wheedles out people that are wrongly on ESA...um...but I think, I think it can make things worse for people who've been wrongly assessed. (Judy, 252-254)

Judy, who spoke of a need to "wheedle out" frauds, comments in the quote below on how those that are deserving can also be positioned as frauds and undeserving. Within this quote Judy tries to distance herself from being constructed as a fraud by making a distinction between people who are immoral and try and "swing the system" and those that are genuine and moral:

Well obviously there are people that are trying to swing the system but it seems...I mean I'm generalising here, the same way they generalise back you know but civil servants will just you know everybody's the same, you're all just you know the scum that walks in through the door

I - That's how you feel you're perceived.

J - Yeah yeah. If you're a jobseeker yeah. (Judy, 275-278)

None of the participants challenged the existence of the construction of fraudulent benefit claimants but engaged in what can be referred to as "othering" (Peacock, Bissell & Owen, 2014). This referred to participants suggesting other groups are illegitimately claiming benefits whilst positioning themselves as legitimately claiming benefits, reproducing the deserving versus undeserving discourse. One participant made explicit reference to particular groups of people that they considered to be undeserving of welfare benefits, in particular those on JSA: "There are some people that are on JSA that I don't even mix with you know that get their money on a Thursday and they've drunk it all and they're off their heads on a Saturday" (Guy, 349-350). A discourse of responsibility is evident here with Guy suggesting a group of people exist who inflict things on themselves and are therefore responsible for their circumstances. However, he also constructs those on ESA as not responsible for their situation and deserving of state welfare:

G- I do the sensible thing but I'm brushed off as if I'm in their kind of barrier and I just feel as if...

I - Who brushes you off as if you're in their barrier?

G - Um, I think the ESA people sometimes can stick you in that kind of barrier you know 'cause I I I ...

I - How do you describe that barrier? What?

G- Uh the barrier I think is where uh where uh people inflict things on themself, you know like with heroine and with like alcohol like and then they get their money and then they waste it on that kind of drug and then they're already getting help like from … with Methadone and Subitrex and other things to help and they're still getting their money and they're using it to fund it on their drugs. (Guy, 492-502)

By constructing some groups as genuine and others as fraudulent this legitimises the use of the WCA process to determine those who are fraudulent from the genuine, which ultimately benefits the DWP and subjugates talk of the viability and credibility of the process which has long been criticised by those subjected to it (Warren, Garthwaite & Bambra, 2014).

Marcie's quote below suggests the disabled person is discursively constructed as disingenuous, undeserving and workshy, but Marcie attempts to resist this ascription by trying to legitimise her position as a genuinely deserving benefit claimant through using medical expertise:

I can understand it in one way because you could have someone and there are a lot of people out there that you see and you know they're not as disabled as they are claiming to be 'cause they walk around Sainsbury's pushing a trolley and dragging their crutches behind them by you know where you put the hands through. And if

you can walk round Sainsbury's you can walk round pushing a broom. So you can
understand that they are trying to clamp down on things but they're clamping
down on the wrong people. I mean I've gone in there with a neurologist two TIA's
[Transient Ischaemic Attack] and the orthopaedic surgeon. (Marcie, 122-125)

Susie legitimised her right to be on benefits through highlighting her multiple
psychiatric diagnoses:

I've been on DLA for 20 years, I'm not well, you know I've got Schizophrenia,
I've got Bipolar, I'm diagnosed and I had to prove all that again and I didn't even
prove it in the first place the doctors did. (Susie, 135-137)

All participants provided a diagnosis towards the beginning of the interview
despite not being asked for this. For example, one participant began the interview by
informing me of the diagnoses she has been given, as if she needed to convince me that
she was a deserving welfare recipient:

A - Right do you know all my diagnoses?

I - No I don't actually.

A - Right because that's very important to me.

I - Okay, do you want to tell me about that?

A - Um uh I'm autistic, personality disorder and bipolar. I've got physical stuff but
it's really the mental health that affects me if anything. (Annabelle, 7-11)

Legitimising one's right to state benefits through psychiatric diagnoses suggests that one is not responsible for one's situation. The WCA being referred to as a medical assessment has reinforced the use of medical diagnoses. This is likely to have implications for people who do not legitimise their deservingness through medical diagnoses, due to the establishment of a medical hegemony that all benefit claimants are being pushed towards. The dominant medical model of disability firmly locates the deficit at the individual level and allows the government to focus on work-readiness rather than economic and societal factors (Warren et al., 2014). The focus on the individual justifies what Foucault would refer to as technologies of the government (Gutting, 2005), such as regular reassessments of the individual which is particularly relevant since many of the participants interviewed are awaiting reassessment. The attempts to legitimise one's position as deserving of welfare benefits through medical diagnoses can therefore reinforce the dominant discourses, such as the medical model of disability, individual choice, and the systems of power.

Although psychiatric diagnosis was used as a strategy of legitimising one's position on benefits, Patrick struggled to legitimise his situation when he compared himself to someone with visible physical health problems, and he appeared to question his deservingness. The media frequently focuses its attention towards those with invisible and fluctuating mental health conditions, suggesting that this is a way to cheat the system and therefore positions this group as fraudulent and undeserving (Prout, 2011):

> There was something about this woman across from me, she got told...now she did have really bad stuttering and really very bad, and everyone around me seemed to have worser illnesses than me. (Patrick, 99-101)

The distinction between physical and mental health positioned Patrick in such a way that it led to a subjective experience of shame:

There was an old boy no woman in a wheelchair in one of those um...she had all the equipment on it and I thought...cor this has got to be bad if she has been called in, yeah and she was called in. But I felt fit yeah because I was, I was, I walked, I felt ashamed because I...I couldn't think...all that was on me was my physical mental side of me. (Patrick, 87-89)

Associated with participants legitimising their situation through a psychiatric diagnosis was the way in which some participants describing their benefits as 'pay', for example, Guy made reference to his pay being sanctioned if he arrives to an appointment late: "if you uh turn up late when you are supposed to sign on you could lose a week's uh pay and they seem to be getting worse and worse" (328-329). Parker (1995) suggests that constructing oneself as suffering from 'mental illness' not only constructs an image of the self as a medical object but also as having a career in the mental health system. Susie attempted to legitimise her position on benefits through making reference to getting through the day as a 'job':

Because they're just surviving anyway and all of a sudden everything's happened and most people they can't even feed themselves and they're having to come in and answer to these letters and like they get through in the day, they think they've done a good days job just getting through the day and then all of a sudden they've

got a blimin letter that they've got to prove that they...can they get through the day

(laughs), you know so yeah. (Susie, 322-325)

Susie questioned the right for the welfare agencies to challenge her deservingness

of state benefits, stating that the government has a responsibility to look after people who

have been awarded benefits for life:

People like us that have been awarded it for life it's a bit of a shock and I think

they should...I think they should be more aware of peoples...I'm trying to look at

other peoples points of view as well as me own but just looking at the reasons. If

they had looked at the reasons on my list would they have sent me those letters

without consult...without being a little bit more cautious, I don't know. (Susie,

300-302)

Marcie's quote below constructs work and mental health problems as mutually

exclusive. Despite initially wanting to return to work, over time Marcie described

realising that her mental health difficulties excluded her from work:

So you could have someone with a mental health problem suffering mental ill

health who is totally convinced that they are going to go back to work at some

time (laughs) and I was at the beginning I was one of them, until you realise no

and that is a big step realising no. (Marcie, 562-562)

Many of the participants described themselves as not 'in' work. Being in work

referred to paid employment, despite many participants being involved in voluntary work

and community activities. Patrick et al. (2011) comment on how the government devalues other forms of socially valuable contributions through the narrow definition of paid work as formal employment. Many participants constructed themselves as active citizens which appeared to be a way of resisting the ascription of workshy and lazy. Activities like voluntary work and college courses can be considered technologies of the self. Participants could be viewed as self-policing their actions with either the aim to move to employment or 'playing the game' in order to avoid the gaze of the state (Parker & Fopp, 2005). There is likely to be a tension between constructing oneself as an active citizen whilst not contributing economically, as discourses around citizenship are often bound up with requirements of being involved in the labour market and economically active (Morrison, 2003). This tension was evident when Andrew agreed to do a college course which resulted in the Job Centre disability advisor questioning his legitimacy claiming benefits:

> A - When I came back I had to see her every month um and she just doesn't have a clue you know. Like I said I was going to do a music course, she said oh and then you will be well. I was like what! (laughs).
>
> I - So she thinks if you do a music course then you'd be well to do it. What or how would you be well?
>
> A - Then I'd be well, you know I go to college then I'm well. And she said uh last time I met her she said only it is a long time to be benefits. (Andrew, 480-483)

Through agreeing to participate in a music course Andrew may have been trying to avoid the gaze of the state, yet the disability advisor appeared to position him as

making a choice not to gain paid employment and therefore questions his legitimacy as a benefit claimant.

Marcie emphasised a sense of surveillance and the power of the state as she needed to request permission to participate in voluntary work. Through offering her service for free she appeared to be resisting the ascription of immorality:

> The fact that I have to go in and effectively go please sir can I go and do two days, two hours unpaid work through a stroke group if you see what I mean. It's just and the woman that's in charge you just have to mention her name and she's absolutely infamous around …. the disability advisor. (Marcie, 147-148)

"Workshy" – It's a choice

As discussed in the previous section many people were positioned as undeserving of welfare benefits through the construction of being "workshy" and "lazy". These constructions relate to a broader discourse of choice. This positions benefit claimants as immoral citizens as they are represented as lacking a work ethic and are therefore considered a threat to the economic and moral community (Gunders, 2012). Mary commented on how others positioned her as unbothered about working, emphasising the idea that one chooses not to work and is therefore undeserving of state welfare:

> M - Yeah, it's just…people say we don't want to go back to work but it's not that you get used to being on it's like an income you know…
>
> I – Who are the people that say…

M – People on the bus. There was a man on the bus saying about it, saying that people on ESA can't be bothered to get a job because they're on that.

I – How does that make you feel when you hear people say things like that?

M – I just…I just ignored him. I've never been on ESA, I've always had like a little job, or working with the old people but I've never been on sick, so…(Mary, 257 -261)

Participants did not reject the dominant construction of "workshy" but Mary attempted to legitimise her situation through emphasising the role she has played as a contributing citizen in the labour market prior to claiming benefits. Mary recognises how legitimising her situation in this way may be questioned: "They'll send me to ESA, well I'll have to start looking for jobs, but I thought I was alright when I was at college" (Mary, 161). Many of the participants constructed themselves as active citizens. In the extract below Annabelle distances herself from the idea that being out of work is a choice and legitimises her situation through illness. Through doing so she individualises the problem and does not question how socio-economic factors and potentially discrimination may have influenced her ability to find a job:

When I was looking for work 'cause basically for years and years and years it turned out that I shouldn't have been looking for work 'cause I was too ill but I was looking for work and um I uh went to the job centre and I couldn't do this and I couldn't do that because I was so ill (Annabelle, 52-53)

Annabelle resisted the ascription of workshy and immorality by constructing herself as offering something back to society through participating in voluntary work:

"But I am a giver, I'm not actually just a taker" (Annabelle, 264): Annabelle did not challenge the construction of benefit claimants as lazy, but legitimised her situation through constructing herself as active:

> Well 'cause government and people who pay my taxes or their taxes, you know they say that I'm lazy and all that and I'm not lazy 'cause like you can ask … I do voluntary work for them. I only do it about ten times a year maybe but if, if they want me I'm there and I would help anyone out if I could um for instance at the pub now at the moment now and again if they have some cutlery I will roll up the cutlery just as a spare. (Annabelle, 219-221).

Constructing oneself as active could also risk delegitimising someone's deservingness to benefits; however, Annabelle suggested the voluntary choice of whether she can attend work suited her. Guy also constructed himself as an active citizen, resisting the ascription of workshy, whilst also drawing attention to the way in which he is constructed as different and therefore feels excluded from society:

> You know and with people like me [with a diagnosis of Asperger's and mental health problems] I just find it very difficult because the people that I'm around they're not on my wavelength you know, they're kind of like all got family, kids and I just feel lost you know I feel stuck there like as if I've got nothing in common with them you know. (Guy, 471-473)

> I've even go to a drama group now once a week which is on a Tuesday um which we're doing in the art centre, yep I'm in the play so um and I try to show them that

it's not like I'm a person that doesn't do nothing, I do want to try and do things

but I like to do it with people that are similar to me…I'm able to feel relaxed

with people that are similar to me without feeling judged. (Guy, 144-147)

Guy's comments highlight the challenge people face in attempting to construct

themselves as active citizens whilst being constructed as different by others, and the

discrimination they may face in regard to finding work opportunities.

Another strategy of resisting as the ascription of workshy was for participants to

construct themselves as having confidence and self-esteem issues. In the extract below

Guy suggests his reasons for not working are based on psychological factors:

I - Can you see yourself working again in the future? Would you like to?

G - Who me, no, no, no, I wouldn't no, which is uh which is really weird no, no.

I - You can't see it or you don't want to?

G - No, I, I, I can't see it.

I - Sorry I asked you two questions there.

G - Sorry, no, no, no, I can't see it. My self-esteem has gone uh so down and I'm

not that confident person that I used to be when me mum was around or when

I had a partner. (Guy, 456-467)

Failure to gain employment has frequently been constructed as a matter of low

self-esteem (Cruikshank, 1993). At times of economic restructuring the press commonly

depict the unemployment problem as an individual problem, speaking in language that

focuses on the self (Goode and Maskovsky, 2002). For the participants in this study low

self-esteem is associated with mental health and a method of legitimising themselves in relation to the dominant discourse of undeserving, yet Cruikshank (1993) views the self-esteem approach as a way of promising to solve social problems through technologies of the self. Self-esteem is seen as self-assessment, with the self being continually judged, measured and disciplined (Cruikshank, 1993). Psychological constructs such as self-esteem and motivation are then legitimately targeted by the government through self-help and training courses. Annabelle found her barrier to employment being constructed as confidence issues and was sent on a Youth Training Scheme (YTS) in order to deal with these confidence issues:

> I used to do a training course at um uh… YTS and I was under … Institute Special Needs. I was a bit too intelligent for them but I mine was lack of confidence they said I was there for confidence issues. (Annabelle, 372-373)

Rose (1996) comments on how we have seen those on the margins of society, such as the unemployed increasingly exposed to psychological categories and techniques of intervention, in social skills training, strategies of empowerment and the emphasis on the importance of self-esteem. Pablo found his barrier to employment being constructed as a motivational problem by the job centre, which could be targeted by technologies of the government, and emphasises an individual deficit. Framing an individual's employment situation as a motivational issue suggests that someone chooses to be out of work and dependent on the state:

> I keep on getting this woman from the job centre phoning me up and saying we're doing a motivational course would you like to go on in and I said no not at the

moment my love no. It was just after my dog had died so I was in a little bit of a

state and she said well you've got to get, and I said look I said, she says oh about

your money and I said excuse me. (Pablo, 65-68)

The above quote indicates that if Pablo is not seen to be taking responsibility for

his situation by participating in a motivational course, despite feeling motivation was not

his issue, his benefits are at risk. The concepts of laziness and motivation have been

central to the emergence of the idea of 'welfare dependence', with an emphasis on an

overly generous welfare system subsidising laziness and having an impact on the

motivation of the unemployed (Parker & Fopp, 2005). This construction emphasises the

importance of the individual and individual behaviour in shaping reliance on welfare with

the reification of the categories such as motivation, confidence, and self-esteem,

emphasising the problem as being located within the individual. Linking unemployment

to psychological deficit minimises the role of social and economic inequalities and

authorises the extension of state surveillance of psychological characteristics (Friedli &

Stearn, 2015). Legitimising one's right to claim benefits through psychological factors

such as a lack of self-confidence or low self-esteem sits comfortably with government

training schemes which focus on individuals developing a "work ethic".

Participants also strived to legitimise their position of not working through

highlighting barriers to employment. Mary described being discriminated against when

trying to find employment:

Um they kept telling me to go back to work but every time I tried to go um ... then

I went to see the lady, she said we don't have people like you here with Bipolar so

that was the manager, I didn't tell her I had mental health problems. (Mary, 22-24)

Linda reported being told she was too overqualified for several roles:

Because I used to be a cleaner supervisor I knew it all, and then they turned around and said that I was too overqualified and that really disheartened me, because I thought you'd rather someone who's qualified than someone who don't know what they are doing. And I also went for an interview at um the new … at … and I got told exactly the same there, that I was too over qualified. (Linda, 199-202)

Linda highlighted the limited job opportunities, in particular for people with variable conditions:

I had to go to this course for so many weeks to see about going back to work but there was nothing suitable, because when the weather is as bad as it is my arthritis flares up and sometimes I can't even walk. (Linda, 71-72)

Andrew emphasised practical barriers to employment, how employment can impact on his mental health, and brought attention to low paid jobs and in-work poverty which is often silent in amongst the discourses of deserving versus undeserving and responsibility versus irresponsibility (Patrick, 2011):

Well for a start I can't drive so how would I actually get to a job, you know I'd be having to get up at silly o'clock to get a bus to get to work. I've got no particular profession so I'd be on minimum wage, I don't know pushing trolley's something like that um and then I'd probably get depressed and kill myself. (Andrew, 207-208)

"I don't know, I don't know whether I'm a scrounger or not" - Economic drain

Closely related to the construction of workshy, through the discourse of undeserving, was the way in which some of the participants spoke about being constructed as an economic drain on society. Economic drain referred to participants talking about benefits being constructed as overly generous and questioning their deservingness of this amount of money. Pablo accepts the government rhetoric that life on benefits should not be more attractive than working (Osborne & Smith, 2013) and suggests there are benefit claimants who are an economic drain on society, but he is not one of them:

P - Because the letter said because the government tells us that almost like you're on too much money. And I can't see how to tell the truth because I get the minimum of everything you know which I do understand.

I - So when you moved from incapacity to ESA your benefits were reduced by £5. But you don't understand why.

P - Yes. Well it's apparently the government is doing it to everybody. It's this capping business that Cameron said no one should earn more money on benefits than someone that's working and I understand that but I thought well if you get over £300 and I get nowhere near that, I thought okay fine. (Pablo, 201-205)

Pablo described a long work history but did not acknowledge how he has paid in to the welfare system through tax and national insurance, and may be deserving of state welfare:

Yes that's right. I worked for a chef I was a chef for 25 years. A fully qualified chef and then I did some care work for the last year because the symptoms were coming on and obviously I had to be fairly savvy with what was going [ill health] on and of course it really got me 2002 (Pablo, 24-25)

Susie struggled to distance herself from being constructed as an economic drain, questioning whether she is 'greedy':

Because they don't want to pay out for people like me. They don't care if I'm not well or not, so...I think they think we're all getting loads of money. I get £100 a week off the DLA, so if that's a lot of money so be it, it's a lot of money, but I don't know maybe I am greedy I don't know. I feel greedy; 'cause that's the way they make me feel, yeah. (Susie, 243-245)

Constructing people as an economic drain on the welfare state shifts the focus away from the traditional welfare state towards increasingly questioning how recipients act and what obligations should be invoked in return for receiving public funds (Parker & Fopp, 2005). Responsibility is shifted away from the state, with it being the individual's responsibility to earn enough money to support themselves. This in turn legitimises surveillance and observation, and hence the continued reassessment of people's work

capability. Government's based on neoliberal principles commonly prioritise individual and personal responsibility for one's circumstances (McCoy & Peddle, 2012). Andrew tried to distance himself from the construction of scrounger and burden through positioning disabled people as discriminated against by the government:

> A - Yeah I mean...I don't know I don't know whether I'm a scrounger or not I don't you know I don't...
>
> I - Where do you get the idea about scrounging from?
>
> A - Um probably from what's his name you know um...that shiny headed bloke oh David Cameron, yeah him.
>
> I - What have you heard him say?
>
> A - I haven't heard him really saying anything it's just he sort of...it's just...I think whenever we're under the Tory party people with disabilities are discriminated against...I think um...
>
> I - In what way are they discriminated against?
>
> A - Well I think they're seen as a burden and something that you know...so I almost see you know if they were to stay in power they'd kind of force people down and down. (Andrew, 233-235)

Andrew constructed the government as having a responsibility to offer state support to those who cannot work, and challenged the government's ideology of welfare reform:

> Yeah. I just think it's cooked up to try and please people who don't like the idea of people...so the thing is they come up with phrases like languishing on benefits like

it somehow harmful. I mean surely if you can't work then surely it's no bad thing

if there's a welfare state that helps pay your way. (Andrew, 257-258)

Participants did not challenge the construction of benefit claimants in general

being an economic drain on society, but resisted the ascription for themselves, using

"othering" to position particular groups as an economic drain. This reinforces the

deserving/undeserving discourse by positioning other groups as undeserving of welfare

benefits. Guy constructed large families on benefits as an economic drain; with this group

commonly presented in the media as a parasitical drain on society (Jensen, 2014):

And I also think that they should put a cap on parents as well that claim benefits

and after four children I don't think they should be paid any more money, 'cause

when I saw this program um...to do with benefit Britain and this bloke who had

26 kids I was [it was] horrific and to see the amount of money he was bringing in

and he was laughing and that and all enjoying it and then there was this other

single woman who didn't want to work who had eight kids and uh and she was

getting...she goes I get £1500 a month and I don't need to work and she had a car

and she had...and I just thought to myself you know it kind of seems to be the

women in the world get it easier…she don't have to work she, doesn't have to

worry about nothing like my uncle said at least she had six seven kids she'll be

able to have a three or four bedroom house he he he said he said it's just all wrong

and he goes people who have got mental illnesses, who are ill, you know can you

know can get treated more worse and I think that's sad I do, I definitely think they

need to out a cap on um on people 'cause I've noticed that there's a lot of women

out there that have never worked in their life. (Guy, 443-452)

The above quote is an example of creating difference between groups based on the discourses of legitimacy and responsibility. Guy constructed large families on benefits as responsible for their situation whilst positioning people with mental health difficulties as not responsible for their situation. Guy also drew on the idea of active citizenship when talking about people who have "never worked"; however, in doing so he suggested parenting is not an active citizenship role. Guy has reinforced the neoliberal discourse of individual responsibility by suggesting people who have children and are out of work should take responsibility for themselves.

"Just a number" – Dehumanised

Some of the participants constructed themselves as 'just a number', being objectified, and suggesting dehumanisation which resulted in people feeling vulnerable. This construction refers to the way in which participants spoke about the assessment process being mechanistic and impersonal, and being reduced from a person to a number. The results suggest that participants were positioned as undeserving, immoral, and responsible for their situation unless they could prove otherwise. Categorising people in such a way may explain the dehumanised nature of the assessment. Judy commented on feeling like a number and being silenced, essentially disempowered:

Yeah you feel like you're on the bottom of the pile, you feel like you're just a number and you've got no say in what goes on and even if you did say your voice wouldn't be heard. That's, that's how the system makes you feel. (Judy, 323-324)

Marcie emphasises the dehumanising nature of the assessment in the following extract, by emphasising the impersonal nature of the assessment:

And it's basically the same thing on the booklet and all they're doing is typing in your answer. They don't care, it could be a robot. In fact you don't even need a GP there, just give someone a computer terminal and tell them to fill it in, and they are the same questions all the time and the last question in the booklet and the last question they ask you is how long do you expect your illness to last, and you feel like saying oh read the bloody medical report, you know. (Marcie, 439-432)

These quotes indicate that participants found it difficult to legitimise their situation and resist the dominant discourse of undeserving.

Being constructed as "just a number" and responsible for one's situation undermines the responsibility of the government to care for vulnerable citizens. The WCA has been criticised for reducing complex human problems to figures which fails to quantify individuals' situations (White, 2013). This is evidenced through Patrick's comment on how he is turned into a number, stripping the process of individuality and complexity:

Right, here are, this is what they give to me, this is my six points right...oh see this is all me, this is what they wrote about me right and this is how they scored it. (Patrick, 82-83)

Judy made reference to the power of the assessors. She experienced the assessor as untrustworthy and unable to appreciate her difficulties, which resulted in her feeling disempowered. Despite this disempowerment Judy appears to challenge the legitimacy of the assessor:

> And the report came back um Judy gets out of bed at 8 o'clock in the morning, so she basically lied about what I had said and also she put in the report that Judy gave good eye contact throughout the interview and I remember not looking at her and made a point of not looking at her because she was so upright and pompous, you know sort of like in her demeanour but I just couldn't handle looking at her and she said I gave good eye contact throughout the interview and that's the two things that I remember from the report that were total...lies. (Judy, 78-82)

Judy's comment highlights the power exerted over people while subject to the surveillance measure of the WCA. Being constructed as 'just a number' feeds into the deserving/undeserving dichotomy, suggesting people are making a choice to be out of work and are immoral which is central to the argument for eradicating a 'welfare dependency' culture. Being constructed as immoral positions the individual as someone who must be controlled and therefore makes the use of increased state observation and surveillance seem reasonable.

The findings presented so far provide an idea of how the users of mental health services are constructed through their involvement with the WCA. The next set of findings will explore how the WCA is constructed by these users of mental health services. Five constructions were identified.

"Catch 22"

Constructing the WCA as a catch 22 situation refers to a circular process whereby participants try and negotiate their situation but there appears to be no way out. Many of the participants referred to the WCA as a medical assessment, which is unsurprising as the DWP themselves refer to it in this way. However, many of the participants attempt to legitimise their position of being out of work by drawing upon psychiatric diagnoses and this has implications for those who participate in the assessment. Legitimising oneself through a medical discourse presented various problems for some participants. In the extract below Mary highlights this and suggests that not being able to see the "illness" means you can be doubted, positioned as a fraud and undeserving:

> The only thing is when you have a subject like Bipolar or something like that they can't see inside your brain so they think you're okay don't they. (Mary, 233-234)

Mary legitimises not being able to work through a diagnosis, an individual deficit, particularly a problem within her brain. This detracts away from the social and economic inequalities that may influence an individual's ability to gain employment. Yet in the following extract Mary made reference to possibly wanting to work, resisting being ascribed as "workshy", but commenting on how she does not fit into society. She highlights how legitimising one's position of being out of work through a mental health diagnosis can result in one being excluded from society:

> M - So I left that job now…yeah I don't know what job I could do really.

I - Would you like to do a little job?

M - No…a sweeping job I could do that… don't know it's the fitting back into society not being like a Bipolar lady that my daughter calls me. (Mary, 343-345)

This appears to create a circular process; with mental health diagnoses being used to legitimise why someone is out of work but also impacting on a person's ability to enter the paid labour market and become an economic contributor. Once people have a mental health diagnosis, there is evidence that these people will face discrimination in terms of fitting into society and gaining employment (Stuart, 2006) which leaves us to consider how one is expected to escape this circular process. Marcie captures the idea of a paradoxical process through the following extract:

I - How did you feel about having to keep going back?

M - Bloody insulted, pissed off. Have you ever read the book catch 22?

I - I don't think I have.

M - Read it. It's about an American an American bombing squad in World War II and the catch 22 is that you could get off from bombing missions if you're declared medically insane but you couldn't be insane if you didn't want to put your life in danger on bombing missions, which is catch 22. And that's what it feels like in the end, that no matter what you say you are going to be deemed oh you know you don't want to go on a bombing mission i.e. there's no way I can do any work ah but you realise you can't do any work so we're going to put you to work, yeah here we go again. So it's very much like a catch 22. (Marcie, 273-279)

In the book Marcie is referring to, Heller (1961) illustrates the catch 22 soldiers' are faced with in WW2 bombing missions; in that one would not have to participate if they were deemed mentally unfit, yet asking not to participate shows rational concern for one's safety. Marcie's quote suggests one cannot escape the iniquities of the system no matter how hard one tries. Catch 22 serves those who made the law, as there is no way out. We see the state trying to convince those in work, and workless people, that work is good for them (DWP, 2008) whilst conversely, others point to the exploitative nature of work (Grover & Piggott, 2013). Some participants who have been employed described work leading to their psychological distress. Mary spoke about work being exploitative and being unable to say no resulting in exhaustion and a breakdown:

> An old people's home. I was there for two years and I just worked myself to like an extortion exhaustion, because I was doing all the shifts they wanted me to do, I was doing nights and I was doing days and I was doing everything, you know what they asked me to do so the woman could have time with her son. (Mary, 13-15)

> But I can't stand a job for more than two years; it's just so stressful isn't it. (Mary, 192)

Some participants indicated how they try and negotiate the Catch 22 situation. In the extract below Mary suggests she has to change the diagnosis she has been provided annually to be considered suitable for ESA:

See I can't keep saying I've got this wrong with me because they knew I had it

last year. (Mary, 263-264)

Similarly, Judy spoke of changing her diagnosis to legitimise her situation. Some

of the participants thought you cannot legitimately claim benefits with the same mental

health diagnosis each year:

You can't go back on to ESA I think it's within a year or six months and you can't

go back on to ESA for the same illness that you were on ESA with before. So say

I'm on ESA for post-traumatic stress disorder and I fail my assessment and then I

appeal it and I fail I fail the appeal then I'll be on jobseekers and I can't, at the end

of the 12 months or six months whatever it is, I can't go back on to ESA with

post-traumatic stress disorder, I have to go on with a different illness. (Judy,

242-245)

The catch 22 situation and participants legitimising their situation through mental

health diagnoses contributes towards the view that unemployment is a personal failure.

This authorises the use of psychological interventions in UK government workfare

programmes (Friedli & Stearn, 2015). This situation may disempower users of mental

health services as many of them may be dependent on professionals for diagnostic

categories. Being unable to gain professional support could result in difficulty accessing

welfare, further increasing distress. This is concerning as there is growing evidence of a

rise in suicides and attempted suicides in people diagnosed with mental health problems

whose benefits have been withdrawn (Tyler, 2013).

Pass versus Fail

Many of the participants constructed the WCA as something you either pass or fail, whilst others constructed it as a game, something you could win, or a battle. The idea of a game or a battle suggests one needs to know something about the rules or the enemy, reinforcing the catch 22 situation. These constructions refer to the idea that people either gain or lose out from the process. When participants claimed to 'pass' or 'win' they had been found unfit for work, and awarded ESA, which is shown in the extract below:

> P- No idea, well actually he was working for Atos that's right. And I passed the assessment.
>
> I - And when you say you passed the assessment what do you mean?
>
> P - Well the assessment he carried out on me, that um I got my benefits because I think he realised how difficult things were. (Pablo, 216-218)

Passing or failing appears to be tied in to the deserving/undeserving discourse. Failing the assessment suggests one is illegitimately claiming state welfare, and is making a choice not to work and is therefore fraudulent and immoral. This dichotomous distinction detracts away from the complexity of job opportunities and inequality, and legitimises welfare reform. In the second independent review of the WCA process Harrington (2011) highlighted a need to move away from the concept of passing and failing the WCA. He suggested this description clouded the evidence linking health and work. The concept of passing and failing suggests that there are targets to be met, and although this was denied by the DWP an undercover investigation by Dispatches revealed Atos assessors were set a maximum target of 12-13% of those assessed to be entered into the support group, in which people are determined as having limited capability for work

and not obliged to participate in work related activity (Butchins, 2012, July 30). The following extract constructs the process as something you can fail and highlights the challenge of trying to legitimise one's position as a welfare claimant with mental health difficulties:

> I just...it worried me because people had like failed the medicals when they shouldn't have done, you know, and people don't know a lot about the mental health system, the people that are interviewing you. It kind of seems to be on the cusp of everything the mental health stuff, you've got the physical stuff the big bit and then you've got the mental health bit on the end, that's what I've heard and um...how do you prove you're not well on the day. (Susie, 217-219)

Regular reassessment of an individual's work capability suggests the problem lies with the individual not taking responsibility for their situation and choosing not to work, rather than an economic or societal problem. In the following extract Judy positions herself as failing despite how "ill" she felt, she highlights the catch 22 nature of the process, no matter how much she tries to legitimise her situation it continues to be challenged:

> The first outcome where I didn't pass the assessment that was just dreadful because I was really really highly ill at highly ill at the time. Like I said to the woman I haven't got out of bed for three weeks I'm so depressed and so paranoid. (Judy, 281-282)

This pass fail construction is connected to the construction of "just being numbers", stripping away the complexity of the situation and the various factors which will contribute towards an individual's ability to work or contribute in some way. Patrick (2011) comments on how these dichotomies are unsustainable and unhelpful. Positioning someone as undeserving through failure suggests a need to self-monitor and correct oneself, justifying the use of Mandatory Work-Related Activity in the WRAG (DWP, 2015). Harris and Rahilly (2011) see the ESA process as an attempt to alter the mind-set of claimants as the process encourages people to continually focus on their potential for work. This resonates with Foucault's ideas on the internalisation of surveillance. Patrick captures this sense of being reminded on ones undeservingness and potential to work when he frequently receives letters requesting he participate in the Work Related Activity Group:

> I get pretty winded up when these all come through my door. But every time, it's not often but every now and again I break down and someone has to phone them up and...we just they just, someone else talks for me and then they say ignore the letter. Then I'll get another one for the next schedule, right so they keep they keep my mind thinking on that. (Patrick, 22-24)

All or nothing – work or non-work

Closely related to the construction of the WCA process as something you either pass or fail, was that of it being an all or nothing process in that you can either work or not work. This dichotomous category ties in with the categories of deserving versus undeserving, and the idea that some people are responsible for their situation whilst others aren't. Work is viewed as being able to support oneself financially independently

and devalues the contribution of part-time work, voluntary work and caring responsibilities. Patrick was in receipt of Incapacity Benefit for 20 years and when a WCA assessment found him fit for work he was placed on JSA and considered work ready:

> That's all I got in my medical. As soon as I got the letter saying I got six points they...I had to go straight away down to the job centre and start claiming on to...applying for another benefit. (Patrick, 28-29)

This immediate move from the deserving to undeserving category indicates assessors constructed Patrick as capable of working, that he made a choice not to work. Patrick talks about not being ready to look for work, and after 20 years of being out of work how he was expected to find employment independently with no support:

> I used to know the boards [at the job centre], yeah you take the little slip you write down and you take that up to them. Now they make you go on on um [computerised]...when it was there I looked at it and I thought what do you do and no one would come over and help me, the security guard did but he come over but he only went so far and said well no I can't go any further than that you've got to do this. Well I said I don't know what I'm doing here, what am I supposed to do. So I've gone along the line because I didn't know how to do that I've got to learn computers and I've gone along the line the work programme they're not blinkin there to help you to learn, they'll help you to get on a computer and say right you've got to do this and do that. (Patrick, 441-446)

Patrick does not challenge the dominant discourses of choice and being undeserving of welfare, but accepts that he individually has to take responsibility for his situation, without questioning the socio-economic circumstances. The rhetoric of empowerment prevails through government documents on reforming the welfare system (DWP, 2006) yet the dichotomous distinction of work and non-work does not suggest empowerment. The extract below does not indicate empowerment, but suggests Patrick felt at risk of his benefits being stopped if he does not conform to the requests stipulated by the Job Centre:

I had to go and fill in forms, go...look here, look in the papers. I had to go and um...basically look for a job, start hunting, but I didn't know the system it had changed. I was I was embarrassed to find out that...I used to be a butcher so I looked around supermarkets and but I was so nervous about doing it, I wasn't ready to be looking for work I was...I had so much on me, I was pressurised to...if I didn't fill this in I'd lose what money I have left. (Patrick, 32-35)

In the above quote Patrick has been positioned as undeserving and this is used to legitimise putting pressure on claimants to find work. Patrick's following comment constructs the process as unfair, unhelpful and forceful. Patrick resists the ascription of workshy by indicating a wish to return to work, however, he wants to manage this process independently:

It's [WCA process] ruined my life because they're they haven't helped me one bit. They've um taken me off a benefit that I shouldn't have come off, yeah. I should be left to get better the way I'm doing it now. I should be 'cause before I treat I

treat anything to do with these people or the socials right they're forcing me to do things they're not they're not helping. They're saying they're helping but they ain't. They're telling you what to do. (Patrick, 434-437)

Judy spoke about the lack of adjustment period, which indicates that those found capable of working are perceived as making a choice to be out of work and undermines the idea that returning to work may be a journey, with a gradual transition back to work. She commented on practical barriers that she faced in terms of finding employment, but not socio-economic factors which may impact on her ability to find employment:

J - Yeah and there was no like adjustment period either, you know you're either on ESA or you've got to be expected to go down to the job centre once every two weeks, sign on, apply for six jobs a week, that sort of thing. Such contrasts to deal with you know.

I - That sounds like quite a lot of effort to go down to the job centre and apply for that number of jobs.

J – Yeah, yeah, yeah definitely. Especially because I didn't have internet at home and the jobs you have to apply for are mainly over the internet now, so that meant having to go down to the library and I was suffering with such high paranoia at the time as well, you know I was barely went out. (Judy, 105-109)

These extracts do not suggest a supportive or empowering process for these individuals. In contrast to this, two participants attended a Work Programme course. Linda constructs the course as helping her focus on individual barriers to employment,

emphasising individual responsibility, suggesting that if she improves her CV and literacy skills she will be able to find a job:

> I - Tell me what you were doing on the course?
>
> L - (Sigh). It's helping me really, because I can't read or write properly, it's helping me with things like that and then I had to learn another one when they help you to write up a CV. (Linda, 75-77)

Despite Linda's ten week Work Programme she failed to find work, being told she was too overqualified for many of the roles she applied for. Rees, Whitworth and Carter (2013) have indicated that "creaming" off easier to serve claimants (targeting service towards them) and "parking" harder to service clients (unlikely to generate an outcome and therefore de-prioritised) is widespread throughout the Work Programme due to payment by result schemes and financial pressures and incentives. Their research suggests that disabled people experience lower job outcome rates compared to their "non-disadvantaged" peers. They further claim that the Work Programme may be reinforcing and exacerbating the negative impact of employment disadvantages through this process. Judy constructed the Work Programme process as something that added to her distress rather than empowering her:

> J - I had to update my CV and had to apply for jobs while I was there and it was like a workshop sort of thing and they put and they were trying to show us how you can transfer your skills from one job to another depending on...say you're a plumber and there's not necessarily a plumber job but you can still do handy man role or that sort of thing or maintenance person that that sort of thing. They were

trying to show that in the workshop. But the um, the CV that I typed up um...we

had to put it on to email and then I went to the library to try and access it and the

library format wasn't compatible with Seetec format so I couldn't even apply for

my jobs.

I - So the CV you produced you couldn't access outside of Seetec.

J - No and I wasn't allowed to go back to Seetec to use their computers to be able

to send...so it was all...it was terrible, at the time that was just too much for my

brain to be able to...process. It seemed like the odds were stacked against me,

everything was going against me, everything was going wrong and it was just

heightened my depression and my anxiety so much. (Judy, 158-166)

The above quote highlights how despite conforming to the expectations of the

WCA process the "odds are stacked against" you. With a shift from a 'passive' to

'active' welfare system and out of work benefits increasingly being tied to the obligation

to seek paid work (Rees, Whitworth & Carter, 2013), yet people struggling to find work

despite participating in the Work Programme, counter constructions could prevail as

described below.

"It's a money saving thing" – political act

Some participants constructed the WCA process as a political act, to save money

or influence unemployment figures. Susie constructs the WCA as a money saving

exercise, in doing so she is enacting the construction of benefit claimants being an

economic drain on society. She suggests there are a group of people who are an economic

drain by making reference to the views she has seen in the media; however, she attempts

to resist this ascription by stating that she is struggling financially:

I don't know. I just assume it's all political and trying to save money. I just think

it's a money saving thing. Okay they might be trying to clear up but I...most

people I know who are on benefits, apart from like the view on telly, are

struggling like me. (Susie, 192-193)

Marcie constructs the process as a political act to influence unemployment

figures, framing it as a labour market problem rather than problem with an individual's

will, motivation or honesty:

I don't think they do really because then the unemployment figures would go up

but I think then they can just turn round and say we've got X number of people off

of ESA but all they've done is switched them from one benefit to another. It's all

very political. Sorry I'm 60 I'm cynical. I've seen political leaders come and go

and I think that was the only reason for it. (Marcie, 184-186)

Constructing the process in such a way appeared to enable Marcie to successfully

appeal decisions made about her work capability. In the quote below Marcie questions the

legitimacy of the WCA process on the basis of the high rate of appeals overturned. She

suggests the categorising of people into groups, which draws upon the

deserving/undeserving discourse, is arbitrary. This relates to the catch 22 situation

participants find themselves in, where they struggle to know how to negotiate the system:

They have a quota to meet, they have a mathematical quota of people they have

to get off ESA work related, which to them as a computer firm is easy if you see

what I mean, it's just figures but then they had to start dealing with people who were ill and who would appeal the decisions they made so you get a decision made you appeal it and it goes through an appeal. The amount of over 6, 60% of tribunal appeals were upheld on the first hearing; this is how crap Atos were. So it seemed to be very hit and miss as to who would get but in to times supported and who would get excluded from work related if you see what I mean. (Marcie, 281-285)

"You're being interrogated" - Threat

All participants constructed the WCA process as threatening and anxiety provoking. For many of the participant's potential contact from the DWP was constructed as a threat and highlighted a sense of surveillance:

A - I have nightmares that benefit forms are going to come through my door and or letters saying that I've got to look for work and things like that (tearful). Because I know I'm not capable, because it scares me.

I - That sounds really tough. What part of it scares you?

A - That they're going to take my benefits away because I can't live without my benefits because I know I can't get a job either 'cause I (cries). (Annabelle, 84-87)

Annabelle's extract emphasises the all or nothing, work or non-work dichotomy. Her comment suggests people are constructed as undeserving and have to prove otherwise. Patrick describes the letters as scaremongering and the proposed sanctions for non-compliance as threatening:

P- This is scaremongering for me.

I - And what do you do once you receive this?

P - I panic because the letter, these letters say if I don't attend a course they report me to the social and I could lose my benefit. They always threaten you, if you don't turn up yeah it effects...um what was the word they used...um you know I've forgot they did have um...if you don't attend it goes against you. (Patrick, 9-13)

Patrick's account also indicated that participants are positioned as undeserving by default, and choose not to work. He constructs the process as paternalistic:

Absence it's like, like a school register really, absence without attending, if you get one of them it goes against you with the social. I think I've said that wrong as well, I know it's...well that's what makes you go in, because they force you. (Patrick, 15-16)

Andrew also constructs the sanctions as paternalistic and a threat to one's wellbeing. This extract suggests Andrew is perceived as having the wrong attitude and outlook. The morality discourse is being enacted, with people being constructed as making a choice to be out of work and as a result are deserving of sanctions:

A - Um because, you know it's like this uh I don't know if you've heard about Jobseekers Allowance and some of the sanctions. Have you heard about that?

I - A little bit, but tell me what you were going to say.

A - Well what I was going to say is uh they can literally say you know you turn up 30 seconds late for your interview they can say your sanctioned and you don't get

any money um and … is exactly the same, she can say you're not doing you what I'm asking you to do therefore you know we're not going to pay you for a month or something like that. Um which you know (laughs) is obviously quite a scary thought. (Andrew, 519-514)

Mary's extract below constructs the assessment as a threat, a risk to her sense of security:

M- She was talking to me and she was typing it down and I thought um…because you're scared if you are going to be alright or not and uh…

I - And when you say you are scared about whether you are going to be alright or not, what do you mean?

M – About the whole medical thing…will I lose my money or not...they feel like they are taking away your whole security. (Mary, 56-59)

The sense of threat surrounding the WCA suggests that people are being positioned as responsible for their situation and that strict sanctions will motivate people to change their situation, detracting attention away from socio-economic factors. Many of the participants positioned themselves as vulnerable to this sense of threat and mitigated this through taking someone to the assessment with them. Linda constructed the process as intimidating and therefore asked a member of Mind support staff to attend the assessment with her. The quote below suggests Linda is aware she is positioned as undeserving, morally wrong and therefore expects to be intimidated to encourage her to find employment:

I - What were you worried about going on your own? What did you think might happen if you were to go by yourself?

L - That I might get intimidated.

I - And if you were to be intimidated what might happen?

L - I'd probably break down and cry.

I - And who do you think would intimidate you?

L - The person that was doing the interview.

I - And why might they want to intimidate you?

L - Um...because of being deaf, wearing glasses, all stuff like that. (Linda, 148-155)

Guy was accompanied to the assessment by his older brother, who spoke on his behalf, and provided evidence from his health care providers to confirm his diagnosis and use of services. Guy successfully legitimised his position of being out of work through medical expertise:

G- Yeah, yeah I went to a medical for the first time which was last year in January, my brother come with me 'cause I was really scared.

I - Why were you scared?

G- Because it was the first medical I had because before they just left me alone but I think with the government and um it seems it took a little while to catch up with me, so and when I went there it was alright, the lady I saw was nice and as soon as I showed her the letters from my consultant and from the *(name of hospital removed)* and from my doctor and and the letter from Mind to say that …

uses this service all the time and then two weeks later there was nothing to

worry about (Guy, 122-129)

All of the participants constructed the process as causing them distress, whether

this be in anticipation of the letter, at the assessment, or the outcome of the assessment.

Judy described the process making her more ill. In the quote below she attempts to

legitimise herself as a claimant through her mental health diagnosis, she feels forced to

look for work despite not feeling able to:

 I was sleeping with two hammers under my pillow, yeah that's how high anxiety I

was you know so for me to have to go back on to job seekers and start going back

down to the job centre where people like that sort of hang about, be seen out and

all that stuff going through my head and having to worry about applying for jobs

and it yeah and it just made me even more ill. (Judy, 282-284)

Susie's account below suggests she struggled to legitimise her situation through a

mental health diagnosis and this resulted in her harming herself. This led to the

involvement of mental health professionals who provided certification to legitimise

Susie's situation as a benefit claimant:

I - What part of it made you...tell me about the overdose, what made...

S - Well because that's what I do I suppose and it's part of my illness and it just I

just...I ended up phoning them up. She said well we're going to, 'cause the letter

said we will ring you and do an interview and then we'll ask you to fill a form in

and then you'll have to come in for a medical and I'm like what after 20 odd years

you want to go you want me, I don't even know what was in the forms I didn't even fill them in the doctors did. So I said have you actually read the DLA forms, I was hysterical...and she said no everyone's got to go through this, and anyway it ended up I got the letter and then I ended up writing, I don't know as by then I was back with the crisis mental health team because of it all. (Susie, 98-103)

Susie's account highlights the risks involved with people attempting to legitimise their situation, particularly for people who may not have professional support. Using psychiatric categories to legitimise one's position of being out of work is beneficial to the government, as it situates the problem within the individual and justifies interventions being focused on the individual to prepare them to be "work ready". The focus on the individual has become increasingly apparent, with workfare interventions targeted towards modifying attitudes, beliefs and personality, through positive affect (Friedli & Stearn, 2015). More recently it has been suggested that people who are overweight or use substances will be at risk of losing their benefits if they do not participate in medical programmes designed to make them lose weight or cease using substance (Mason, 2015). In the extract below Judy constructs herself as taking responsibility for her situation by conforming to the conditions set out by the job centre and attending psychological therapy. She also alludes to the idea of an internalised sense of surveillance:

J - He was just asking me along to tell me that they were going to leave me alone for 18 months that that I was doing going to all my job my support groups um like I've got psychology sessions that I go to every Monday. I'm doing everything that I can to get myself better at the moment and so they're going to leave me alone I think until October next year. Yeah, October next year.

I - How did that make you feel?

J - Such relief! Such relief. It was just so I was just so...in a way it's helped me get better quicker because it's once less thing that I've got to worry about. I know I can concentrate on getting myself getting myself better because that is something when you're worrying about your benefits and worrying about the social as like an institution that's something that plays on your mind constantly. So yeah it was like oh I couldn't believe it when he said that. It's just like now I can properly, you know what I've been meaning to do all the time just concentrate on getting myself better. So that I can get back to work because I do want to get back to work I'm looking forward you know. If anyone will have me I'm looking forward to getting back to work. (Judy, 295-303)

Within this extract Judy is enacting a discourse of responsibility lying with the individual, through concentrating on how she needs to get better and not considering the socio-economic status. This extract pertains to Judy's second WCA assessment where she was assessed at home and reported that the assessor had an awareness of her psychiatric diagnoses prior to the interview. In the extract below Judy suggests her situation as a benefit claimant is legitimised through her diagnoses:

Basically they said um he had all the details about me on his computer screen. He goes I understand that you suffer from post-traumatic stress disorder, generalised depression and associated anxiety symptoms or whatever it is. He knew everything about me. (Judy, 289-290)

Judy working on herself in psychology sessions is in keeping with the neoliberal discourse of individual responsibility and appears to allow Judy more time to prepare for work and reduced surveillance by the DWP.

This chapter presents how ten users of mental health services construct the WCA process, and how they have been positioned through participation in this process. The implications of these constructions will be discussed in relation to clinical practice, service delivery and future research in the following chapter.

Discussion

In this discussion the research aims will be revisited and discussed in light of the results. The research will be evaluated and implications of this research will be discussed.

Research aims revisited

The main aim of this research was to explore how users of mental health services talk about and make sense of the WCA process. In particular the research focused on how users of mental health services are constructed and positioned through their involvement in the WCA process. The aim was reflected in the following two research questions which will be discussed:

1) How are users of mental health services constructed through their involvement in the WCA process?

This question has been addressed in this research through the identification of four main constructions. These constructions included fraud versus genuine, workshy, drain on the economy, and just a number. Some of these constructions (fraudulent, workshy and a drain on the economy) resonate with dominant constructions we have seen in the media, and as presented in the introduction.

Participants reproduced, but attempted to legitimise their position in regard to the constructions of fraud, workshy and drain on the economy. Underpinning these constructions was the dominant discourse of the deserving versus undeserving poor which dates back to the New Poor Law of 1834 (Garthwaite, 2011; Warren, 2005). The

deserving versus undeserving discourse can be considered to have developed into a what Foucault (1980) would refer to as a regime of truth; the discourses a society accepts and functions as true due to reinforcement through historical, institutional, cultural and social practices.

The original distinction of the deserving versus the undeserving poor was based on the perception of some people as "idle" and hence undeserving of relief, with idleness being viewed as a moral defect. The concepts of idleness and morality resonates with the findings from this research whereby the constructions of people as fraudulent or workshy suggests one is making a choice not to work and positions these people as immoral. Explicit moralising takes place in policy statements and speeches by the UK's main political parties, with politicians asserting that work is good for you and claiming welfare dependency is a problem (Patrick, 2012a). The claims for individual causes of worklessness and the emphasis on individual responsibility to seek work are successfully used to legitimise the government's welfare reform (Crisp, 2008; Patrick 2011). This moral questioning of the behaviour of the poorest legitimises policy measures, including sanctions, reductions in benefits and increasing work related conditionality, with the aim to try and alter behaviour (Patrick, 2012b). Fryer and Stambe (2014) have suggested that positioning people as deviant, as the moral discourse does, can be used to legitimise norms of hard work in a neoliberal labour market in the interest of employers and shareholders.

The construction of being out of work as a choice suggests that people can choose otherwise, however, the complex relationship between health issues and the labour market has been well documented, suggesting that vulnerable groups of people (older

with poor health and lower qualifications) are likely to be squeezed out of the labour market at times when there are a limited number of jobs available (Beatty & Fothergill, 2010). McCoy and Peddle (2012) suggest that blaming the individual relieves the state of responsibility for addressing structural deficiencies which may have caused unemployment. Smail (1996) suggests that talk of 'irresponsibility', failure of 'duty' and lack of 'values' as causes of joblessness detracts attention away from the apparatus of power which control the possibilities and choices open to us. Yet the increasing trend is for our gaze to focus on the self to examine our motives, and intentions (Smail, 1996). We have seen unemployment viewed as a personal failure and a psychological deficit, with work preparation activities attempting to bring about positive affect through interventions targeted at modifying beliefs, attitudes and personality (Friedli & Stern, 2015). Smail (2005) suggests significant change comes about as a result of shifts in the pattern of environmental influence not because of an individual's wishes or efforts. Policy needs to be influenced to tackle problems at the structural level rather than blaming individuals for deficiencies which they may have no control over (McCoy & Peddle, 2012).

In response to the suggestion that being out of work is a choice participant's highlighted some barriers to employment, these included limited job opportunities for people with fluctuating conditions, being too overqualified (which could also indicate market competition or discrimination), and in-work poverty. Beatty and Fothergill (2010) have drawn attention to the reality of low-paid hard to obtain work being less attractive than the security of welfare benefits for some people. Only one participant made reference to the potential for in-work poverty, despite evidence that the likelihood of low pay and in-work poverty has increased in the UK (Living Wage Commission, 2014) and

the suggestion that people with disabilities are twice as likely to live in poverty as those that are non-disabled (Disability Benefits Consortium, 2011). Employment opportunities are currently dominated by part-time or zero hour contracts and many workers are paid below the minimum wage (Etherington & Daguerre, 2015), with this type of employment unlikely to be appealing to people who value income security. Schumuecker (2015) claims that more people experience poverty whilst in work than those on benefits, yet the government asserts that they are "making work pay" and are incentivising people to work (DWP, 2010). Fryer claims that unemployment can serve the interests of some groups, as job competition can allow employers to drive down wages and working conditions, and provides a pool of workers who are unwilling to decline menial, underpaid, temporary, insecure and stressful jobs (as cited in Fryer & Stambe, 2014). Fryer and McCormack (2012) assert that participation within a flexible labour market, with temporary, part-time and low secure jobs, is for many people as psychologically toxic as being unemployed. Psychology has been criticised for being part of the problem through the way in which it promotes employability, active labour market policies, and individualistic interventions to solve unemployment (Fryer & McCormack, 2012).

The WCA and Work Programme has been criticised for the emphasis it places on the individual, failing to pay attention to the socio-economic barriers to employment people face and may have no control over (Morris, 2011; Patrick 2012a). Furedi (2004) suggests that our culture has fostered a climate in which the individual is the site where society's problems are raised and need to be solved. Individualism corresponds with the rise in neoliberalism, and invites problems to be seen as the individual's responsibility rather than the governments (Harper & Speed, 2012) with Peacock, Bissell and Owen (2014) suggesting that the discourse of individual responsibility has been internalised by

those who have to account for life in an unequal society. This focus on the individual legitimises increased state surveillance, with the focus on an individual's personality, disposition and behaviour being abstracted from context, history and political struggle (Friedli & Stearn, 2015).

Participants did not challenge the notion of undeserving benefit claimants; rather they attempted to legitimise their position in relation to this dominant discourse, by suggesting that other groups were undeserving of state support. Participants resisted the ascriptions of fraud, workshy and drain on the economy through positioning large families on benefits and substance users in this way. Large families on benefits and substance users were viewed as making a choice to lead the lifestyle they do and therefore considered responsible for their situation and undeserving of state welfare. Peacock, Bissell and Owen (2014) have suggested "othering" has a protective function as it enables stigmatised identities to be pushed away from the self. They suggested othering positions oneself in a safe and defensible space. The current emphasis on shirkers and dependency increases the need for people to position themselves as different through othering and blaming (Peacock, Bissell & Owen, 2014). Othering allows people to resist the ascriptions applied to welfare recipients and legitimise one's situation claiming welfare yet it also serves to weaken the collectivity and solidarity of disadvantaged groups.

Participants also attempted to legitimise their position of being in receipt of welfare through psychiatric diagnoses and external medical expertise, including mental health support staff accompanying them to the WCA and the use of professional reports to verify legitimacy. Some participants referred to their benefit payments as pay, as if

they were being paid for their sick role in society. Parker et al. (1995) suggest an advantage of the sick role is placing oneself in the hands of the doctor allows responsibility for getting better to be shifted away from the individual to the professional. Participant's also referred to self-esteem and confidence as barriers to employment and this could be viewed as a way of shifting responsibility away from oneself, making reasons for not working contingent on psychological factors, and placing responsibility to get well in the hands of professionals. However, Goode and Maskovsky (2002) have suggested that speaking in language that focuses on the self frames the problem as an individual one rather than an economic one. Legitimising one's position of being out of work through psychiatric diagnoses can obscure social processes by locating problems in the individual and diverting attention from political and environmental factors that can make life difficult and distressing (Moncrieff, 1997). The focus on the individual's mental health goes on to legitimise the use of interventions to increase one's self-esteem or confidence in workfare schemes.

A further method in which participants attempted to legitimise their situation was through constructing themselves as active citizens, commenting on carer activities, social activities and voluntary work. This challenges discourses around citizenship which are bound up with being economically active (Morrison, 2003). Galvin (2002) has suggested that in neoliberal societies the "good citizen" is expected to participate in an active economic and social life, be independent, self-reliant and responsible; therefore making it less acceptable to be in an incapacitated state as it clashes with this idea of a good citizen. The government implicitly undermines various forms of unpaid work which many people participate in (Patrick, 2012a). This was evident in the participant's accounts, with many of them participating in voluntary work, college courses and community activities.

Grover and Piggott (2013) have criticised paid work for being privileged over non-paid work. Roulstone and Barnes (2005) suggest the government need to go beyond paid work and look more creatively at the economic and social contributions disabled people make outside of paid employment. Patrick (2011) has suggested that the notion of work should be extended to include care work, volunteering and other forms of participation such as service user and community involvement. Work is seen to represent the 'good' and 'responsible' citizen yet Grover and Piggott (2013) have noted tensions with the social model of disability, suggesting work is exploitative and exhausting and therefore disabling. They see those not able to participate in paid work positioned as problematic and burdensome and assert the right not to work as a balance to the current emphasis on the obligation to work (Grover & Piggott, 2013).

The construction of people as just a number objectified participants and resulted in them feeling vulnerable as they perceived their personal circumstances not taken into account. This construction also highlights the impersonal and mechanistic nature of the process which was documented in Harrington's (2010) first independent review of the WCA. Harrington (2010) recommended building more empathy into the process; however participant's constructions of the process were generally far from an empathic experience. The Work and Pensions Committee (2014) criticised the WCA for causing people to feel "dehumanised, ignored or questioned inappropriately" (p. 11) and suggest progress to return to work is hampered by the anxiety caused by the WCA process. The impersonal and mechanical nature of the assessment process indicates that the complexity of an individual's circumstances is not being explored adequately. In 2012 the Citizens Advice Bureau reviewed the accuracy of a sample of WCA assessment reports and indicated that there were omissions, incorrect observations, incorrect factual recording,

unjustified assumptions about the claimants condition and a lack of empathy shown ("Written evidence submitted by Citizens Advice", 2012). This resonates with the experience of some of the participants interviewed who thought their circumstances were not accurately accounted for or misrepresented. This highlights the potential problems with a mechanical impersonal assessment process which is likely to be driven by targets rather than individual needs.

These results suggest that benefit claimants are automatically constructed as fraudulent, workshy, and an economic drain on society, yet participants attempted to legitimise their position in relation to these constructions through highlighting barriers to employment, positioning other groups as undeserving, constructing oneself as an active citizen, and through psychiatric diagnoses and expertise. Some of these attempts to legitimise their position of being out of work and in receipt of benefits appears to have inadvertent adverse implications, including reinforcing the deserving versus undeserving discourse, and emphasising individual responsibility for being out of work. Participants did however draw some attention to the ways in which they contribute towards society as non-paid workers, challenging the traditional notion of active citizenship, and highlighted some of the barriers they face in terms of finding employment, including discrimination and the requirement for flexibility at work whilst needing to maintain income security.

2) How do users of mental health services construct the WCA process?

This question was addressed through the presentation of five main constructions which participants used to describe the WCA process. These included the WCA being a

catch 22 situation, a pass versus fail process, all or nothing outcome, a money saving political act, and a threatening process.

The construction of the WCA process as something that can you either pass or fail and an all or nothing process (you can either work or you can't) drew upon the dominant discourse of deserving versus undeserving whereby those that fail the assessment are found fit for work and therefore undeserving of state welfare and expected to find employment. The constructions of pass/fail and an all or nothing process may provide evidence for Patrick's (2011) claim that the pass fail dichotomy can be conceptualised as a division of those that deserve state support versus those that are undeserving. The use of the word fail when referring to being found fit for work suggests an unfavourable outcome for the individual and may be associated with the description of the WCA outcome as an all or nothing process; the expectation that participants could move from a status of not working for several years to paid employment immediately. The dichotomous construction of pass versus fail indicates that there are people that gain or lose out from the process, with these participants reporting feeling forced into the labour market which is at odds with the government rhetoric of empowering people to work (DWP, 2006).

All participants constructed the WCA process as threatening and interrogatory, which resonates with the default positioning of benefit claimants as undeserving frauds that need to prove their entitlement to state benefit and require careful monitoring. Smail (1996) suggests that one of the quickest and most immediately effective ways of influencing people is by threatening their livelihood, and creating worry and insecurity over finances. A continued sense of surveillance will inevitably lead to the inscription of

anxiety in those being watched (Smail, 1996). Inducing a sense of interrogation could be viewed as a way of encouraging individuals to self-monitor and continually focus on work readiness. This act of self-monitoring and self-correction echoes Foucault's ideas around disciplinary power, the continual gaze, and technologies of the self (Leonard, 1997). Participants appeared to be either focused on their potential to work or the reassessment process, with all participants expecting an inevitable reassessment. Many of the participants were attending college courses or participating in voluntary work to either prepare for a return to work or to provide evidence to legitimise their position of being out of work.

The fear of failing the assessment led to many of the participants requesting professional staff to attend the WCA appointment with them or to provide some form of legitimisation (professional reports or letters) for their circumstances. Requiring someone to talk on one's behalf and the use of professional evidence suggests mistrust, and disempowerment on the part of the service user. Although support was deemed necessary by some of the participants to resist intimidation, the use of professionals potentially reinforces a medical discourse and Conrad (1992) highlights the risk of the medical model decontextualizing social problems and individualising what might be seen as collective social problems. The individualised focus of a medical discourse can be readily co-opted into a neoliberal discourse, emphasising individual responsibility and agency but at the risk of neglecting social or collective actions against social inequalities and economic factors (Peacock, Bissell & Owen, 2014).

The emphasis on participants requiring professional support during the WCA process indicates that there will be implications for people who cannot access voluntary sector or NHS mental health services. Reduction of government budgets has influenced

the provision of advice services, such as the Citizens Advice Bureau, at a time when demand for services is increasing (CAB, 2011). For people that cannot access advice services there may be a risk of them becoming more marginalised, giving up claims due to feeling disempowered, and the potential for people to self-harm or attempt suicide; perhaps to express their level of distress or to legitimise their right to benefits. The fifth independent review of the WCA found that the number of individual's entering the Support Group (who are not obliged to seek employment) based on the category of substantial risk of harm had increased from 17% to 38% between 2009 and 2013, with no changes made to the category over this time (Lichfield, 2014). This increase in reported risk of harm could indicate a number of things, including the level of distress the process is causing, or that claimants need to threaten risk of harm in order to be placed in the Support Group and to resist being forced to find employment when they do not feel ready or well enough to.

The construction of the WCA as an all or nothing process resonates with the deserving versus undeserving discourse, with those failing the assessment expected to enter into paid work through Job Seekers Allowance receiving minimal support. This positioning of some people as undeserving and therefore failing the WCA is justified through government rhetoric of self-motivation and personal responsibility (Etherington & Daguerre, 2015). The DWP (2006) described a move away from a passive one-size-fits-all welfare state to an active enabling system where tailored support is matched by personal responsibility. The construction of the WCA process by this group of participants has indicated that personal responsibility has been emphasised over tailored support, with many participants being expected to find work independently and just two participants requested to attend the Work Programme. The two participants who accessed

the Work Programme did not find employment which could be indicative of "parking" unemployed people that are further away from the labour market due to payment by results (Rees, Whitworth & Carter, 2013). Evidence suggests that there is a large gap between the capacity for work-related activity and the capacity to secure and sustain employment; with generic work preparation activities such as CV writing having little benefit whilst other barriers to work, related to disability or illness, remained unaddressed (Hale, 2014). The practice of "parking" within the Work Programme is seen as failing disadvantaged groups (Etherington & Daguerre, 2015) and potentially causes people to enter into further poverty due to the reduction in benefits once moved from ESA to JSA.

Some participants constructed the WCA process as a catch 22 situation which represented the way participants tried to negotiate the system and resulted in a circular process that they could not escape. Regular reassessment of people within the WRAG and Support Group will contribute towards this sense of a circular process. The WCA process asserts a medical hegemony and many of the participants legitimised their situation of unemployment through psychiatric diagnoses, but this presented a number of problems. Participants described assessors not acknowledging the mental health diagnoses that they were reporting, and some participants were led to believe they would require an alternative diagnosis at the next assessment as they thought their current psychiatric diagnosis would no longer be valid. It is not apparent whether this suggests a lack of understanding of mental health difficulties on the part of the assessors or an internalised sense of surveillance on the part of the service users, whereby they believe they have to raise the stakes for each assessment.

Another example of the catch 22 situation is that of the potential of finding employment given the discrimination we are aware people with mental health problems face (Stuart, 2006). Some of the participants who had looked for work were unsuccessful, attributing this to lack of support and being too overqualified for roles, however discrimination may have played a role. McCoy and Peddle (2012) suggest that stereotypical labels applied to benefit claimants around work ethic, exploiting the system, and a lack of sense of responsibility can be adopted by potential employers and may influence whether an individual is offered a job. Evidence also suggests that when labour markets are depressed fewer opportunities are available for those with health problems (Lindsay & Houston, 2011). Participants who at initial assessment were found fit for work described receiving limited or no support to return to work and those applying for jobs were unsuccessful. Some participant's spoke of wanting to work on a part-time basis but the availability of such jobs and whether this type of employment will be beneficial and lift one out of poverty is questionable (Goulden, 2014). Schmuecker (2014) suggests that people with disabilities are likely to find themselves at risk of entering a low-pay no-pay cycle whereby low paid jobs are associated with job insecurity and people in these positions will frequently find themselves falling back into unemployment. This low-pay no-pay cycle can result in people finding it difficult to escape low living standards and advance in the world of work (Thompson, 2015). This leaves one to question the incentives for moving in to employment for some groups of people.

A further example of the catch 22 process was participants who had been previously employed describing work as a factor that had led to their mental health difficulties. This would be expected to cause trepidation about entering the labour market again. In particular one woman spoke of being worked to exhaustion. Although there is

evidence to suggest the positive impact of work there is also evidence to suggest that jobs that are demanding, demeaning, boring or repetitive can negatively impact on physical and psychological wellbeing (Ashby, 2010; Wilkinson & Marmot, 2003). Rosenthal (2008) suggests exploitation and oppression are considered commonplace in today's society and those that rebel against it are considered sick or deviant, which echoes the constructions of people as fraudulent and immoral within this research. Webster (2005) claims that the increase in the number of people claiming unemployment through sickness is the direct result of relative worsening of employment status, brought about by policy changes since 1986. Mathias highlights how the Poor Law reform of 1834 was based on the view that poverty was due to workshy attitudes amongst the poor, rather than disruption caused by drastic economic change, and this pattern appears to have repeated itself (as cited in Webster, 2005). Given the evidence that people with disabilities are at risk of entering the low-pay no-pay cycle, and the low living standards associated with low pay (Thompson, 2015) this is likely to influence an individual's well-being and entering the labour market is understandably a risk for some people.

The construction of the WCA process as a political act to save money is associated with the construction of benefit claimants as an economic drain on society. Constructing the WCA process as a way in which the government is trying to influence unemployment figures corresponds with the suggestion that those found suitable for the Work Programme are not included in the Labour Force Survey used to calculate unemployment figures (Void, 2012). Constructing the process as a political act appeared to support one participant to successfully challenge decisions made about her work capability. This construction of the process as a political act has been evident in the mainstream news and disability rights groups and may act to encourage collective action

reducing the focus on the individual and focusing attention towards other factors associated with unemployment including socio-economic factors, social inequality, structural unemployment and discrimination. This construction challenges the neoliberal discourse of individual responsibility, and points to change at a governmental level rather than the individual level, and opens up space to challenge the status quo.

This research demonstrates the importance of paying attention to discourse. Discourse shapes reality and becomes or explains policies. Reflecting on dominant discourses allows us to critically examine the ideologies and power driving the discourse, whilst considering at which point the discourse reflect our own ideologies or goals for welfare policy, and when they diverge.

Evaluation of the research

In this section the research will be evaluated in regard to its strengths and limitations.

Epistemology and methodology. As discussed in the methodology chapter a social constructionist epistemology is congruent with FDA. Social constructionism does not attempt to set a fixed meaning on concepts in advance or compare concepts to an independent existing reality (Harper, 2006). It is considered a useful theoretical resource in which to analyse the way a concept emerges historically and in different cultures (Harper, 2006), which was attempted through the genealogy outlined in the introduction.

Qualitative approaches have been criticised for lacking objectivity, reliability and validity, however this criticism is from a positivist epistemological position. Harré (2004) has suggested that qualitative approaches are more empirical than many quantitative approaches due to the way in which reductionist quantitative approaches delete indexicality, historicity and contextuality, potentially losing meaning. Within a FDA approach data is presented to allow the reader to judge the interpretations for themselves, and reflexivity aids accountability by making explicit the researchers role in the creation of the findings.

Within discourse analytic research there has been a long running debate between relativists and realists, with different views about the extent to which discourse is constrained by social and material structures (Willig, 2008). This has implications for the conceptualisation of power, whether power is maintained and enacted through discourses and institutions, but not where it originates, or whether power is produced by discourse and as aspect of discursive relations rather than controlled by anyone (Willig, 2008). Sims-Schouten, Riley and Willig (2007) have suggested a critical realist approach, considering the discursive and non-discursive, facilitates a more ethical analysis. Speer (2007) has critiqued a critical realist approach to discourse analysis for depending on the relativist techniques that they criticise, suggesting that the critical realist approach results in an analytic double standard, shifting inconsistently between a realist and constructionist analyses. Speer (2007) suggests a relativist approach leads to reflexivity, with the researcher acknowledging how their methods shape the nature of discourse. A reflexive approach does not mean that critical realism or a critique of social relations cannot be undertaken (Speer, 2007). This research did not therefore assign primacy to either discourse or material reality (Willig, 2008).

Within this research the aim has been to identify discourses and subject positions, explore how power relations may be being maintained, and to increase the voice of marginalised groups. Burman and Parker (1992) have identified a number of tensions in discourse analytic research. They raise the issue of the power of the analyst imposing meaning upon another's words, and propose that to offer a reading of a text is to reproduce or transform it. It is recognised that the findings presented are my interpretation of the data and just one way of interpreting the data. Analysing the data was a complex iterative task and required regular reflection on Parker's (1992) steps. Data was read several times, identifying objects and nouns. Subjects were identified, and how they were spoken about. These were mapped out and associations, connotations and discrepancies were identified. The genealogy was referred to in order to elaborate the historical and social grounding of the constructions identified. Institutions were identified and consideration went in to who gains or loses out from the employment of a particular discourse. Deciding how to present the data was a complex task given the relationships between the constructions. To ease reading, data was presented on the main constructions determined by each research questions. Constructions that appeared to overlap or be associated were combined together. Participants' language was used to capture the essence of the constructions.

Burman and Parker (1992) suggest there is a danger in agonising over power as this can result in researchers abandoning the project of producing an analysis that goes beyond reflexive concerns. Throughout this research I have reflected on the position of power that I hold and I have used this to expose how participants in this research have been positioned in and through language, with the aim to open up space to challenge discursive practices and to allow participants an opportunity to resist being positioned as

the problem. A further tension of this approach is that of reifying the discourse, treating the discourses as the sum total rather than the manifestation of structural relationships (Burman & Parker, 1992). Within discourse analysis there is a danger of suggesting discourses are universal, fixed and timeless when in fact there are fluctuations and transformations in discursive relations (Burman & Parker, 1992).

Within FDA, questions have been raised about the stability of subject positions (Willig, 2008). Foucault did not see the subject as a stable universal entity, but the effect of discourse (Barker & Galasiński, 2001). This research has identified ways in which participants are positioned through the discourse, however by doing so hopes to open up space for these constructions and positions to be challenged. To question what Foucault would refer to as regimes of truth may allow people to challenge or resist being positioned by particular discourses. Harré and Gillett (1994) suggest that:

> We need to see mental life as a dynamic activity, engaged in by people, who are located in a range of interacting discourses and at certain positions in those discourses and who, from the possibilities they make available, attempt to fashion relatively integrated and coherent subjectivities for themselves. (p. 180)

Parker (1995) has raised ethical questions in discourse analysis when interpretations are not taken back to those involved in the study. Due to time constraints participant validation of the analysis was not carried. My interpretation of the analysis will be summarised and shared with participants, deconstructing taken for granted assumptions and therefore potentially a tool for empowerment (Georgaca & Avdi, 2012).

Quality Criteria. As discussed in the methodology chapter, Georgaca and Avid's (2012) five quality criteria have been used to assess the quality of this research and will be discussed below.

Internal Coherence. A key strength of discourse analysis research is its internal coherence; its ability to tell a good clear story (Harper, 2006). I have attempted to ensure this research is internally consistent through carrying out a genealogy and including wider literature on the subject area. Yet I recognise that due to time and size constraints the sources chosen to produce the genealogy are likely to be partial, they are likely to reflect particular interests, and it is sometimes difficult to identify discourses in which we ourselves are immersed.

Rigour. Georgaca and Avid (2012) refer to rigour being achieved through attention being paid to the inconsistency and diversity of accounts, including deviant cases to ensure richness of detail. During the analysis close attention was paid to the diversity of accounts and this is evidenced through the interview extracts presented and the range of constructions identified, including counter constructions. I do not claim this discourse analysis to be the only "true" reading but one interpretation of the data and other researchers are likely to have alternative interpretations to the one I have produced.

Transparent and situated. Georgaca and Avid (2012) suggest the analysis can be transparent and situated through the detailed description of the research process and the grounding of analysis in extracts. This allows the reader to judge the quality of the analysis and the relationship between the findings and the context in which they have been generated (Georgaca & Avid, 2012). In the method section I have presented a

detailed description of the procedure undertaken, the sample, and the approach to analysis. Throughout the results section extracts have been used and interpretations of these extracts have been documented, to allow the reader to assess the interpretations I have made. I have included an extract of analysis with notes (Appendix F) in the interests of transparency.

Reflexivity. Social constructionism requires the researcher to consider how they have influenced the research process as social constructionist research must recognise itself as a social construction (Burr, 2003). I have adopted Harper's (2003) approach to reflexivity, which includes attention to the methodological process by which the analysis was produced, clarification of my interests and the context, and a balance between reflexivity and research whilst being mindful that reflexivity is not the only goal for research.

In regard to the methodological process my epistemological position developed throughout the research process. I initially positioned myself as a critical realist within FDA but with further reading and data collection I repositioned myself as a relativist. Speer's (2007) argument highlighted how the pull between two potentially incompatible epistemologies means that the analysis can veer inconsistently between the two. Parker himself has moved from a critical realist position to relativism, stating that thorough-going relativism promoted by discourse analysts is the best way of dismantling scientific truth claims (Parker, 2015).

My research has influenced by a variety of factors. My interest in critical and community psychology ideas, my role as a trainee clinical psychologist and my

experience working in socially deprived areas influenced my choice of topic, methodology and the way in which I have undertaken the analysis. The opportunity to conduct research in this area left me questioning mental health discourses and the role of my profession. As a trainee psychologist sometimes searching for certainty, being exposed to a critical perspective of the construction of mental health, and the role of my profession as a form of social control, was at times challenging as I too was implicated in a psychiatric discourse. I had to remain mindful of potentially locating my criticisms and all power within government institutions and inadvertently losing sight of power not being owned by anyone but moving between different groups.

My professional position as a trainee clinical psychologist linked to an educational institution is likely to have influenced the research process. Participants were very cautious of my intentions when I first attended the Mind support groups, asking whether I was undercover from the DWP. For this reason I was more open about my personal views of the WCA process than I had first intended to be. This suspiciousness of my intentions may account for why I was not able to recruit from the Citizen's Advice Bureau; as it was a drop-in centre I was reliant on people seeing the flyers and perhaps they too were suspicious of my intentions. This has led to the recruitment of a specific sample of people and indicates how challenging it can be to recruit people to talk about such topics, in particular when they feel they are under surveillance by government organisations.

The flyers and participant information sheet provided to participants made my professional status known and this left me wondering how they may have experienced the process of talking to someone who has a professional career given their different

occupational statuses. These factors and my identity would have influenced what could and could not be said. For example, I wonder if participant's attempts to legitimise their positions through mental health diagnoses may have been influenced by their perception of me working in the psychology profession.

I am aware that my interview approach developed throughout the process, being shaped by previous interviews, with initial interviews being strictly based around the interview schedule. Over time the interviews became more conversational in style and I think this allowed diversity in the data collected, and potentially why the later interview transcripts were used more in the analysis. Within the extracts presented I have included questions I had asked to demonstrate my involvement in the discussion rather than attempting to reduce the impact of my role in the process. It is common for discourse analysis research not to begin with a clearly structured hypothesis (Harper, 2003). I began with an open research question, but throughout the data collection process recognised that careful conceptual thinking about my actual interests was required. Recognising that analytic choices had particular consequences made this decision difficult for me, as there were extracts that I found interesting that were not used in the analysis.

I was aware of the risk of trawling through transcripts to search for pre-conceived ideas (Potter, 1998) and avoided this through Harper's (2006) suggestion of attention to detail and a slow and careful process of analysis. I often referred back to Antaki et al.'s (2002) warning that quotations designed to elicit sympathy or give participants voice is not the same as conducting analysis however desirable it might me. I found that discursive features were noticed during the transcription process when I was not consciously looking for them. These were likely to be influenced by the media

representations of benefit claimants that I had been exposed to and my reaction to those media representations. Burman and Parker (1993) remind us that discourses do not simply emerge from the analysis but are constructed by the researcher as much through the reading as from the text. I am aware that I drew upon some participants accounts more than others as they provided good examples of the discourses I had identified.

For quality purposes I was aware the results section needed to be a consistent, coherent, linear structure, and what can be potentially lost for the sake of a linear argument (Harper, 2003). At times I was drawn into different directions and had to return to my research questions to refocus my attention. Harper (2003) suggests that it is important to consider that there is never a definitive finished version of an analysis as an analysis is always produced for a particular audience and will differ for each presentation. For example, production of this analysis for publication will see the analysis revised and an alternative version produced.

Usefulness. This research has been able to provide new insights and contribute towards a body of literature, in which there is a paucity of research with this client group and using this type of methodology; focusing on macro-level discourses, subject positions and their relationship with power and institutions. Within a social constructionist epistemology we must remain aware of how the findings of this research are based on a particular sample of the population (people who identify themselves as mental health service users) in a specific area of the UK (North Essex), and are located within a particular historical period, and therefore findings are local and provisional (Harper, 2006). I am mindful that I was unable to recruit any participants through the Citizen Advice Bureau, whom I expected to make sense of the WCA process in a different way

due to their association with an advisory organisation rather than a mental health charity. The aim of this research was not to generalise findings to other groups, but as there were commonly shared discourses between participants this perhaps shows evidence of wider socially shared discourses which may be relevant to a wider audience.

As with all social constructionist epistemologies, this research aims to add to the competing versions of reality (Harper, 2006) and the implications of these findings and potential areas for further research will be discussed in the next section.

Implications

For clinical practice and service delivery

Given that this research idea was influenced by the experience of working in a socially deprived area with users of mental health services who had been influenced by the WCA process, it is hoped that the constructions and subject positions identified will be of value to other health professionals. Many of us may have been influenced by the dominant discourses regarding benefit claimants in the media, and potentially work in systems where we will meet people who have been influenced by the WCA process and these dominant constructions. This research may assist practitioners to consider their position in relation to the WCA process and how they may support individuals who have participated in this process, for example through challenging some of the dominant constructions.

This research draws attention to the discourse of deservingness, and the way the mental health system can be implicated in legitimising someone's deservingness. The findings have identified the influence the WCA process and associated constructions can have on an individual's subjective experience and emotional wellbeing; feeling threatened, interrogated and shamed. The impact the WCA process is having on users of mental health services has been widely documented (Farmer et al., 2011). Practitioners working with individuals influenced by the WCA process would be unwise to ignore the social determinants of distress.

The practice of psychology is not politically neutral (Joseph, 2007). Psychology has been implicated in the WCA process in a number of direct ways: including positive affect as a coercive strategy (Friedli & Stearn, 2015); the use of psychological practitioners in job centres (HM Treasury, 2015); and is less obvious ways including IAPT services being developed on the premise of returning to work (Layard 2006), and the ideology of individualism which draws attention away from the social and material underpinnings of distress (Nightingale & Cromby, 2001). Within this research we have seen the discourse of individual responsibility and choice being emphasised. Friedli and Stearn (2015) have explored the role of psychology in Workfare Programmes and how the focus on individual deficit and failure, and the use of interventions to modify beliefs and attitudes, serves to erase the experience and effects of social and economic inequalities. They suggest the use of psychology and psychologists in welfare reform raises ethical questions and issues around professional accountability that require critical reflection (Friedli & Stearn, 2015).

Mainstream psychology overemphasises the psychological causes of mental health, at the expense of socio-environmental causes, and therefore can be guilty of contributing towards social injustices by virtue of diverting attention away from other causes of distress (Joseph, 2007). The relationship between social inequality and mental health has been well documented (Friedli, 2009; Wilkinson & Pickett, 2010) yet most mainstream psychology remains individualistic and idealist (Cromby et al., 2012). Poverty, limited resources, restricted choices, scapegoating, oppression, and poorly paid or demeaning employment all cause distress, and the naïve separation of the individual from the social, and experience from materiality has been criticised (Cromby et al., 2012).

This research has highlighted the subjective experience of participants who have been involved in the WCA process. Pilgrim (2012) views psychiatric service as responding to the problems generated by a flanking economy. He suggests there is an association between the development of recovery orientated mental health services and the aim to encourage people with mental health problems back into the labour market (Pilgrim, 2012). Harper and Speed (2012) suggest some aspects of the recovery model are based on medicalised and neoliberal notions of individual responsibility. The recovery model has been critiqued for its individual focus whilst the social and material context of emotional distress is downplayed. The onus is on the individual rather than effecting social change.

The recovery model began within the service user movement and appears to have been hijacked by professionals and mental health services. Recovery in the Bin (2016) a survivor led internet movement opposes the way recovery has been colonised by mental

health services, viewing it as a symptom of neoliberalism and capitalism. They highlight
how social and economic conditions will not allow people to recover. Recovery in the
Bin would like to place mental health in the context of wider class struggles whilst
highlighting the need for a social model of madness and distress. They would like to see
the abolishment of the WCA and Workfare, which they view as unfit for purpose and as
part of an erosion of the welfare state. I advocate Recovery in the Bin's principle that
unreasonable work expectations and inappropriate employment can cause unnecessary
distress and pressure.

Speed and Harper (2015) suggest that a focus on the individual can neglect the
causal role of social inequalities in distress. Identifying the individual as being solely
responsible for their fate can be disempowering when they are faced with reduced
opportunities for employment or poverty, and are unable to access adequate support due
to welfare changes (Speed & Harper, 2015). This research hopes to draw attention to the
effects of responsibility being placed with the individual and the importance of paying
attention to the social and material context of an individual's circumstances.

Despite much of mainstream psychology emphasising individual deficit there is
an area of psychology in which the individual is not privileged over the social.
Community psychologists recognise that people's functioning and their health can only
be understood by appreciating the social contexts in which people are placed (Orford,
2008). Orford (1998) see's the task of community clinical psychologist to assist people to
"understand the connection between the social and economic reality of their lives and
their states of health and wellbeing", to help people to "join with others with similar
realities to give voice to this understanding" and to "engage in collective action to change

these realities" (p. 10). The Midland's Psychology Group propose a manifesto for a social materialistic version of distress in which they recognise individuals exist, but their experiences are thoroughly social and at the same time singular and personal, with distress arising from the outside inwards (Cromby et al., 2012). Smail (2005) criticises the way in which psychological therapy encourages people to see the causes and experience of distress as interior when in fact troubled experiences arise from a defective environment. Hagan and Smail (1997) have provided a theoretical framework, known as power-mapping to explore how psychological distress is the result of operations of social power. They argue that power is the fundamental key to mental health problems. Power-mapping allows individuals to consider the power and resources available to them, clarify the nature of their predicament and the possibilities they have available to influence it (Hagan & Smail, 1997). Burton and Kagan (2008) provide a societal case formulation as an alternative to standard individual assumptions of clinical case formulation, exploring how the person has incorporated or resisted various social determinants. This is not to suggest that individual's will be able to readily influence distal powers, but this will allow a sober and realistic view of what can be achieved and allows exposure of the source of danger whatever the implications and irrespective of whether immediate solutions are available (Hagan & Smail, 1997).

As Dillon has stated the "personal is political" and to improve personal experiences oppressive political structures must be addressed collectively (Rapley, Moncrieff & Dillon, 2011, p156). This research has drawn attention to the impact of political structures and the sharing of these findings will add to a body of research that questions political structures that have an adverse effect on some vulnerable groups. Certain forms of power are almost entirely neglected in mainstream psychology, in

particular the value of social solidary (Hagan & Smail, 1997). Practitioners may choose to assist people to gain social solidarity through connecting people to support agencies, activist organisations, and campaigning groups that may challenge the dominant discourse and bring to the fore counter discourses. Practitioners can also become involved in collective action, as we have seen through the Psychologists Against Austerity campaign; an example of psychologists taking collective action against the further implementation of austerity policies. The Psychologists Against Austerity briefing paper criticises austerity policies targeting benefit claimants and calls for social policy that works towards a more equitable and participatory society (McGrath, Griffin & Munday, 2015).

Wider political implications & governmental implications

Clinical psychologist can play a role in examining dominant discourses pertaining to vulnerable groups in society and the implications of such discourses. This research study hopes to add to the discussions around government welfare reform through putting forward the voices of those directly affected by it. Clinical psychologists can play a role in challenging negative constructions, directly through clinical work but also through research and publications which can be shared with the wider media. Clinical Psychologists can also encourage their professional body to take a position on matters that directly affect the individuals we work with.

An example of this occurred in 2015 when the British Psychological Society released a briefing paper requesting the government to carry out a full redesign of the

WCA process, criticising it for inaccurately and inadequately assessing individuals with mental health difficulties, learning disabilities, acquired brain injuries and progressive conditions. The BPS requested the introduction of a valid and reliable method of assessment to replace both the Limited Capability for Work Questionnaire (ESA 50) and the WCA. Appropriate training for the assessors was called for, along with the introduction of specialist assessors for people with mental, cognitive, and intellectual functioning difficulties, and it was recommended that assessors be supervised by qualified clinicians with expertise in assessment, interpretation and rehabilitation (BPS, 2015). Despite recognition of the sincerity of the BPS's response it was critiqued for the potential self-interest in regard to clinicians providing supervision to assessors, and being misguided in its breadth of the view of the issue (Taggart & Walker, 2015). The BPS's suggestion that the WCA process needs to refined fails to acknowledge the history of disability benefit reforms and how these are underpinned by political ideologies of neoliberalism; individual responsibility and self-reliance. Taggart and Walker (2015) suggest psychologists and other social scientists should be theorising methods to resist and challenge the government's position on welfare reform, standing in solidarity with those affected by the WCA process and refusing to be complicit or profit from it.

Friedli (2009) highlights the need for policies and programmes to support improved mental health for the whole population and suggests priorities for action include economic conditions that support family and community life, employment opportunities and workplace pay and conditions that support mental health, and partnership between health and other sectors to address social economic problems that contribute towards psychological distress. She recommends efforts are made towards improving pay, working conditions and job security, particularly for the most vulnerable.

Friedli (2009) recommends that a focus on social justice will provide an important corrective to the growing over emphasis on individual pathology. This research hopes to contribute towards exposing social injustice. Psychologists given their research skills are in a prime position to continue developing research which addresses policies that undermine social justice and have a responsibility to share this research far and wide with the intention to influence government policy.

Many government policies currently reify self-sufficiency whilst stigmatising dependency. Dependency is viewed as discouraging re-entry to the labour market (Dean, 1995) yet Lindsay and Houston (2011) claim that there is no consistent evidence that a culture of welfare dependency explains the high number of people claiming incapacity/ESA. Pykett (2014) see's the notion of dependency being given special value as an intergenerational cultural phenomenon by cabinet ministers, yet evidence of intergenerational cultures of dependency remains scant (McDonald, Shildrick, Furlong, 2014). Patrick (2012b) suggests that political discourses discount and undermine dependency, despite dependency being normal and us all being dependent in some way. Titmuss (as cited in Sinfield, 1978) highlights how we are all welfare dependent by looking beyond social welfare and drawing attention to fiscal and occupational welfare provision. Pykett (2014) provides an alternative relational geographical approach to understanding welfare and the apparent culture of dependency; she highlights the role of uneven employment opportunities, low-wage dependency and dependence on a new migrant division of labour. Dominant discourses which have a limited focus on character, moral and behavioural arguments for welfare dependency can be challenged if specific relations of interdependency such as those documented can be unpacked (Pykett, 2014). Psychologists have a responsibility to pay attention to social processes that are impacting

on the most vulnerable in society and to challenge these notions of individual responsibility, whilst advocating for fairer economic and social policies.

Grover and Piggott (2013) claim that despite 70 years of state interventions, disabled people continue to face acute labour market disadvantages. They criticise the structuring of interventions by supply-side concerns and the way in which disabled people are expected to compete in free markets for employment against their able-bodied peers (Grover & Piggott, 2013). Lindsay and Houston (2011) suggest that policy makers need to arrive at a more holistic range of measures that provide intensive support to build an individual's employability yet whilst also recognising geographical job disadvantage and providing area regeneration strategies to promote accessible job opportunities. Patrick (2011) suggests the government would be wise to focus their efforts towards: how best to improve the quality of work available, reducing the extent on inequalities within the working population, and reconsider the way in which they undermine forms of unpaid work in which many people participate in. Owen & Harris (2012) suggest the UK can learn from other countries, for example Denmark, where volunteer experiences, education, training are valued as worthy alternatives to full time paid employment. Roulston and Barnes (2005) highlight a number of limitations and concerns with disability and employment policy including the lack of service user involvement, the continued dominance of medical model definitions of disability, the weakness of the Disability Discrimination Act 1995, and funding, that all raise doubts about the ability to enhance disabled people's working futures. As stated previously, Grover and Piggott (2013) assert the right not to work due to the conflict between the social model of disability and the exploitative nature of work.

Disempowered groups need to gain knowledge about the nature and origins of their circumstances, and the ways in which people are kept in ignorance of the historical and current social arrangements that have resulted in them being in their current positions (Orford, 2008). Although increased knowledge is not the same as action to transform the circumstances, increased knowing is in itself empowering. Dissemination of this work hopes to increase the knowledge of a group of people who have been disempowered through welfare reform processes and initiate further research in this area.

Research implications – for existing research and future research

This research has contributed towards the limited body of literature in this area. The qualitative nature of this research allowed the voice of a group of people who have been exposed to the WCA process to be heard. I am not aware of any other research that has focused on discourses surrounding the recent benefit changes, with all other research appearing to focus on participant's experiences. It is hoped that this research will leave people with questions that will encourage further research in this area.

As alluded to in the results and discussion further research could focus on interviewing people who identify themselves as having mental health difficulties but do not have access to mainstream mental health services. This would allow exploration of how they attempt to legitimise their position when perhaps not so involved in mental health services. All participants in this research drew upon a mental health diagnosis to legitimise their position, and all had been under the care of mental health services, with many of the participants either asking mental health support staff to attend the WCA

assessment with them or providing verification of their status from mental health services. It would be valuable to know whether the discursive constructions and subject positions identified in this research are shared with those who do not have access to mainstream mental health services yet identify themselves as having mental health problems.

As previously mentioned this research has taken place within a specific region of the UK. Given the evidence of the relationship between Incapacity Benefit and worklessness most dramatically in post-industrial regions (Lindsay & Houston, 2011) it would be interesting for further research to focus on different geographical locations to explore whether theses constructions and subject positions are shared.

Exploration of mental health staff's construction of the WCA process may be beneficial as there does not currently appear to be any research in this area. This may allow an alternative perspective from people who are in work but exposed to the implications of the process on service users. It would be of value to see if they share similar constructions and how they view the process. Likewise further research utilising focus groups to explore with service users their perception of how the process could be amended or wider political ideas would be of value and may be able to go on to inform policy. Within this research service user perceptions of how the WCA process could be different were briefly explored but unfortunately there was not enough space to include this and my perception was that these conversations would be best explored in a group setting.

Further research could also focus on Personal Independence Payments (PIP) which is currently replacing Disability Living Allowance (DLA) and as with ESA it will involve a face to face assessment process and regular reassessment, purportedly to ensure people are getting the right support but also expected to reduce the number of claimants entitled to the benefit. Universal Credit (UC) which is premised on the rhetoric that "work always pays" (DWP, 2010, p. 1) is intended to replace ESA and will differ to ESA due to monthly payments, joint payments for couples, an online claims process and will involve a gradual reduction of benefits if one is to find employment (Money Advice Service, n.d).

Conclusion

This study adds to our understanding of the discursive context of mental health service users who have been involved in the WCA process. The findings indicate how participants construct the WCA process, how they are positioned by their involvement in the process, and the role of historical practices and institutions in the development of these constructions. The findings suggest that participants find it difficult to move away from the dominant negative constructions. Participants highlighted the potentially harmful impact of the WCA process. This has implications for the work of clinical psychologists, at an individual, community and policy level. In particular this research highlights the role clinical psychologists can have emphasising the effects of social context on mental health service users, and influencing policy which attempts to address social inequalities.

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Appendix A

Advertisement poster and flyer

Has your incapacity benefit or Employment Support Allowance (ESA) been stopped?

Have you been through the work capability assessment process (Atos)?

Do you experience mental health difficulties?

Would you be happy to talk about the work capability assessment process?

I am interested in talking to people who use mental health services about how they have made sense of the work capability assessment process (Atos). This study is part of my clinical psychology training course.

I would like to meet with people on an individual basis to discuss this. The meeting can take place at a location and time that is convenient to you; at the Citizen's Advice Bureau (Clacton), at an NHS building (Colchester, Clacton or Harwich), at your home, or by telephone, if you prefer.

Our discussions will be confidential and people who take part in the study will remain anonymous.

If you would like to find out more information, or if you are interested in taking part please contact me or speak to a member of staff who can provide you with an information sheet

Name: Stacy Earl

by email at: searl@essex.ac.uk

or telephone/text me on: 07437 321 397

Appendix B

Participant information sheet and consent form

Information Sheet for Participants

An exploration of how mental health service users' make sense of the work capability assessment process

My name is Stacy Earl and I am a trainee clinical psychologist at the University of Essex. You are being invited to participate in a study exploring how mental health service users make sense of the work capability assessment process. Before deciding whether you would like to participate in this study, it is important for you to understand why this research is being done and what it will involve. Please read this information carefully and contact me if you have any questions or you would like further information.

What is the purpose of the study? I would like to interview people about how they make sense of the work capability assessment process, so that we can learn more about this.

Who can take part? I am looking for people who have mental health difficulties, who have been on Incapacity Benefit or Employment Support Allowance, and have gone through the work capability assessment process. You must also be over 18 years of age.

What will the research involve? The study will involve participating in a interview with me for one hour, on an individual basis. You will be asked about your experiences, thoughts and views of the work capability assessment process. The interview can be arranged in a place and on a date that is convenient to you. This can be at the Citizen's Advice Bureau, at an NHS building, at your home or over the telephone. The interview will be recorded.

Will I be paid to participate? If you take part in the study you will be provided with a financial gift of £10 (voucher) to reimburse you for your time and travel. This will be given to you at the end of the interview process. You are allowed to be reimbursed for your expenses without this affecting your benefits.

Will my information be safe? Interviews will be recorded and recordings will be password protected so only Stacy and her supervisors will have access to it. The recordings will be kept until the end of the project, in April 2015, after which they will be destroyed. The interviews will be written up and the documents will be password protected so only Stacy and her supervisors have access to them. You can have a copy of your interview if you would like. Your name and personal information will not be shared so you will remain anonymous. Instead of using your name you will be given a identification number (e.g. Participant 1).

What will happen with the information I provide? The results of the study will be written up as a thesis for a clinical psychology training course. A copy of the study will be kept at Essex University (remember you will not be identifiable from the information). It is also planned that the research will be submitted for publication in an academic journal and perhaps shared with people and organisations that are interested in the findings of the study. You can have a summary of the study findings, if you would like.

Withdrawing from the research: If you decide to take part in this study, you are free to withdraw from the interview at any time. You can decide that you no longer want to participate without any questions being asked, and this will not disadvantage you in any way. If you decide to withdraw the recordings will be destroyed.

Thank you for taking the time to read this information. If you would like to take part in this study or would like to find out more information please contact me or speak to a member of staff who can provide you with an information sheet:

<div align="center">

Name: Stacy Earl

email: searl@essex.ac.uk

telephone or text: 07437 321 397

</div>

University of Essex,
School of Health & Human Sciences,
Wivenhoe Park ,Colchester,
Essex. CO4 3SQ.

<u>Consent Sheet</u>

An exploration of how mental health service users' make sense of the work capability assessment process

Participant identification number:

I would be very grateful if you would consider taking part in this research and then tick and initial the box below to indicate your choice.

I have read and fully understood the Participant Information Sheet. ☐

I have had the opportunity to think about the information, ask questions and have had these answered satisfactorily. ☐

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐

I understand the interview will be recorded ☐

I understand that the interview will be written up, and I have an opportunity to read this and delete any parts I wish to. ☐

I understand that my information will be kept confidentially and I cannot be identified. ☐

I understand that my interview information will be used by Stacy Earl and the people who are responsible for checking her work. I give permission for these people to access my records.

☐

I understand that the information may be shared but I will remain anonymous

☐

I agree to take part in this study

☐

I would like a summary of the project findings when it is complete

☐

Name:

Signature:

Date:

Researcher: Stacy Earl

Signed:

Date:

Appendix C

Ethical approval from the University of Essex

University of Essex

FINAL VERSION.

Appendix IV

Application for Ethical Approval of Research Involving Human Participants

This application form should be completed for any research involving human participants conducted in or by the University. 'Human participants' are defined as including living human beings, human beings who have recently died (cadavers, human remains and body parts), embryos and foetuses, human tissue and bodily fluids, and human data and records (such as, but not restricted to medical, genetic, financial, personnel, criminal or administrative records and test results including scholastic achievements). Research should not commence until written approval has been received (from Departmental Research Director, Faculty Ethics Committee (FEC) or the University's Ethics Committee). This should be borne in mind when setting a start date for the project.

Applications should be made on this form, and submitted electronically, to your Departmental Research Director. A signed copy of the form should also be submitted. Applications will be assessed by the Research Director in the first instance, and may then passed to the FEC, and then to the University's Ethics Committee. A copy of your research proposal and any necessary supporting documentation (e.g. consent form, recruiting materials, etc) should also be attached to this form.

A full copy of the signed application will be retained by the department/school for 6 years following completion of the project. The signed application form cover sheet (two pages) will be sent to the Research Governance and Planning Manager in the REO as Secretary of the University's Ethics Committee.

1.
Title of project:
An exploration of how mental health service users' construct their experience of work capability assessments

2. The title of your project will be published in the minutes of the University Ethics Committee. If you object, then a reference number will be used in place of the title.
Do you object to the title of your project being published?   Yes ☐ / No ☒

3. This Project is: ☐   Staff Research Project   ☒   Student Project

4. Principal Investigator(s) (students should also include the name of their supervisor):

Name:	Department:
Stacy Earl	School of Health and Human Sciences
Dr Danny Taggart	School of Health and Human Sciences
Dr Caroline Barratt	School of Health and Human Sciences

5. **Proposed start date:** June 2014

6. **Probable duration:** until April 2015

7. Will this project be externally funded?   Yes ☐ / No ☒
If Yes,

8. What is the source of the funding?

Not applicable

9. If external approval for this research has been given, then only this cover sheet needs to be submitted

External ethics approval obtained (attach evidence of approval)   Yes ☐ / No ☒

Declaration of Principal Investigator:

The information contained in this application, including any accompanying information, is, to the best of my knowledge, complete and correct. I/we have read the University's *Guidelines for Ethical Approval of Research Involving Human Participants* and accept responsibility for the conduct of the procedures set out in this application in accordance with the guidelines, the University's *Statement on Safeguarding Good Scientific Practice* and any other conditions laid down by the University's Ethics Committee. I/we have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my/our obligations and the rights of the participants.

Signature(s): ...Stacy Earl..........

Name(s) in block capitals: ....STACY EARL ....

Date: ....19-07-14...

Supervisor's recommendation (Student Projects only):

I have read and approved both the research proposal and this application.

Supervisor's signature: ....

Outcome:

The Departmental Director of Research (DoR) has reviewed this project and considers the methodological/technical aspects of the proposal to be appropriate to the tasks proposed. The DoR considers that the investigator(s) has/have the necessary qualifications, experience and facilities to conduct the research set out in this application, and to deal with any emergencies and contingencies that may arise.

This application falls under Annex B and is approved on behalf of the FEC   ☑

This application is referred to the FEC because it does not fall under Annex B   ☐

This application is referred to the FEC because it requires independent scrutiny   ☐

Signature(s): ....W. W..

Name(s) in block capitals: ....WAYNE WILSON...

Department: ....SHHS...

Date: ....24/7/2014...

The application has been approved by the FEC   ☐

The application has not been approved by the FEC   ☐

The application is referred to the University Ethics Committee   ☐

Signature(s): ....

Name(s) in block capitals: ....

Faculty: ....

Date: ....

Appendix D

Interview Schedule

Introduce research, aims and researcher. Discuss ethical issues i.e. confidentiality, anonymity and recording of information

- What has led to your difficulties working? When did this occur?

- Can you tell me what your experience of claiming benefits has been like throughout your life?

- How do you understand why the benefits system has changed?

- How have you found the ESA process?

- How did you experience the work capability assessment interview? How many times have you been interviewed? – Has this differed?

- How has the outcome of the assessment impacted on your day to day life?

- How has the process impacted on you emotionally?

  View of self. How you believe other perceive you. Powerlessness/helpless. Invalidating.

- What don't the work capability assessors know about mental health that they should know?

- How have you coped with the outcome of the assessment?
  What action have you had to take?

- Have you found anything to help you with the work capability process?
  Someone seen as in a more powerful position?
  What may have happened without this support?

- How do you think the work capability assessment process could be changed?

Appendix E

Transcription guidelines

(UK data archive, n.d)

Theoretical Approach: Verbatim Transcription

Decisions about how transcription should be carried out are intimately connected with the type of analysis that is intended. Transcription of speech is always a compromise: greater detail gives more material for interpretation, yet too much detail can slow up the reading of the text in an artificial manner. This project requires **full verbatim transcription**. Taking a full verbatim transcription approach means that as well as preserving the actual words which were spoken, extra verbal material captured on the recording – such as the speaker's use of intonation, pauses, rhythm and hesitation – is also preserved. This keeps some of the additional meaning that was conveyed in the original interview, thereby providing contextual information as to the manner in which words were spoken. In addition, verbatim transcription requires that the character of the conversational exchange is apparent, so the words of the researcher must also be included.

General Notes

- Document should include a header on every page with the serial number of the interview on the left hand side and your name on the right hand side

- Insert page numbers at the bottom of each page, in the centre

- Use Times New Roman, font size 12, type what the interviewer says in bold and justify the text

- Identify the interviewer and the respondent separately and indicate the gender of the respondent. Use I: for the Interviewer and either F1: or M1: for the respondent depending on whether they are male or female (see attached example)

- Although I request that a record of what the interviewer says be included, the one exception to this concerns 'back channel utterances', i.e. where I can be heard in the background saying words such as "right", "yeah", "I see" or utterances such as "mmhhmm" whilst the interviewee is speaking. These function to encourage the respondent to continue speaking and reassure them that they are being listened to. It is not necessary to break up the respondent's speech by including them

1

- Use punctuation as for normal written prose. Grammar should not be altered or "tidied up". Do not use 'eye spellings' (e.g. "enuff" for 'enough')

Things to Include in Full

- Unfinished questions or statements that trail off – indicate these with ellipses (…), for example: "I never did understand her approach, the way she saw it, or…"

- False sentence starts

- Repeated phrases, words, statements or questions

- Discussion that continues after the interview appears to be 'formally' finished

- Non-lexical utterances or 'fillers' such as 'umms' and 'errs' and 'uhs'

- Hesitations and Pauses – indicate these with ellipsis (…), for example: "well…recovery to me…sort of means…err…"

- To indicate an exclamation of surprise, shock or dismay, use the standard exclamation mark

- Emphases – indicate any emphasis on a word or phrase by putting it in italics

Things to Include in Brackets

- Noises in background - for example (loud banging) or (door slams) or (muffled voices)

- The tone of the respondent. Here I am happy for you to include any comments on mood, feeling, passion, emotion and paralinguistics - for example: (laughs loudly) or (mumbles slowly) or (sounds angry) or (falters slightly) or (sighs)

- Unclear words or phrases must be marked where they occur within the text by placing the word "inaudible" in brackets and in bold e.g. (inaudible). PLEASE DO NOT GUESS AT ANYTHING WHICH YOU CANNOT UNDERSTAND.

Appendix F

Example of coded transcript

further because it's church hill road and I have done it on the bus but it's so much longer 'cause to get there by nine I would have to leave by about ten past eight, got to walk all the way down to the bottom of the hill to catch the bus if it ever turned up, go all the way round the houses to come back 'cause it only goes one way to get a return journey you have to stop at the church.

I - Wow. So tell me a bit more about that idea that you had to go to the job centre to ask if you could do voluntary work, what do you think about that?

[handwritten: fraud (undercovery)]

F6 - I can understand it in one way because you could have someone and there are a lot of people out there that you see and you know they're not as disabled as they are claiming to be 'cause they walk around Sainsbury's pushing a trolley and dragging their crutches behind them by you know where you put the hands through. And if you can walk round Sainsbury's you can walk round pushing a broom. So you can understand that they are trying to clamp down on things but they're clamping down on the wrong people. I mean I've gone in there with a neurologist two TIA's and the orthopaedic surgeon who's great diagnosis was I've done a Wayne Rooney in that my foot went that way and my knee went that way and I went that way so I actually dislocated my knee and I was miffed at the A&E department that they sent me home and I said I can't hop I need two crutches which I hung on to just in case and I saw the Mr and he just went (taps fingers) on my knee and said what do you expect it's dislocated and walked off. That's what I call that's what I call a consultant. I don't want namby pamby people. So you can understand it that if I can produce letters from psychiatrists or a whole team of psychiatrists because they kept going. And one was really nice and she said this is what's available in Australia (laughs).

[handwritten: power of professionau.]

I - Sorry what's available in Australia?

F6 - The treatment you can get for being seriously depressed probably Bipolar. I think I've still got them somewhere, I never chuck anything out, and it was this huge paper booklet like that about what's available and you read it and it's what they get it's what is available in Australia but it's not available here. Like support services, CPN's and care coordinators and everything like that. So I had all this stuff and I was still put on unemployment and in the end my doctor actually helped me get put on incapacity benefit rather than unemployment. Now they had to put me on incapacity because I was still being paid by JP Morgan so I can understand that they have to check up on people that people aren't robbing the system if they're claiming £20,000 in benefits that they're not entitled to. But I played by the book I had all these letters saying I was too ill to work, that I was being put in a scheme run by JP Morgan to get me back to work which never materialised 'cause I got transferred away again.

[handwritten: evidence fraud / who has the power.]

I - Was that your employer that you were working at for several years, they were JP Morgan?

F6 - No JP Morgan were the people we got transferred to.

I - Okay and they were putting you into a scheme to help you return to work.

F6 - And it would have been...I wouldn't have to travel during rush hour and I said yeah I can do that I said just let me co filing just let me be a floating filer. I said I can't do any more than that that's the most decision I can make and the lady who was organising it named Bernadette left and went and worked for the Metropolitan police at Clapham (laughs). I said are you going to be constable and she went no I'm still in HR, so all that support network went and um so I can understand it but I'm still sitting there thinking this is insulting because if you see what I mean.

I - What was insulting?