New Workers – Depressed Workers

A Discursive Investigation of the Experience of Depression in the Workplace

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Certificate of authorship/originality

I certify that the work in this thesis has not previously been submitted for a degree, nor has it been submitted as part of requirements of any other degree except as fully acknowledged within the text.
I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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Lorraine Heather West

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Table of Contents

Acknowledgements i

Table of Contents ii

Abstract iv

Prologue vi

Chapter 1 Worker depression: a new site for policy 7

1.1 The increasing incidence of depression 8

1.2 The emergence of depression as a site for policy 11

1.3 Researching depression and work: some questions 15

1.4 Thesis outline 18

Chapter 2 A century of change: a genealogical perspective on depression and work in the 20th century 21

2.1 The emergence of psychiatry as a distinctive branch of medicine 25

2.2 The expansion of pharmacology—the rise of the SSRIs 31

2.3 Work in the 20th century: from Fordism to new enterprising workers 38

2.4 Understanding worker depression: three approaches 46

Chapter 3 Rewriting the realist story: towards an analysis of the depressed worker self 52

3.1 Technologies of power 56

3.2 Discourse 60

3.3 Subjectivity 64

Chapter 4 Research design and methodology 74

4.1 Conceptualising an interview study 75

4.2 The research process 77

4.3 Research analysis 87

Chapter 5 The process of resubjectification: workplace change as loss and distress **94**

5.1 Looking back: change and loss **97**

5.2 Work now: responsibility and agency **110**

Chapter 6 Resubjectification as a depressed worker self: regaining a viable life **123**

6.1 Mark's story: overview **123**

6.2 Analysis of Mark's narrative **125**

6.3 Demonstrating the corpus across five interviews **140**

Chapter 7 Looking back and looking forward **148**

7.1 Conceptualising and re-conceptualising workplace depression **150**

7.2 Applying SFT principles to workers involved in workplace change **153**

7.3 Looking forward **157**

References **160**

Appendix 1 Interview questions **171**

Appendix 2 Profiles of research participants **172**

Appendix 3 Research participants' demographics **194**

Appendix 4 Kessler Scale **201**

Abstract

This thesis arose out of my professional engagement as a therapist, with people suffering depression, and from my recognition of the significance of such people's workplace experience in times of significant workplace change. Worker depression is now widely identified as a significant and growing problem by employers, by governments and by international authorities such as the World Health Organisation. By the end of the 20th century, it had become a significant site for policy, leading to the collection of data and the development of management 'tools' at all these levels. Actions formed by such new policy range from workplace interventions to the establishment of government-funded bodies, such as *beyondblue* and the *Black Dog* Institute in Australia, charged with both research and information dissemination.

An understanding of the context in which depression is increasing requires an exploration of two 20th century phenomena: on the one hand, the changing workplace of the advanced capitalist societies; and on the other, the ways in which depression itself has come to be diagnosed and treated, and consequently understood, as a medical phenomenon. There is a substantial literature on the contemporary workplace, and on the diagnosis, treatment and management of depression. Very little is available, however, dealing with the experience of individual workers who have been diagnosed with depression. This is the area the thesis is concerned to explore.

In order to undertake this task, two significant methodological moves have been made, away from the 'realist' orientation of much of the available literature. The 'genealogical' move, drawing on Foucault, is the move concerned to understand how things are as they are and not otherwise, to ask questions such as: How has depression come to be a more and more common diagnosis in the late 20th - early 21st centuries? What is it about workers' experience of the workplace that is making such diagnoses more likely? Might it be the case that more workers are increasingly unhappy and that unhappiness, particularly manifested somatically, through bodily 'symptoms', is increasingly likely to be diagnosed and treated medically, as depression? The 'discursive' move, drawing on Foucault, together with Nikolas Rose and Judith Butler, is the move that works with the understanding that selves are not simply given, existing autonomously. Rather, persons are constituted as selves – as subjects – in and through their active participation in the social worlds they come to inhabit. The mechanisms of

this participation are the characteristic ways of acting and speaking – the discourses – of social institutions. Learning such discourses involves not only learning how to act appropriately but also to become a certain kind of self.

For workers in the neoliberal workplace, this means learning to be the autonomous, flexible worker of overt requirements while simultaneously learning to live with increased demands for hours of work and levels of work output, together with escalating levels of surveillance. It is not surprising that many workers experience this workplace as increasingly stressful. Such stress, when medically diagnosed and treated as 'depression', offers a new kind of subject position to those affected.

The heart of the thesis is an interview study which explores the narrative stages a set of workers diagnosed as depressed detail as they account for their progressive 'resubjectification' as depressed workers. Five stages, involving the narrative positioning of different selves or subject positions, are identified from detailed readings of the interview data: these are the narrating of psychologising, internalising, somatising, medicalising and pharmacologising positionings. The identification and naming of these stages draws substantially on the work of Nikolas Rose and his identification of key 20th century selves. The identification of these as narrative or discursive stages in the retrospective reconstruction of resubjectified selves is the original contribution of this thesis.

Prologue

This research evolved through my professional practice as a Systemic Family Therapist (SFT) practitioner, facilitating a post-discharge, year-long psychotherapy group with people diagnosed as depressed. The context of the research, set within my professional practice, draws on the detailed narratives of group participants' experiences of workplace change and the subsequent effects on their lives. Over the course of a year-long psychotherapy group, I noticed the repetitive pattern of stories being told about how changes in the workplace had contributed to increased levels of stress, with a consequential diagnosis of depression. Surprisingly, despite individual differences – in age, workplace, occupation, gender and number of years of employment – the group participants all told versions of the same story. All participants detailed rapidly changing workplace practices in terms of downsizing, relocation, corporate mergers, increased responsibility with reduced numbers of staff, increased financial targets, increased workplace surveillance and accountability and so on.

These workplace change stories had not been accounted for in the management of participants' depression in the hospital setting. Inpatient management had focused on the provision of a supportive therapeutic environment, daily depression and anxiety groups, pharmaceutical interventions and regular medical consultations to monitor their medical progress. It became clear from their narratives that, while workplace changes had not been deemed relevant to the diagnosis of depression, by either health professionals or patients themselves, the effects of workplace change had nevertheless emerged as a common theme within this group.