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Abstract

Australia and the UK have both introduced policies to protect employees who experience mental illness, including depression. However, a better understanding of the issues workers face (e.g. sense of moral failure) is needed for the provision of appropriate and beneficial support. We analysed 73 interviews from the UK and Australia where narratives of depression and work intersected. Participants encountered difficulties in being (and performing as if) 'authentic' at work, with depression contributing to confusions about the self. The diffuse post-1960s imperative to 'be yourself' is experienced in conflicting ways: While some participants sought support from managers and colleagues (e.g. sick leave, back to work plans), many others put on a façade in an attempt to perform the 'well' and 'authentic' employee. We outline the contradictory forces at play for participants when authenticity and visibility are expected, yet moral imperatives to be good (healthy) employees are normative.

Word Count: 8,000

Keywords

Depression, work, authenticity, narrative, disclosure, support

Depression diagnoses have increased in industrialised countries in recent decades, while concerns about the impact of workplaces on mental health have intensified. The World Health Organisation states that depression is now the leading cause of disability globally, affecting 350 million people (WHO 2012). However, the extent to which changes in diagnostic criteria, and/or changing diagnostic habits of doctors have contributed to this shift is less clear (Dowrick and Frances 2013; Kokanovic et al. 2013). Depression and its subtypes historically emerged from the mid 1960s, reflecting varying categories made available in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) (Horwitz and Wakefield 2007; McPherson and Armstrong 2006). Yet, depression remains neither a clearly articulated nor a universally accepted category, and subtypes have shifted over time: There is no unified understanding of what the category seeks to define, agreed causes or treatment approaches (Kokanovic 2011; Pilgrim 2007). A quarter of the UK population experience some kind of mental health problem during the course of any year (Mind 2013). Here, around 12 million work days are lost per annum as a result of stress, anxiety and depression (HSE 2016), at a cost to employers in the region of £26 billion (Centre for Mental Health 2007). According to the *beyondblue* charity (2016), over three million Australians experience anxiety and/or depression each year with around 6 million work days lost annually, costing around $12.6 billion (Victorian Health Promotion Foundation 2010).

Over a similar period, increasing demands for people to be flexible and enterprising at work have been challenging (e.g. Sennett 1998; Thunman 2012). Rather than liberating, pressures to perform in these ways have been connected to stress and even depression (Ehrenberg 2010; Petersen 2009). Scholarship in this area has outlined the

tensions between worker identity and workplace ideologies including the push for authenticity vis-à-vis capitalist productivity (Cederström 2011). Despite this previous work, little is known about the nexus between mental health and work, and how people who have had experiences of depression navigate modern workplaces. To illuminate such dynamics, we analysed narrative interviews with people who experienced depression in Australia and the UK. Our analysis focuses on the intersections of work, workplaces and depression. By analysing datasets from two distinct but methodologically compatible studies, we outline fundamental tensions within workplaces related to experiences of depression, including dialectical relations around employee performance of – versus felt sense of – authenticity. Our findings bring into sharp focus the bewildering workplace encouragement of authenticity when employees are experiencing, or are prone to, depression.

Background

Insecurity, authenticity and depression

Employment is a financial necessity for most adults of working age, providing opportunities for personal fulfilment and valued social interactions (Vassilev et al. 2014). However, the nature of work life for many people in industrialised countries has changed substantially in recent decades. Governments, including those of the UK and Australia, have actively pursued neoliberal policies, including deregulation and privatisation, along with a emphasis on developing productivity, employee flexibility and voluntary 'organisational citizenship behaviour' (Cabanas and Illouz 2016; Illouz 2007). Increasing numbers of people have less security, yet face greater demands at

work (Tennant 2001), even in more traditionally secure professions. At the same time, work across many different industries, including traditional white collar jobs, has become ‘contingent’, characterised by shorter-term contracts and fewer benefits. Although unemployment rates in developed industrialised nations have decreased since the peaks of the 2008 Financial Crisis, job insecurity has increased (ONS 2014; Martin 2015). As Bauman (2000) argues, ontological insecurity now permeates working life, offering new forms of fluidity, yet additional pressures, including uncertainty, work intensifications, and demand for self “reinvention” to fit workplace changes (e.g. Burchell et al. 2002). Conceptually, the links between these kinds of workplace changes and mental illness are unclear (Facey and Eakin 2010). Nevertheless, research suggests that uncertain employment can contribute to depression (Tennant 2001), But we know little about how people who experience depression attempt to survive or thrive in contemporary work environments.

In *The New Spirit of Capitalism,* Boltanski and Chiapello (2005) argue that ‘authenticity’ – defined as fostering one’s emotional life and striving for self-realisation – is increasingly enmeshed with work. Organisations demand emotional investment from employees, requiring (at least performances of, if not actual) ‘authenticity’, originality and networking skills (Boltanski and Chiapello 2005; Cederström 2011; Ekman 2013). Here, authenticity itself is increasingly positioned as a driver of productivity, profit and effective branding. Thus, a valuable employee is one who is ‘enthusiastic, involved, flexible, adaptable, versatile, employable, autonomous, not prescriptive, in touch, tolerant, knows how to engage others…’ (Boltanski and Chiapello 2005: 112). However, there are disjunctions between work identities and private selves. For instance, employment insecurity is used to motivate employees,

but various kinds of selves (e.g. conformist, resistant) are produced under such conditions (Collinson 2003), with implications for feeling-based versus performed authenticity. At the same time, depression has implications for authenticity, with many people experiencing depression subsequently reflecting on their early-in-life adoption of 'false selves', to the point they initially did not know what authenticity meant (Ridge and Ziebland 2006). While there are growing expectations that people invest authenticity in the workplace, there are limits to how people experiencing depression can engage with this project, especially under conditions that promote insecurity. Add to this mix the finding that people experiencing depression – not to mention their co-workers – are often unsure about the legitimacy of depression anyway (Bellaby 1990; Kokanovic et al. 2013; Ridge et al. 2015). Therefore, the diffuse social directive (which emerged from counter-cultural movements, and was subsequently adopted in management discourse to 'just be yourself' (see Fleming 2009), and suspicions about depression, create a potentially bewildering scenario for those experiencing depression.

Attempts at defining authenticity situate the self and its relation to the other as a central concern (Honneth 1996). With the development of existentialism, authenticity of the self came to be contrasted with that which it is not, rather than what it is (Dejours and Deranty 2010). Sartre, for example, (2004), noted how the anxiety inherent in freedoms of becoming a person were particularly disagreeable, causing some to choose inauthenticity. Taylor (1991) argued that while authenticity requires a degree of self-discovery and creative ways of being in the world, superficial pursuits of the self over responsibilities to the collective (e.g. benevolence) unfolded. He claimed that collective concerns are not opposed to the achievement of authenticity, rather they are

an essential element. But authenticity in psychology (not to mention self-help literature) continues to be focused around individualistic pursuits, including the cultivation of wellbeing (Cederström 2011). Contrasted to Taylor's more collective take on authenticity, psychology has constructed social forces as thwarting knowledge of a 'true inner-core to the self', recalling the Romantic wariness of the influence of society on the person (Guignon 2004). Spiritually-derived practices like mindfulness have, albeit somewhat simplistically, been taken up in contemporary workplaces in attempts to promote individual mental health and productivity (Dane and Brummel 2014; Lomas et al. 2015). However, such approaches to-date have done little to increase our understanding of the broader concept of authenticity.

Case studies: The context of depression at work in the UK and Australia

Australia and the UK provide excellent case studies of increasing employment insecurity and stress, and imperatives for workers to self-govern their wellbeing (Cabanas and Illouz 2016). Both Australia and the UK have experienced significant neoliberal economic transitions in recent decades, including decreased union membership, increasing demands for employee mobility, increased workload pressures, increased use of technology, and waves of redundancies across many sectors (Denniss and Backer 2012; Schmuecker 2014). Here, work-life boundaries have become challenging to maintain. People increasingly report worrying about increasing workloads, the intensity of work, and poor management (Kokanovic and Philip 2014; Sennett 2006). The increase in part time work has been associated with irregular 'casual' employment in Australia (with a higher hourly pay rate but no sick leave or annual leave entitlements), short-term contracts or, increasingly in the UK,

‘zero hour’ contracts in which it is not specified how many, if any, hours of work the individual may be offered. In Australia, two out of five employees believe that workplace problems are a cause of their distress, with wellbeing and work/life balance considered to be in decline (Casey and Pui-Tak Liang 2014). In Britain, the Labour Force Survey found that ‘workload pressures, including tight deadlines and too much responsibility, and a lack of managerial support’ were considered by employees to be driving anxiety and depression (Buckley 2015: 2). Australian and UK workplace approaches to depression in the workplace include the introduction of anti-discrimination laws and anti-bullying policies. Since 2010, the UK’s Equality Act has stipulated that employers should make ‘reasonable adjustments’ for staff members with mental illness to continue working, or return to work (ACAS 2010). Similarly in Australia, the Disability Discriminatory Act outlined adjustments to be made by employers to support employees experiencing mental illness, provided that person is able to complete the necessary work tasks (Australian Human Rights Commission 2016).

Existing research indicates that employers underestimate mental distress in workers, and often have limited awareness of the reasons why people experiencing depression might be reluctant to disclose to managers (e.g. beyondblue 2014; Shaw Trust 2010). There are often gaps between workplace policies, provision of employee support, and the everyday day realities faced by distressed employees. However, reports and policy documents (see for example, *State of Workplace Mental Health in Australia* (beyondblue 2014), and *Health, Work and Wellbeing* (ACAS 2012)) continue to position work stress and mental illness as a problem to be addressed within organisations. Yet, workplace ‘solutions’ to reduce employee’s stress frequently focus

on ‘projects of the self’, rather than addressing broader institutional dynamics (Petersen and Willig 2004). While co-workers often report being reasonably confident in personally supporting a colleague experiencing depression, research suggests that employees (whether managers or co-workers) are much less confident in management (beyondblue 2011). Within the context of workplace policies, both in Australia and the UK, for people to make use of entitlements, including sick leave and ‘reasonable adjustments’, disclosure is necessary. Specific challenges still exist, including legitimising depression, ensuring confidentiality, providing adequate workplace supports and manager training (Malachowski et al. 2016). Disclosure is tied to workplace rights, yet, disclosure is risky, with the potential for personal costs and uncertain gains (Brohan et al. 2012; Kokanovic and Philip 2014). Powerful barriers to disclosing depression in the workplace include concerns about letting work colleagues down and/or being viewed by co-workers as unreliable (Barnes et al. 2008; Kokanovic and Philip 2014).

Methods

In this paper we interpret narrative interview data from two research studies conducted in Australia and the UK. For both studies, participants self-identified as having experienced depression[1], and first person accounts of experiences of depression were collected. Methods as outlined by the *Health Experience Research Group* (HERG) at Oxford University were used (Ziebland and McPherson 2006). In total, 81 people were

[1] In the UK study, all participants except one had been diagnosed by a doctor, and most described severe depression. In the Australian study, all participants told us that they had either received a diagnosis of depression, or were on antidepressant medication for extended periods of time.

interviewed: 38 in the UK in 2003-04, and 43 in Australia in 2010-2011. We have excluded eight interview transcripts from participants who were not engaged in paid work. In total, 73 accounts were analysed. People described experiences of depression over years or even decades, therefore there is considerable historical overlap between the accounts of the UK and Australian participants. Accounts were invited on experiences of living with depression, and participants were asked to discuss life before depression, diagnosis, disclosure, work, social support, medicines, other therapies and therapeutic encounters, and recovery experiences. Interviews lasted between one–four hours, with most lasting approximately two hours. All interviews were conducted in person by experienced qualitative researchers (including the first and the third authors). They were digitally recorded and transcribed verbatim by professional transcribers. See Ridge and Ziebland (2006) and Ridge et al. (2015) for further detail about the methods used in each study. Ethics approval for both studies, including consent to the use of data collected for secondary analysis by bona fide researchers, was granted by Berkshire MREC in the UK, and in Australia by the Monash University Human Research Ethics Committee (MUHREC).

Participants

Participants were recruited through newsletters, advertising on websites, support groups, word of mouth and via health practitioners. They were aged between 18 and 80 years of age, with most between 29 and 54. Those in paid employment worked across different industries and careers. Of the Australian participants included in the analysis, 24 were in broadly professional roles that required training, tertiary education or high technical skills, covering academia, law, investment banking, policing, nursing

and other health care work. The remaining 12 were in non-professional or manual work, including the taxi industry, cleaning and retail. Of the UK participants, 21 reported professional roles (IT, civil service, health care, higher and secondary education, counselling and media) and ten reported non-professional or manual work (carer, brewer, utility company employee, secretary/administration/service industry work, and security officer). Others were students, retired, unemployed, volunteers or homemakers when interviewed (having worked previously). In both the UK and Australia, many participants outlined experiences of (only sometimes by choice) working on temporary or insecure contracts, with flexible working conditions such as unknown, part-time or casual hours with different rosters each week. Even those on permanent contracts in white collar sectors such as academia expressed concerns related to job security that was tied up with requirements of performance and the vagaries of the market.

Analysis

In this paper, we investigated the coding reports of work and related themes, originally prepared by authors RK (AUS) and DR (UK). Next, interview transcripts were read closely to further identify and explore themes related to work/workplace and experiences of depression. Themes that strongly emerged from the combined accounts (and were re-coded) included employee exhaustion and sense of vulnerability, strategic working, and working for recovery. Through email exchanges of draft sections of the manuscript, on-line conference calls and in-person UK-Australia team meetings in Melbourne and London, the authors discussed and debated

emerging themes. We bridged the gap between primary and secondary interpretations of the accounts via extensive opportunities for group discussions.

We went through an analytical process to select authenticity as a central concept in our analysis. We initially used the concept of ‘metabolism’ to interpret the data. Here, we drew on the work of psychoanalyst Wilfred Bion (1963), to interpret the way people experience and process depression in relation to work. Social actors are considered to be ‘metabolizers’ who ‘ingest’ emotionally-laden social experiences (with all their hidden dangers, pitfalls and opportunities), process them for meaning and outcomes, and attempt to transform them into more helpful experiences, with or without the help of allies (e.g. work colleagues). However, in analyzing the data, and drafting multiple manuscripts, including debating the analyses electronically and in person between the authors; and asking “critical readers” to comment on the emerging manuscript, it became clear that authenticity was the central concept.

In many different ways, participants talked about hiding their ‘true’ selves, from an early age, to fit agendas of others, or because they were not sure who they were, or because depression and anxiety obliterated their sense of self, or they feared the consequences of ‘coming out’ (Ridge and Ziebland 2012). Nevertheless, developing a sense of authenticity is linked by participants to recovery (Ridge and Ziebland 2006). Our findings here resonate strongly with the psychotherapies which generally focus on ‘explicit talk about the self’ (Kirmayer 2007), and the development of personal ‘authenticity’ as central to the project of recovery (Guignon 1993). As Rose (1998) argues, ‘psychology…has played a rather fundamental part in “making up’ the kinds of persons that we take ourselves to be’ in the West. Here, authenticity is a

(co)construction, and thus, practitioners must be wary: Are the 'true' persons being developed in therapy tenable in the patient's social word (Kirmayer 2007)? It is not surprising then that participants are preoccupied about issues of authenticity at work and elsewhere, whether they should hide themselves, or choose to 'come out,' even in limited ways, as someone who experiences depression. We consider how people experiencing depression constructed their identities in particular ways in relation to work, and represented depression in specific ways (e.g. through selective disclosure), creatively working through the impacts of work and life beyond. The focus on authenticity is consistent with our previous research that has highlighted this theme in coping with depression in other areas of social life (e.g. childhood, medication use, and recovery) using the same and other data (Ridge 2009; Ridge and Ziebland 2006; Stone and Kokanovic 2016).

Findings

As discussed below, we found that participants from both countries experienced workplaces as encompassing moral imperatives (e.g. to be good employees) and practices (e.g. not letting colleagues down) that had particular implications for their sense of self and approaches to living with depression. Our focus was in examining correspondence, rather than drawing out differences, between UK and Australian participants' accounts. Nevertheless, there were some clear differences. For example, concerns about overwork, exhaustion and work encroaching on life outside of the workplace were evident in the UK in 2003-04 and Australia in 2010-2011. However, in the latter Australian interviews only, technology (e.g. smartphones) was sometimes positioned as reducing the boundaries between work and home life (see below).

Performance and the onset of depression

With the advantage of hindsight, many people suggested that they had longstanding difficulties expressing themselves authentically. They positioned such struggles as impacting on how they subsequently experienced their distress. Here, participants spoke about a lack of support – or even opposition – to the expression of their actual feelings. However, they discovered early on, they could 'act' to fit in with the agenda of others (Richard), even when depressed at work (Craig):

> I was aware very early on that if I was cheerful around him [father], he didn't like it… so I got… Into the way of sort of feeling sort of slightly sad when I was in his company… (Richard, 69, retired, UK)

> And if someone… said, "Well how's everything going?" I could snap out, "Everything's fine thanks. It's great. We're doing this, this, this and this and we're doing that." "That's good." And they would go. And boom. I'd go back and staring at my feet. (Craig, 33, computer programmer, UK)

While some claimed exceptional abilities at performing as if 'authentic' (e.g. 'I could drag myself through the day feeling shit. But … I could get out there and sparkle!' – Liza, 41, health professional, UK), depression could, nevertheless disrupt the ability to think and interact socially. Thus, ordinary office tasks could become impossible: 'I couldn't put things from A to Z in a file because my cognitive function was so seriously impaired' (Laura, 55, counsellor, AUS). Participants reported becoming increasingly fearful, and allowing problems to accumulate, as they felt their health deteriorate. Scott

(46, tradesperson, AUS) said, ‘There were cash flow issues in our business that I was just ignoring …’ Regardless of the acting skills claimed by employees, with an inability to work as before, concerns about performance and being a ‘good worker’ easily creep in:

> There was a lot of guilt there, there was a lot of pressure thinking, “No, I should be at work.” You know, just because I had this bad day, I should be at work, I'm expected to be at work… “Why isn't he here?” (Patrick, 26, Tourism industry, UK)

Rather than narrating a ‘legitimate illness’, participants more commonly focused their accounts on vulnerability and job loss fears, particularly keenly felt by those in insecure work, contract and casual work (see Patrick above), but also by white collar professionals, such as Craig (see above). Craig was married with young children when he ‘spiralled’ into depression after his promising start-up company failed. Although Craig quickly found work as a lower-paid contractor, he believed that the intense pressure of competing for employment in an insecure marketplace, while winding up his old company, contributed to his depression:

> I felt myself [um] really very exposed… So after a period of being very much in control, in running a company, all of a sudden you find yourself, suddenly very much out of control … [and] the economy was going to go in, into recession. It was about that time, kind of three months after the company ceased operation that I began to get properly depressed. (Craig, see above)

People's abilities to perform adequately at work were often undermined by organisational changes such as downsizing, where remaining employees were expected to accept increased workloads, as Peter (66, now retired, UK) explained, 'A lot of people who left the company weren't replaced, and the rest left behind really had to take up the slack....' Peter concluded that work was a factor in 'triggering' his depression, along with pressures he was experiencing at home. Several accounts demonstrated how in the period leading to depression, workplace worries had begun to seep into home life. Participants linked their depression to excessive overtime, sleeplessness caused by worrying about work, concomitant neglect of personal relationships and not getting enough 'down time'. George (40, mental health educator, AUS) was working as a pastor:

> … being a pastor, a lot of your work revolves around people that you live with and are close to and friends and family, you're kind of all in that sort of same environment, so you never quite leave work and I think a lot of that started to take a toll on me.

For George, working as a pastor included a significant emotional engagement in the lives of his church members and feelings of responsibility. His account emphasised blurred boundaries between personal and professional life, especially for caring professionals. George described how his experiences of acute emotional exhaustion left him feeling estranged from his family and depressed. Here, mobile technology (especially present in the later narratives), played into after hours working and exhaustion:

> Whenever I was at home I was kind of still mentally at work and that created a lot of conflict between my wife and I… [At home] I was still checking my e-mails on my handheld… just trying to get the monkey off the back.

Some people described the gradual, almost imperceptible beginning of depression, but others conveyed more dramatic appearances. Peter (see above) described it as though ‘a fuse blew in my brain’, from which point he could no longer pretend to work. Veronica (50, once an administrator in a bullying workplace, UK) said, ‘I couldn’t stand up out of my seat on the bus… I felt this massive chemical change take place in me’. Work stress contributed to exhaustion, reduced performance and depression even amongst those who reportedly enjoyed their job. Jane (43, retrained as a carer, UK) explained:

> In the end I was doing the job five people used to do… I enjoyed it to the point where it was just getting, physically, it was just getting an impossibility … I was away five, six days a week, getting home and I couldn’t get away from work basically… One day I just sort of came home after I had been away for a week [for work], parked my car outside, sat on the pavement and just broke down basically.

Authenticity and selective disclosure

Many people spoke about their ability to perform as a ‘good worker’ with pride, in spite of experiencing depression. Joshua (51, storekeeper, AUS) described how he had maintained a job as well as devoted time to help his colleagues, despite experiencing

depression and a chronic kidney problem for most of his life: ‘I’ve always had a job and I’m not medically really that healthy… I’m considered at work to be a bit of a “bartender,” meaning that people tell me a lot of things… things they wouldn’t normally tell people.’ Financial independence, structuring time, gaining a sense of purpose, and distraction from destructive rumination (associated with depression) were acknowledged advantages of work. As Charlotte (51, academic, AUS) explained: ‘…when I would go into uni in the morning … I would get stuck straight into my work, and it was a way of not thinking about things ...’ Luca (52, cleaner, AUS) believed returning to paid work after being a ‘house husband’ gave him purpose and confidence. He said, ‘Work is seriously underrated ... as far as, um you know sort of, having, you know a structure in your life … And something to get up for in the morning’. For many people, employment provided a firm routine. For those who were well enough to work, a job could help overcome negative feelings and thoughts, creating helpful (and authentic) social experiences, including workplace intimacies.

While some participants acknowledged emotional and other benefits of remaining in the workplace while experiencing depression, others found it difficult, if not impossible, to reconcile their efforts to get better with demanding workplaces. Here, participants were frequently concealing their – sometimes severe – depression at work from their colleagues (e.g. see Craig above). They were particularly concerned that, in revealing mental health struggles, they might be judged. Charlotte, mentioned earlier, said: ‘I feel really genuinely afraid of other people knowing’. As a consequence of her non-disclosure, Charlotte was unable to access personal leave or other entitlements at work. However, she judged it better to relinquish those rights in order to keep up the pretence of the “good” employee. Maintaining professional reputations were a

particular worry for educated professionals, as Edith (55, academic, AUS) explained after sick leave:

> …When you return, you've got to go on a return work plan… you'll only go back half time or part time. I wouldn't allow that to happen … I'd gone for the big permanency, and I'd only just gotten it … [absence] makes me useless, doesn't it?

Edith's account underscores the anticipated questions about legitimacy that people experiencing depression expect. Thus, disclosure at work is strategic, and viewed by some as important for retaining employment. Several people described disclosing to trusted colleagues/employers. Daniel (43 year, social worker, AUS) explained the reasoning behind his disclosure, making connections to morality: 'Like, there are times when I'm just not well enough to come to work… I think you need to disclose. I think it's fair on the place', Patricia, (24, office employee, UK) disclosed her diagnosis of depression to colleagues, as a calculated tactic to manage workplace gossip about hospitalisations:

> And people, obviously when you've been out of work for three months, wanna know where you've been. And, I figured, that if I went in and lied, then people would have something to use against me. If I went in, was completely honest with people, what damage can they do?

Decisions about disclosing depression focused on impression management and performances of authenticity (as above), with people weighing up the relative risks and

the benefits of ‘coming out’ (Ridge and Ziebland 2012). These cost-benefit dilemmas were particularly fraught for those working in less skilled and less secure environments. Some contract employees, especially in service roles, felt that depression was not something they could discuss with their employer. Hannah (25, office employee, AUS) said that disclosing her depression to managers in her former job was a mistake, as she was expected to perform a particular role:

> One of my managers…responded in a really bad way… Um, they were just kind of like, um - almost like, “You shouldn’t bring that to work”, kind of, you know – “We pay you to look happy and greet our clients.”

Performing and experiencing authenticity

While experiencing depression, people employed a wide range of concealment strategies in workplaces. As described above, people attempted to keep up a healthy ‘façade’ to demonstrate they were functioning as ‘good’ employees. But others had little option other than to take sick leave. Some gave up working altogether, but for most this was temporary. A number of people tried to improve their situation at work, and sought out supportive colleagues to help them with challenges. According to people’s accounts, colleagues who seemed to empathise with their difficulties were particularly valued. Even when organisational workplace policies and practices were perceived as unhelpful, a supportive manager could make a difference. Marie (60, retired secretary, UK) described one such boss:

> The way that [the personnel department] used to get rid of people was they would put you in a job that you didn't like … I was told that I was going to be moved to another job. So when I came back from personnel he [boss] said, "What did they say?" So I told him. He said not a word, and walked out and he was gone for about an hour and he came back and he said, "You will never hear from them again."

Closeness with co-workers and managers provided a path for genuineness that could be particularly useful to people experiencing depression. Maeve (49, a personal assistant, AUS) felt she was 'very lucky to have a supportive boss':

> I'd been with my employer for over 10 years or so… I remember having bouts of depression while I was working, and, you know, saying to my boss, "I just need time out." [Who replied], "Take the time out. Um, do what you have to do."

Reducing work commitments and responsibilities emerged as an authentic route for many to improve wellbeing. For most, downshifting decisions arose after a period of intense work stress and subsequent sick leave. Time away from work allowed people to reflect on – and reconsider – their priorities. However, the process of deciding to change jobs, downsize or discontinue paid employment was fraught. Voluntarily opting out of work altogether (as distinct from unemployment) was a positive life change for several participants, however, the financial independence and the daily structure provided by work continued to be valued by others. Opting out was only available to those with secure finances, such as those with financial support from a partner, extended sick benefits, a pension or income protection insurance. Robert (49, retired

investment banker, AUS) was supported on income protection insurance while he felt unable to work. For Robert, opting out of paid work was very challenging because he felt his identity was bound up with work, 'I was my job, I was, you know, *that* person… [it involved realising] I'm not the father, breadwinner, lord and master of my household'. Subsequently studying for a degree, he questioned the authenticity of his former work self, and contemplated the question he would be asked if he returned to investment banking: '"Why should we hire you?" And quite frankly I'd say, "Well I wouldn't…"'

Some people who quit their stressful jobs explored volunteer work to which they felt more suited, and which, they believed, might gradually lead back to paid employment. Veronica (see above) – who left a difficult workplace – engaged in voluntary work as part of her plan to get back into the workforce. In this transition, her working self felt more authentic, than before:

> … I still get a kick out of… I've been doing this job [advocate] now for over five years … I represent people at tribunals. I've represented people in court a couple of times. And you know if you had said to me ten years ago that this is what you will be doing … I would have just said, "You are out of your tree!"

In Veronica's narrative, work figured as both contributing to her distress, and as a helpful way of getting better, and finding out who she was. Her decision to access medical help, do voluntary work, and subsequently change careers, transformed her relationship to work. Notwithstanding workplace policies and procedures, people frequently made useful decisions when they were in a better position (post-depression) to work through fraught workplace issues.

Discussion

Workplace changes over the decades – including emphases placed on personal enterprise, productivity and insecurity – have contributed to employee stress and depression diagnoses (Petersen 2009; Tennant 2001). Yet, many solutions to mental illness offered by employers include approaches that encourage employees to work on the self (Kenny 2000), or require the disclosure of stigmatised conditions. In spite of increasing demands for self-expression, and a focus on mental health and emotions within contemporary workplaces (Illouz 2007), the application of employee policies and the provision of support is patchy. Furthermore, support requires disclosure and visibility, carrying with it risks for the individual concerned. Our analysis suggests that in workplaces people who experience depression can feel compelled to make their mental illness visible for benefits to be accessed and/or because it aligns with discourses about 'being yourself'. While many people do benefit from sick leave and gradual return to work, for others visibility carries risks they want to avoid (Kelly and Jorm 2007), and they want to 'pass as normal' (Ridge and Ziebland 2012), especially for a condition whose legitimacy has historically been questioned by co-workers (Bellaby 1990).

Our findings reveal how people experiencing depression anticipate workplace stigma and negotiate perplexing questions around authenticity. In line with Taylor's (1991) 'collective concerns', authenticity is a complex construct in our sample, moving beyond the individual to include: Needs linked to others, particularly around the issue of disclosure (e.g. 'I'm genuinely afraid of other people knowing'); moral considerations

that emerge socially (e.g. ‘absence makes me useless, doesn’t it?’); social support (e.g. ‘[I’m] very lucky to have a supportive boss’), or lack thereof (e.g. ‘We pay you to look happy’); neoliberal distortions (e.g. ‘[absence] makes me useless, doesn’t it?’), and the ways that social identities can have more or less status (e.g. ‘I’m not the father, breadwinner, lord and master of my household’). Thus people with experiences of depression must negotiate authenticity *socially*. Consequently, many people at risk of depression go into retreat, and/or deploy fictitious selves early on in life to cope socially (Ridge 2009).

Participants also described work pressures as contributing to their depression (see also Ehrenberg 2010; Ekman 2013). Here too, we have highlighted a kind of duality of authenticity. Modern workplaces ask of employees that they develop normative performances of authenticity as a kind of commodity, or as Fleming (2009) notes, ‘superficial displays of difference, identity and lifestyle’. Additionally, the lack of insight within contemporary workplaces inhibits the presentation of an authentic self in the way the person, (as opposed to the organisation), defines it (Thunman 2012). Our participants reported particular difficulties managing their own self-discoveries around authenticity on the one hand, expected workplace performances of authenticity on the other, and issues around disclosure of authentic experience (e.g. antidepressant experiences). Thus authenticity, and performances therein, are necessarily experienced as partial, confusing and oppressive, potentially contributing to depressive experiences for some.

However, work was identified as neutral, or as playing an important role in the alleviation of stress and depression for others. Work helped to distract some from

thoughts and feelings that contributed to their distress. Work also featured positively in many narratives as an important way of maintaining routine and purpose, a sense of achievement, and fostering valued social connections (Vassilev et al. 2014). Our research aligns with mental health service user literature more widely which reveals that employment has a wide variety of benefits including satisfying needs: for 'competitive' employment to feel challenged and to gain a sense of accomplishment; to 'give back' to gain a sense of 'citizenship'; and to feel 'normalised' and validated regardless of ability (Kirsh 2000). Here, striking a balance between positive (e.g. financial gains) and negative influences of work (e.g. work stress) is helpful. Our findings also indicate that participants frequently do manage to find authentic ways to work, such as by gaining empathy from co-workers and managers, and going on extended sick leave to allow time to get better (or decisions to downsize). Opting out of work is fraught, as workplaces represent a significant space for negotiating personal identity and mental wellbeing (Oliffe et al. 2013).

Depression and work intersect within a broader set of cultural and institutional norms. For instance, people keenly felt pressures to be seen as mentally healthy, competent and 'good workers', by being present at work, even when unwell (presenteeism) (Dew and Taupo 2009). Some of those who had entitlements to sick leave also felt a moral responsibility not to let work colleagues down. In assessing how experience of depression fits this picture (i.e. the normative constructs underpinning workplace citizenship), people must assess the legitimacy of their claims for special privileges in relation to a condition the whiff illegitimacy. Here, the 'just be yourself' message takes on added complexities. In reality, people experiencing depression while working often

perceive that they ‘should be the self [that work] wants me to be’, whilst in the midst of self confusions.

Even when greatly distressed, our participants second-guessed the consequences for their working lives if they ‘came out’. While some needed to take sick leave, they also engaged in performances of fictional selves (e.g. the ‘happy worker’) (Cabanas and Illouz 2016). Modern employees survive on their own enterprising wits, including by remaining alert to dangers, like being viewed as unprofitable (Petersen and Willig 2004). Here, people’s ability to form the kinds of trusting working relationships that participants said actually helped them is compromised. Many people spoke about how they felt under pressure to perform (partial) versions of authenticity, including concealing substantial emotional problems from employers, regardless of mental health policies and directives. Honneth (2004) identifies the demand for self-realisation as ubiquitous in developed liberal economies, not just in ‘progressive’ workplaces. Paradoxically, this authenticity discourse has come to legitimise the status quo, turning the self into an experiment aimed at justifying neoliberal ideology: *‘… workers’ motivations have to match whatever their job may require, they must be ready and willing to present every change of position at work as flowing from their own choice ...’* (Honneth 2004). For people with experiences of depression, the risk is that pretence, confusion, shame and self-blame become the dominant experience. Thus, market capitalism necessarily contributes to the perceived problematic of inauthenticity, and then, without regard to the complexities subsequently facing employees, requests authenticity be (re)established.

Our participants were mainly professional, where ‘just be yourself’ discourses are more likely to flourish (Fleming 2009). However, despite the seven year gap between the data collection periods - and differences in contexts - in UK and Australia, we found remarkably consistent themes around work and depression. In a globalised world, work practices and policies to protect employees are fashioned by rich, industrialised countries using similar doctrines to competitively modernise their workforces. People in both societies were keen to avoid the ‘bad worker’ label and hide their actual feelings to appear as if they were working efficiently. They described remarkably similar workplace dynamics and pressures, attitudes to depression and work, moral dilemmas and identity practices. Ever mindful of the pressure to appear efficient and capable in insecure and changing job markets, people outlined their ongoing issues with authenticity. In doing so, they highlighted the importance of personal narratives as a source of knowledge frequently missing from policy approaches to workplace mental health (Cvetkovich 2012: 12). Here, Cederström (2011) warns that promoting wellbeing in the workplace has been subsumed into a variant of authenticity discourse where new forms of control are possible. Here, ‘neo-normativity’ encourages a kind of ‘visibility and moralisation in the workplace’, where workplaces then seek to manipulate any ‘authentic’ differentiations that employees make public. Particular kinds of behaviours in the workplace (e.g. unionisation) are discouraged, yet normative programs like building (individualised) resilience are encouraged.

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