AN EXPLORATION OF THE EFFECTS OF LEARNING TECHNICAL SKILLS IN A SOCIAL ENVIRONMENT ON MENTAL HEALTH RECOVERIES

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ABSTRACT

Against a backdrop of ongoing critiques of the positivist theories and methodologies underpinning the development and delivery of contemporary mainstream mental health care, this research consolidates an extended period of ethnographic research into the impacts on wellbeing amongst volunteers who are learning to refurbish, repair and maintain bicycles in a bicycle workshop run as a community project by a parent charity.

The analysis uses an actor-network inflected approach to examine how the participants in the generation of the local site in question – volunteers, bicycles, the workshop as a business and a clinic, tools, skills, subjective experiences and objective diagnoses of distress, as well as affective flows more generally - are coming into being in relation to one another in the context of local practices.

Emerging similarities between the practices of actor-network theory and bicycle mechanics are then highlighted; the suggestion is made that both disciplines – those of actor-network theory inflected study and the repair and refurbishment of bicycles - in concerning themselves with opening up, examining and tinkering with or 'fettling' an always provisional, a-theoretical state of relational affairs, cultivate in their practitioners an awareness the of how all 'things' are being 'made up' – locally and relationally generated at sites of practice.

With actor-network theory available as a convenient and effective set of tools to carry out the initial work of unravelling algorithmic, 'punctualised' 'things' into their affective components, 'actor-network therapy' is proposed as a provisional term for any tinkering, 'fettling', manual practice which, specifically through the development of haptic and aesthetic sensibilities, is seen to alleviate feelings of distress. The practical issues of implementing and evaluating an actor-network therapy intervention are then considered. The research provides evidential and theoretical support for the provision of informal workshop spaces as a component of mainstream mental health services. It also highlights the role that actor-network theory-informed insights into the relational generation of multiple, concurrent realities can play in the alleviation of states of emotional distress.

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Declaration

I declare that the research contained in this thesis, unless otherwise formally indicated within the text, is the original work of the author. The thesis has not been previously

submitted to this or any other university for a degree, and does not incorporate any material already submitted for a degree.

Signed – Nicholas Marks

Dated – 28th January 2019

Chapter One – Introduction and overview

1. Introduction

Since 1992, the 10th of October has been designated World Mental Health Day by the World Health Organisation. In the UK interest in the topic spans the range of political opinion and is covered by all sections of the press. Some sample article titles from 10th October 2018: '*How to spot if you're suffering from mental health issues'* (Daily Telegraph); '*World in mental health crisis of 'monumental suffering', say experts'* (Guardian); *'World Mental Health Day: Seven times movies got Mental Health right'* (Daily Express); '*World Mental Health Day 2018: How to help yourself feel happier in five simple steps'* (Daily Mirror); '*World Mental Health Day 2018: Everything you need to know'* (Daily Mail) and *'Raising awareness. What's World Mental Health Day 2018, what is its logo and how can I get involved?'* (Sun).

While the reasons behind the increasing prevalence of what are termed 'mental health problems' in contemporary UK society might not be agreed upon by their respective editors, what is shared across these publications - not only on World Mental Health Day but throughout the year - is a sense that mental health problems seem to afflict people in general across the full spectrum of political opinion and across all indices of socio-economic status. Mental health problems are one of the few concerns that are shared between and in a sense unite the person in the street and the well-known celebrity, the chronically poor and the super-rich. The press also seem to be in broad agreement that the NHS is ill-equipped to deal with the continuing rise in reported mental health issues - there is a 'crisis' in the provision of mainstream mental health care.

Academic understanding of the subject, meanwhile, can be broadly characterised as a standoff between predominant medicalised biopsychiatric approaches that continue to seek a neurochemical etiology for precisely diagnosed 'mental illnesses' and a range of more 'socially'-orientated positions that place social-environmental factors at the centre of less easily formulated experiences of what could more usefully be termed 'emotional distress'. The contrast between the broad unity of public opinion towards what is often termed 'the mental health crisis' and the acrimonious divisions that plague mainstream professional knowledge about how this crisis should be understood and in some way addressed suggests that if researchers are to remain relevant and useful in this area (in the eyes of the public) what is currently required is a more pragmatic approach that manages

to transcend these apparently intractable 'guild disputes', as Lucy Johnstone has called them (Johnstone, 2018, p.39) to do justice to the desire on the part of mental health practitioners to offer effective help to the people with whom they work. This study will seek to provide new suggestions about the practical understanding and treatment of 'mental health' issues by examining the broadly 'psy'-influenced topic of 'recoveries from mental illness' with a set of tools borrowed from a newly emerging area of sociology.

For many sociologists the power of social explanation lies in its ability to render complex real-world phenomena into a few simple assertions, variables, or some underlying scientific model. 'Social studies of science and technology' (STS) have, conversely, increasingly moved in the opposite direction, suggesting that instead of analysing things that are assumed to be stable phenomena, we should instead be analysing the local production of these 'phenomena' – placing them in inverted commas as the first step towards thinking about how and where, and in the course of which practices they are brought into being. This pragmatic (and initially bewildering) approach to the understanding of these provisional and precarious 'things' as multiply generated, concurrent effects of specific local practices is exemplified in Annemarie Mol's 2002 book *The Body Multiple: Ontology in Medical Practice*, in which one 'thing' in particular (Mol chooses a physical ailment) is isolated in order for the mechanics of its local, practical production to be observed and described.

As the author states in the book's introduction:

> *'The questions [this book] raises do not concern the ways in which medicine knows its objects. Instead, what the book explores is the ways in which medicine attunes to, interacts with, and shapes its objects in its various and varied practices. This book is a book about the way medicine enacts the objects of its concern and treatment' (Mol, 2002, p. vii*)

Over the course of the book the author observes, participates in, and examines the various practices of the medical approach to, or ways of knowing 'atherosclerosis' in its many forms – a disease which, within some practices but not others, is said to, for example, 'affect the arteries'. These practices involve equipment, buildings, instruments, and all other kinds of material factors, in addition to medical texts and people of all sorts – doctors, surgeons, radiologists, and of course the people who are experiencing pain when walking. 'Atherosclerosis' – emerges as not a simple phenomenon but as a number

of different things which are enacted in different ways. There is not first an object, then knowledge of that object; there are instead diverse practices that generate different 'atherosclerosis' at the same time and in consistently different ways. 'Atherosclerosis' is, then, as much 'pain when walking', as patients report it, as it is 'a thickening of the artery walls', as seen under a microscope in a lab – no single reality is assumed to take precedence over another, although how a final reality is agreed upon is subject to a what is termed a certain local 'choreography'; it is this intriguing pattern of steps and moves that is the subject of Mol's study, and indeed of all 'actor-network'-inflected studies.

Mol states that she 'no longer follows a gaze that tries to see objects but instead follows objects while they are being enacted in practice' (ibid, p. 152); in her account, the ontology of a thing is thus decentred to a multitude of practices. The result is a dynamic, fluid reality of multiple things being constantly and differentially made up through multiple and often divergent practices, moving too fast for any sociologist to claim to be able to identify any stable 'order' of institutions or societies (ibid, p.156) – the idea of 'order' itself is challenged. Mol instead identifies instead a 'generative contingency', within which 'nothing is sure or certain…[although] the permanent possibility of doubt does not lead to an equally permanent threat of chaos' (ibid, p. 181), because 'things', however fluid, amorphous and equivocal, can never be chaotically formless, since they are held in place by the comparative regularity and stability of the local practices that perform them. The infinite potential for variations between these practices, however, guarantees that things will always be local, provisional, and, in Mol's key observation 'multiple'.

Atherosclerosis, however, is hard to find (at least in its instructively multiple forms) anywhere outside hospitals, clinics or doctors' waiting rooms; as part of its proposal for a new, practical approach to understanding and treating emotional distress this study will seek to emulate (or, more realistically, to ape) Mol's emancipatory insights using more readily encountered things, principal amongst which will be bicycles, which have inspired and informed this praxiography from the beginning. One of many possible '*Bicycle Multiple'* stories might go like this:

> Bicycle #1: A man looks at the poor rusting bike sitting at the bottom of his garden. He used to ride it every day, but then one day it got a puncture, it was no longer rideable, and the bicycle (not being ridden and not working, yet still a 'bicycle' in some way) was left leaning against the wall. Over time, sitting out in the rain, the chain got rusty, the saddle leather cracked, and the cables

corroded. ‘She needs a bit of TLC’, the man thinks to himself whenever he catches sight if it. But he never gets round to it. He is very fond of that bike – she was a trusty companion once upon a time.

Bicycle #2: The man eventually donates the bike to a community bike workshop, where the workshop manager thanks the man and puts the bike on the ‘maybe’ pile – one glance at it (the bicycle has become an ‘it’ now, for the time being) tells the manager that it is a quality bike that might or might not be worth doing up, depending on whether or not the main bearings have seized. But with maybe £20 of new parts, and a few hours’ work from one of the volunteer mechanics it might sell for £80. The ‘bicycle’ is now a money-maker that will help keep the workshop commercially viable.

Bicycle #3: Eventually one of the mechanics takes the bike off the pile and lifts it into the workstand. She starts to test its main components and systems, examines the frame for rust and crash damage, decides it is worth a proper refurb job, and sets to work with the full set of tools, stripping the bike down, cleaning, and rebuilding. It’s a job which requires skill, patience, and some brief online research into the unusual five speed Sturmey Archer hub gear system. Six hours’ work later and it looks and functions as good as new.

Bicycle #4: The bike goes out to the showroom. What a steed! People press their noses up against the glass to have a good look. It’s red and shiny and it looks really fast. One gentleman in tweeds who seems to know his stuff asks to have a closer inspection. ‘A Nottingham Raleigh with the original Dunlops, and the five speed Sturmey Archer of course. She’s a fine example!’ he concludes (the bicycle has become a ‘she’ again).

Bicycle #5: Then one day a man in his late 40s just walks into the shop and buys the bike on impulse – he used to have one just like it when he was younger and he hopes it might rekindle his youth in some way. As he wheels it out onto the street he envisages himself finally getting a bit fitter and using his car less. He pats the saddle. The bicycle seems to want to accompany him on his journey towards better health.

Bicycle #6: The original owner (of Bicycle #1), passing a pub one day in a wistful mood, is astonished to see his old bike, somehow reborn, leaning against a wall. It looks so shiny, so beautiful, that he immediately rushes into the pub,

finds the ‘man in his late 40s’ who owns Bicycle #5, asks how much he paid for the bike, and gives him twice that to buy the bike back. It’s a transaction that involves much more than just money. The man in his late 40s looks at the money in his hand and feels robbed of something. The original/new owner, meanwhile, is elated as he wheels the bike back home, but he’s not thinking about riding it, because to be honest riding a bike these days is a bit of a risk, what with all the 4x4s haring around. A week or so later has it mounted on his living room wall, as a testament to something (but he’s not sure what).

Bicycle #7: The man with the bike on his wall has a son, and one day that son pays his father a rare visit. Noticing the bike on the wall, he asks his father if it gets ridden much. ‘Not a chance!’ says the father, but when he starts to explain why the son looks bored and the conversation falters, so they talk about something else, but there’s a lingering sense of disappointment that colours their relationship from that moment on. A few years later the man dies and the bike is left to his son as an inheritance. He puts it in his garage, and sometimes he looks at it and wonders whether or not it should be ridden again. He decides in the end to start riding it around the neighbourhood in memory of his old Dad, and then he starts thinking about the things he never got to say to his father, and the things he wants to say to his own children before he dies. He talks about it to the guy next door; they agree that children are precious and the two men feel like friends. Then one day the bike gets a puncture.

An ethnographic social science of the particular is thus concerned with things (both human and non-human) that come into being as effects of local, practical interactions with other things (both human and non-human). As impossible to propositionally describe as these ‘interacted things’ are – they are only locally and provisionally ‘true’, and indeed can also be ‘false’ at the same time and in the same place – there is nevertheless an appreciable aesthetic form to the way that the things are coming into being here or there – a texture to their ‘choreographies’, their ‘workings’ or their ‘machinery’ which an STS or actor-network theory approach consistently seeks (and occasionally manages) to illuminate. This thesis will seek to demonstrate how the bicycle-enabled and bicycle-inspired practices of meticulous ‘opening up’ and ‘unpackaging’, involved examination and circumspect diagnosis that characterise the practices of bicycle maintenance and repair are precisely those of the actor-network inflected research that has informed the study’s approach. ‘Things’ – all things - become

opened up for local inspection, and the bicycle will become an artefact that prompts, then, not just an understanding of the construction of bicycles but an appreciation of the multiple ontology of things. Over the course of this study I will try to describe how the practices of bicycle maintenance and repair are able to foster an appreciation of the textures and choreographies of these various and multiple things (and, perhaps, a vaguely discernible implicate order inherent within all things) – an 'actor-network therapy' that is, quite incidentally and quite unintentionally, an effective mental health intervention.

2. A confessional tale

In *Tales of the Field*, Van Maanen (2011) suggests that since 'ethnographic writing is anything but a straightforward, unproblematic descriptive or interpretive task' (p. 73), it is useful to preface any attempt at it with a description of 'how life was lived upriver among the natives' (p. 75), predominantly to give an adequate forewarning of the prejudices and selectivity that any researcher brings into the field of study. This narrow-mindedness will of course also come to infect the practices of textualisation of data which is collected and subsequently subjected to analysis. The result - an account which is unavoidably a third-hand, impressionistic rendering of a 'skein of weak ties, of constructed, artificial, assignable, accountable, and surprising connections' (Latour, 2005, p.212) - must nevertheless pass for what I am proposing as 'research'. In the following account, my time 'upriver among the natives' will mean, I think, stuck in a workshop or at a computer, trying to sort out bicycles or paragraphs, in the one case trying to put theory into practice, in the other trying to put practice into theory, moving back and forth between the practices and slowly beginning to see the similarities between them.

I have been *fettling* bicycles since I was about seven years old but I didn't get a paid job as a real bicycle mechanic until I was in my mid-thirties, when I was recruited to set up a bicycle workshop in Perthshire specifically for people who had recently been released from the Murray Royal Hospital, a secure psychiatric institution just outside town. It was a sort of rehabilitation scheme perhaps, although as far as I knew there was no particular theory backing up the project - I was free to do more or less as I saw fit. With my budget I bought a huge amount of tools and spare parts and set up a workshop in a loft space on an industrial estate. Bikes were collected from the dump or donated. We all got together and started to try and fix them, and this was the central practice that constituted the project.

Although the project was part-funded by NHS Scotland, there was a conscious effort on the part of the project managers (I was simply the Project Development Officer) to keep notions of mental health care, mental illness or recovery away from the practices of bicycle fixing. I was not allowed to read the clients' case files in order, I was told, that I treat them primarily as trainees with an interest in bicycle mechanics. In any case, with my prior expertise lying in teaching, training and bicycle repair, I was almost completely ignorant of what 'mental health' or 'mental illness' might be about, and this relative innocence, carefully protected (as I now realise) by the project managers, had the effect of preventing expectations or indeed any conceptions of 'recovery' or 'wellbeing' from gaining any purchase amongst the practices that came to constitute 'Re-Cycles', as the project eventually came to be called.

Over time, as the clients – 'the lads', as they were generally called - came to know me better, they would start to tell me their own stories of how they had ended up at the Murray Royal hospital, and I could no longer pretend to myself that they were just regular people in off the street. One or two of them would tell me the things they had done in order to then ask, somewhat mischievously, if I still felt safe working with them, but this felt primarily like a request for trust – could I still treat them as people? But by then I had got to know them as well, and to like them and trust them too – my daughter was born about one year into the project and when my wife brought her to the workshop I was struck by the way these invariably massive and tattooed men doted on the tiny child in the pushchair and filled her pockets with money, following Scottish tradition. Their stories, it felt to me, had to be taken as just everyday tales of misfortune, injustice, confusion and frustration, and certainly had no sense of what might be called 'pathology'. There was nothing identifiably wrong with the lads, even though they had ended up doing things that they knew to be wrong in the eyes of the law. I'd hear their stories and more often than not end up in a state of commiseration, a dead end. Then we'd go back to what we sensed was the real job in hand– fixing up old bikes and give them away to a charity or to local children.

Rowe (2015) notes that 'the fear that surrounds mental illness has never totally dispelled, fuelled as it is by popular newspapers, sensational crime reports, and films that use old asylums as a backdrop to fear' (p.122), adding that 'even at the start of the 21st century, the psychiatric hospital is still redolent of a history of control and constraint' (p.128). It is worth acknowledging at this point that the stories I was told that related in particular to enforced psychiatric incarceration and treatment inevitably reinforced the already

pejorative image I held of psychiatric institutions, the staff who filled them and the practices carried out there. I had seen and read *One Flew Over the Cuckoo's Nest*, and perhaps selected those elements of incarceration at the Murray Royal hospital that I heard about from the lads that reinforced this impression of coercive 'care'. This empirically under-informed impression, perhaps accurately reflecting lay attitudes towards such institutions, has, I suspect, carried its way into this thesis and manifested itself as a rather hysterical fear of - or at least a distorting prejudice against - psychiatric practices in general. At the time, though, with no reason to steady or formalise my impressions in any text, I simply noted the stories and sought to make the workshop a relief from the lads' experiences of psychiatric incarceration. Just like the Murray Royal, the workshop was a place brought into being by the practices carried out there; I tried to make those practices voluntary, enjoyable, productive and useful, and to keep away from the workshop ideas of 'mental illness', 'recovery' or indeed anything that might distract us from the reason we were there – to fix bikes.

Over the two years I was there I began to sense that the people – the lads - who came and worked in the workshop were appearing to undergo some kind of slow transformation. I didn't see myself as much more than someone who was helping people to learn how to fix bikes, and certainly not a mental health professional, and in any case I didn't have any words for these slow changes that I couldn't help but notice. One of the lads announced one day he was off to do a course on web design; another moved in to his own flat and all he would talk about from then on was how he was going to decorate it; another one started hanging out with his family more and making friends again. One of them got really into building bikes for kids at the local primary school who couldn't afford to buy one. One or two of the lads didn't seem to get much out of the workshop and ended up back in trouble with the police and then back up at the secure unit, but most of them seemed to not only enjoy it but to suddenly find themselves being propelled towards doing other things that they found rewarding.

Two years later I set up another workshop on the south coast of England doing much the same thing, and with similar results. We started working with teenagers as well: one boy built a bike for his mother; another one became the local bike fixer and went from having no friends to wishing people would leave him alone. There was no particular structure to what we did at either of the workshops – it was just doing bikes up and picking up the necessary skills in the process. I was nominally the 'instructor', but only because I had more experience as a mechanic and could generally help out where required. As I got

better at teaching bike mechanics I found I could get away with not touching the bikes at all. This meant I could make the tea, make sure the music was ok, and be more attentive to how people were feeling perhaps.

The bike mechanics wasn't just a 'mental health' thing - I used to run morning classes for the general public – three hours of intense fiddling and adjusting and sometimes quite frustrating work - £30 a session per participant. All sorts of professional people would come – lawyers, journalists, teachers, police officers, doctors – and most would at some point be reduced to fuming exasperation by some recalcitrant nut or the illogical behaviour of a mechanism, but then at the end of the three hours, which everyone usually agreed had flown by, they would invariably sigh deeply and say something like 'well, that was great', and smile. The practice of bicycle mechanics looked like it was having similar effects on almost everyone who did it, irrespective their age or socio-economic status, or whether or not they had a psychiatric diagnosis attached to them. People would typically at some point seem to become in some way excited, as if they had been apprised of something – not something they could immediately name, but something they could definitely take away with them and use elsewhere. One man told me that he got home and started *fettling* everything he could get his hands on – faulty window catches and the poorly adjusted toilet seat to start with, then the things on his car that had been bothering him; other people just said they felt in better communication with their bikes.

There was no need at the time to formalise any of these 'findings'. One of the organisations who referred 'mental health' clients to my workshop gave me a Likert scale to do before and after questionnaires about things like self-confidence, independence, and punctuality, and I duly distributed them and helped the clients to fill them out, but they felt like little more than a necessary chore and quite literally a box-ticking exercise rather than being anything that might have some kind of applicable scientific value in the treatment of psychological disorders. In any case at that point I didn't see the need to actually pin down exactly how everyone had benefitted from the time they spent at the workshop beyond observing that they were generally quite proud of the nice shiny custom bike that they had designed and built. In the course of the work we'd also had some nice conversations about this and that, veering casually between topics from one hour to the next; I'd ended up finding out a lot about them and had ended up volunteering a lot about myself as well.

I was quite happy just carrying on in the same vein, and went up to the University of Brighton one day to talk to the CUPP (Community and Universities Partnership

Programme) co-ordinator about getting some funding for some more of this vaguely mental health-inflected activity. I was told that although CUPP weren't in a position to give my organisation any money, the work I was doing sounded interesting. I was directed towards a particular member of staff, where one conversation led to another, and I was eventually encouraged to apply for a fees bursary to formally research, identify and then write up whatever it was that might be happening in the bike workshop – 'the effects on recovery of learning technical skills in a social setting'. It so happened that there was another workshop in a neighbouring town that I had set up a couple of years before - called 'ReRide' in this thesis - which was now being run as a proper bike refurbishment facility, actually producing bikes for sale as form of social enterprise. I asked the workshop manager there if I could come along and do some 'research', although I had no clear idea at the time what that would actually mean, and he said yes.

This was the beginning of a long and often baffling attempt to turn ten years' of practice into theory. After a long initial search of the literature I found only one paper concerning a bicycle workshop (Svanberg, Gumley, & Wilson, 2010) and nothing on the link between complex manual work and mental health. It transpired that the approach I had adopted in the bicycle workshop to the 'treatment' of 'mental health issues' (not that either of these terms had ever been used, or that I had ever really had an 'approach' in mind) stood at odds with the majority of mainstream psy practice. I uncovered a large body of literature dedicated to criticising these mainstream approaches, and logically assumed that I must be aligned with the critics. None of what I read on any side of the arguments, though, helped me to understand why people enjoyed working with their hands in the bicycle workshop.

The principal challenge was then to find some kind of mechanism – psychological or otherwise - through which manual work carried out in the company of others could be shown to have a positive effect on mental health. Initially the task seemed insurmountable because the data I was gathering from my observation sessions at ReRide would not fit into any particular theory without a large amount of rather forceful reinterpretation. 'Theory' itself seemed to be missing out on, or forcibly excising, the intricacies of feeling and nuances of meaning that, it seemed to me, were giving the workshop its therapeutic value from one day to the next. This value, indeed, seemed to lie in the very lack of a formal, 'theoretised' approach to what anyone was doing.

The fortunate discovery of actor-network theory and its interest in the mechanics of the production of theory itself allowed me to progress with some sort of confidence into the

morass of detailed and provisional conjectures about things that my observations were stimulating. Rather than shy away from too much detail it now felt necessary to have more, to slow time down almost to a standstill and to pore over every tiny speck of grit on every single surface I could find like the most obsessive mechanic of all time, refraining from ever expecting to discover anything apart from yet more detail. Perhaps inevitably after a time it occurred to me that the mechanics I was observing (and working alongside in my time off) were 'actor-network theorists' too, in that they were looking at 'things' in the same way – extremely closely and also somewhat judiciously, in metaphorical inverted commas perhaps – and finding that the bicycles they fiddled with for hours on end were themselves precarious, local performances that could not be readily understood through theory nor by reference to any textbooks.

How to deal with the 'thinginess' of these emergent things? How to describe them, or rather their strangely pleasing choreographies? The subtle ways in which things were coming into being – bicycles, workshops and people – and then slipping in and out of focus, could sometimes be felt and sometimes not, seemingly depending on the day, the bikes, the people, the music on the workshop radio, the weather, and countless other minuscule variables. But within which terms of reference could this messily beautiful but frustratingly elusive situation be understood? There was something happening just slightly beyond the margins of what I could put into words – the 'thinginess of things' known in some way or otherwise experienced as some kind of tactile, haptic, gustatory sensation. One morning in the autumn of 2018 the phrase 'the hand is the organ of the mind' came into my head quite by chance. One internet search later and I was introduced to Zdravko Radman, whose ideas about the hand and the mind seem to finally tie everything together:

> *'The hand, far from being the merely mechanical executor of preconceived mental plans, possesses its own know-how, enabling 'enhanded' beings to navigate the natural, social, and cultural world without engaging propositional thought, consciousness, and deliberation' (Radman, 2013)*

What implications might this have for people experiencing emotional distress?

> *'The embodied and situated mind is not a 'logical operator' and cannot be represented in terms of information-processing or neural dynamics; such a mind emerges as environmental and emotional, social and symbolic, intentional and historic, active and participating, flexible and capable of fictional leaps, adaptive*

and anticipatory, and also capable of generating beauty. […]. Beauty, far from being simply identified with appeal, pleasure, or blind emotions, provides a specific mode of comprehension of the world which is yet not fully translatable into formal language. An appeal for its realization…is a motive to look for a synthetic or holistic experience for which no algorithm can be found, and yet is felt as an authentic and irreducible quality of the subjective. Due to it art is irresistible, science is exciting, and ordinary life meaningful' (Radman, 2012, p 45-47)

Bicycle mechanics, I can finally (and quite straightforwardly) conclude, is simply a discipline that develops Radman's notion of 'enhandedness' - the perceptive intelligence of the hand as an the principal organ of an embodied, situated mind – entraining the senses towards an affective, 'emergentist' discernment of the aesthetics of unpackaged, provisionalised, placed-between-inverted-commas 'things', and thus providing a strong background pre-cognitive capacity for understanding and making sense of the world. This thesis will thus offer empirical support to Radman's suggestions, and present enhandedness training as a form of therapy. The therapy that the practice of workshop-based bicycle mechanics offers lies in the possibility of bringing something that you feel is beautiful into being, taking your time, and talking it over with other people engaged in this 'irresistible…exciting…meaningful' pursuit that draws together art, science and everyday life. The actor-network stance towards 'things' as local, provisional and contingent effects of practice, and in particular its appreciation of the textures and choreographies of these practical 'makings' provides a fitting intellectual or cognitive accompaniment to and a springboard towards accessing Radman's posited enhanded intelligence. In this sense actor-network inflected practices are in themselves initially therapeutic in an expansive, emancipatory, 'recovery'-orientated way.

Having already given away its conclusion, this thesis will now return to the beginning of the story, so to speak, to give a detailed actor-network account – an exploded diagram - of various things: a hospital, a workshop, an office, a social firm, some people and some bicycles as they become multiply embodied and situated in the context of multiple practices. These things will initially be allowed to retain inverted commas around themselves so that they are not just things but 'things' – special perhaps, certainly unique, held in a certain regard or a certain esteem, and indeed drawing their kaleidoscopic 'thinginess' from that esteem or those particular sets of 'esteems' that are accorded to them by people and things as they are brought into being in the course of practice. What

would ideally emerge from the text is a sense of a transient reality that is too complex and slippery to ever be reduced to any kind of static algorithm, but this text – static and linear - can only fleetingly capture moments of it, and even then I feel that it almost always fails. I hope, nevertheless, that I can convincingly assert the following: it seems that we are admirably equipped to better deal with and then in fact to greatly enjoy the unfathomably rich maelstrom of baffling data that we call everyday life, simply by virtue of having a pair of hands and using them to make things, in doing so reconnecting with (and overcoming a pervasive alienation from) what Marx called our *Gattungswesen* – our 'human-being-ness' (Marx, 1959). The means of alleviating the mental health crisis, it would seem, are right in front of us.

3. Structure of this thesis

Chapter Two offers an overview of those areas of the literature which examine the theories, practices and institutions that combine to constitute and stabilise the predominant, contemporary biopsychiatric version of mental illness and mental health care. An exploration of some of the approaches that have been offered as alternatives to the biopsychiatric model shows that they do little to challenge the stabilised, normative assumptions around what 'mental' 'disorders' are and who should attend to them. Consideration is then given to some examples of activities which are to varying degrees non-medical, including Men's Sheds as mentioned above. Social firms are then suggested as useful vehicles for generating these kinds of spaces or settings, and two examples are examined. A close reading of Jenny Svanberg's research paper on a community bike workshop in Glasgow reveals an elusive, slippery, affect-laden setting that eludes static definition. This leads on to a summary of the small field of literature that deals with the emotional or affective impact of specific, directed 'technical' practices that involve the direct engagement of the body. An initial link is proposed between the aesthetic-technical, manual practices of bicycle mechanics and an enhanded, non-propositional understanding of experiences of distress.

Chapter Three describes the methodology that will be employed over the course of the thesis and the methods that were used to gather data. Actor-network theory - the key approach that is drawn upon - may be understood as a contingent, relational positivism: it takes the notion that things are produced locally and only in relation to each other, and applies this to everything, including itself (Law, 1999). Three studies that adopt an actor-

network approach will be considered, each looking in different ways at what objects can come to be in a relational, multiple, fluid, and more or less unordered and indeterminate set of specific and provisional, local practices (Law & Lien, 2013). This will give some idea of the kinds of things that actor-network theory can open up, unpackage or unravel - taken-for-granted things that actor-network theory calls 'black boxes'. It will also serve to gather together some of the tools that it uses to do its unravelling in later chapters. In its discussion of the data collection methods used Chapter Three also highlights the problems that an actor-network sensibility can bring up in the field, as the strategically ordered choreographies of 'observation' and 'interview' start to interfere with the production of people and things.

Chapter Four deploys actor-network theory as an analytical tool in the first instance in a consideration of what might constitute a 'clinic' in terms of how its location is generated. The ways in which the location of a local NHS psychiatric hospital is made stable and durable are then contrasted with the more mutable and fluid technologies of location which characterise the generation of the ReRide workshop, which is introduced here. A parallel is then drawn between the differential natures of this locatedness and the ways in which the people who attend either site are performed as differential effects of the sites. The clinic is then approached again, using actor-network tools but from a different angle, as a site brought into being as an effect of the practices of its staff and its patients. It is proposed that the emerging contrast between the ways in which 'staff' and 'patients' are themselves performed as practical effects across the two sites suggests the availability or otherwise of certain conceptions of 'recovery'. The chapter concludes that a 'social' recovery is more readily accessible at a fluidly located site that hosts people and things whose relationally generated enactments are comparatively unprescribed, in a tacit clinic that performs the operations of a 'clinic' and demonstrates 'clinical' outcomes without ever considering itself as anything other than, in this case, a 'bicycle workshop'.

Chapter Five leaves the clinic to focus on ReRide, exploring the fluid ways in which the organisation is openly configured in order to allow it to maintain its existence as a sustainable business that offers employment to its workforce and can generate production. It is demonstrated how, within the spaces that come to be performed as the 'office' and 'workshop', local discourses of 'employment', 'production' and 'industry' are afforded a malleability that enables volunteers to be easily accommodated. The local confluences of 'business' and 'recovery' actors are shown to produce tensions that are overcome by a highly adaptive low-pressure business model that goes beyond that of the normal social

firm. It is proposed that the authenticity of working within a 'real' business contributes to an atmosphere of work and of industry which in turn generates another facet of a possible 'recovery', that of feeling useful not only as a bicycle mechanic, but as an economically productive citizen acting as a recognised component of an economic system.

Chapter Six seeks to analyse in detail the mechanisms that drive the development of de facto 'social recoveries'. These are to be understood, in the context of this chapter, as the fostering, by whatever means, of 'a set of unique social-existential states preferred by each particular person with a particular mental health problem they are enduring, or even using creatively, in their lives' (Pilgrim, 2008, p.297). A description is given of a ReRide workshop which provides a vague and undefined social space within which social identities are blurred and de-categorised, and where instrumental 'learning' about bicycle mechanics, taking place in the context of idle 'consumatory' workshop conversation, results in a shared know-how about bicycle mechanics that is social in nature and held differently by each mechanic as an idiosyncratic sensibility rather than a set of facts. On another, less easily-discernible level, detailed descriptions of mechanics' practices suggest an experience of unravelling 'things' into confluences of affective association. 'Training' in bicycle mechanics is thus presented as a pre-cognitive training in the unravelling of things to the level of affect, followed by their subsequent repackaging and re-translation into 'new things'. Refurbished bicycles are thus presented as vehicles for the aesthetic expression of a 'recovery' that entails new ways of understanding and coping with the world.

Chapter Seven presents a review of the ground that this thesis has covered and of the actor-network theory tools that it has used to open up its chosen black boxes. The purpose here is to offer up the practices and approaches of bicycle mechanics to those of actor-network theory, to propose that not only are they similar, but that they are – on an affective level - one and the same thing, both engendering a 'travel-bag', wholly provisional positivism (De Laet & Mol, 2001, p.39) that is illustrated through the artistic-mechanical idea of '*engrenage*' and its concrete expression in the refurbished, 'beautiful', functioning bicycle. Bicycle mechanics is proposed as an example of an 'actor-network therapy' that, whilst aligned with mainstream therapeutic objectives, is more effective for remaining largely formless, for taking place at a pre-cognitive level, and for not itself seeking to be overtly 'therapeutic' in any way. The paradoxes inherent in delivering, monitoring and evaluating an intervention that does not seek to intervene are then discussed.

Chapter Two – Literature Review

1. Introduction

The empirical, ethnographic nature of this research into an example of a mental health intervention will necessarily govern the particular scope of the literature review which follows. The site to be examined – a bicycle workshop - stands as an alternative to mainstream mental health care not only in terms of the treatment that it offers, but also in the assumptions about 'mental health' that it may be considered to reject. However, in order to position the potential operation of the bicycle workshop and manual therapies in general as an arm of contemporary mainstream mental health care, as this thesis seeks to do, it is first useful to try to build a picture of how the idea of 'mental health care' initially came about, and how it has been integrated into current health policy. Part One of this chapter thus seeks to provide a concise history of developments in the field from the 18th century to the present day.

Part Two firstly offers an overview of those areas of the literature which examine the stabilised institutions, theories and practices that combine to constitute and the predominant, contemporary biopsychiatric version of 'mental illness' and 'mental health care'. The review then goes on to explore some of the approaches that have been offered as alternatives to the biopsychiatric model. It will be suggested that these new approaches, in as far as they directly contest the prevailing biological model on its own terms, are generated in a sense within it, and can do little to challenge its stabilised, normative assumptions: that mental disorders exist as 'disorders', and that it is the duty of expert professionals to identify and then treat them within the context of an interpersonal therapeutic encounter.

Consideration is then given to nascent initiatives and loose organisations whose practices address 'mental illness' by re-framing it more equivocally as 'emotional distress', if indeed it is addressed and hence performed as a discrete 'thing' at all. These organisations have no overt medical or scientific affiliations, and only a very vague relationship with ideas of 'mental health', 'mental illness', or 'recovery'. Social firms are suggested as useful vehicles for generating the kinds of 'fluid' spaces or settings that seem conducive to alleviating feelings of distress, tension or conflict, and two examples are examined.

This is followed by an overview of the community bicycle workshops that are currently operating in the UK, and a closer look at the one formal study that has been carried out in this setting, which illustrates the performativity of research itself in an otherwise fluid space, and the resilient multiplicity of the workshop in question. A summary of the small field of literature that deals with the emotional or affective impact of specific, directed technical practices that involve the direct engagement of the body and the senses leads us to the conclusion that it is only a wordless, manual or enhanded, pre-cognitive intelligence that can effectively understand the mechanics of affect, and hence unravel the etiology of distress. In this way I hope to set a provisional contextual stage for a detailed exposition of the practices that can both generate a space where feelings of distress subside and foster the manual skills and ultimately the enhanded intelligence to enable people to better understand and cope with the precariousness of daily life, and so to provide a satisfactory response to my research questions:

'With regard to experiences of recoveries, what are the effects of social interaction in the context of meaningful work?'

'How does technical proficiency in the repair and maintenance of mechanical objects contribute to wellbeing?'

Part One: Mental health care from the 1700s to the present day

> *'The enterprise of the age of reason, gaining authority from the mid-seventeenth century onwards, was to criticise, condemn, and crush whatever its protagonists considered to be foolish or unreasonable . . . And all that was so labelled could be deemed inimical to society or the state—indeed could be regarded as a menace to the proper workings of an orderly, efficient, progressive, rational society' (Porter, 1987, p.14-15).*

Near the beginning of the 18th century, the emergence in Western Europe (and subsequently North America) of the Enlightenment signalled a move towards more positivist epistemologies within medicine: the principle objective of medical research turned towards establishing etiology as a chain of objectively verifiable causal relationships (Fodor, 1983). In relation to 'mental health', the idea established in Ancient Greece that states of mind fluctuated in relation to changes in bodily fluids (Roccatagliata, 1986) were superseded by a conception of the brain as a physical progenitor of states of

mind, its functioning quite divorced from notions of soul, spirit or psyche (Fodor, 1983). The Cartesian bifurcation of 'mind' and 'body' cast irrational or abnormal experiences as errors to be corrected, or disorders to be treated. Henceforth mental disorders would be, in theory, be traceable to malfunctions in physical elements of the brain: what had previously been considered an 'affliction' of one kind or another would now be established as a pathogenic disease (Shorter, 1997). In 1868, in the preface to the first issue of the psychiatric journal *Archiv für Psychiatrie und Nervenkrankheiten*, Wilhelm Griesinger wrote:

> *'Psychiatry has undergone a transformation in its relation to the rest of medicine. ... This transformation rests principally on the realization that patients with so-called 'mental illnesses' are really individuals with illnesses of the nerves and brain' (Griesinger, 1868, cited in Shorter, 1997, p.76).*

The Enlightenment promised that human suffering would yield to the advance of rationality and science. A concern for establishing constructs of 'reason' and 'order' spawned an era in which society sought to rid itself of 'unreasonable' elements by excluding them from mainstream daily life. Porter (1987) concludes that 'the rise of psychological medicine was more the consequence than the cause of the rise of the insane asylum. Psychiatry could flourish once, but not before, large numbers of inmates were crowded into asylums' (p.17).

In the United Kingdom until the 18th century responsibility for the care of people with mental health problems rested with the family and community. This of course was no guarantee of any particular humanity of treatment, as the domestic accounts detailed by Porter (ibid) clearly illustrate, but with the advent of the Industrial Revolution a more institutional approach was adopted that in a sense began the process of rationalisation of diagnosis and treatment that eventually coalesced into the named practice of 'psychiatry'. Those judged by state institutions to be mentally ill were increasingly placed in workhouses, poorhouses, and jails, or in one of the growing number of private 'madhouses' that were appearing across the country. By 1819 there were 40 such madhouses in London alone, with 100 to 500 inmates in each. The rise of the madhouses coincided with a growing professionalisation and specialisation of medicine: the period witnessed the increased involvement of medical doctors in what was effectively an emerging mental health industry, to the point where the profession began to stake a claim to a monopoly over the management of madhouses and the treatments practiced within them (Crossley, 2006). During the 19th century a series of scandals in private madhouses

indicated the apparent inability of the workhouses to manage people with mental health issues, and lead to the development of a system of publicly-owned County asylums - specialised hospitals that were set apart from mainstream medicine (Murphy, 1991). By 1954 these the asylums housed 154,000 inpatients, and were overcrowded and underfunded, constituting forty percent of NHS inpatient beds but receiving only twenty percent of NHS hospital budgets (Goodwin, 1997).

Initial impetus for reform of the asylum system in the 1950s came from professionals, the public, service users and carers who voiced concern about neglect and ill-treatment inside these institutions. These concerns were publicised through the media, via reports of inquiries into proven patient abuse, and were further supported by academic critiques of the asylum system (for example Goffman, 1991). The push for reform was given further impetus by the campaigns of groups of service users such as the National Advocacy Group and Survivors Speak Out, who described their often harrowing personal experience of care. The advent of antipsychotic drugs and mood stabilisers during the late 1950s, along with advances in psychiatry, appeared to allow for more people to be treated in the community, away from the asylums. The 1959 Mental Health Act subsequently identified 'the community' – without defining what 'the community' actually meant - as the most appropriate place for care for people with mental health problems, and the admissions criteria for the asylums were tightened. The 1962 Hospital Plan envisioned replacing the asylums with acute inpatient care units located within district general hospitals, and also proposed that local authorities should provide a set of services to support people in the community (Gilburt & Peck, 2014).

By 1974 100,000 patients remained inside asylums, the majority of whom were elderly, had been there for a considerable time, and were experiencing a combination of mental and physical health problems. Prevailing economic conditions during the 1970s meant that very few community services had been developed, so the first large-scale closures of asylums did not take place until the late 1980s. The majority of long stay residents were moved out of asylums into residential accommodation provided by the private and voluntary sectors. As the 1962 Hospital Plan had proposed, acute inpatient care was retained within the NHS but moved to smaller mental health units in local hospitals. By the late 1980s it could be argued that the twin effects of Thatcherite social policy and an emergent neoliberal culture of individualism had eroded 'communities' to such an extent that they were constitutionally unable to provide the web of interconnected and supportive, non-'medical' relationships that would have been necessary to absorb long

term asylum residents back into any kind of meaningful and sustainable social networks (Hall, 2011). 'Care in the community', whilst implying that people would be able to enjoy a multiplicity of informal support mechanisms offered by a network of sympathetic, local lay-persons, in reality meant that the locations for delivery of standardised pharmacological models of illness management were simply dispersed.

By 1987 a new class of SSRI (selective serotonin reuptake inhibitor) antidepressants had been released which proved effective in the management of mild to moderate symptoms of mental illness, and allowed the NHS to provide 'treatment in the community' without the need for costly hospitalisation. A series of reports in the late 1980s, however, highlighted the significant number of people who were falling through the supposed 'community safety net', ending up homeless or in prison. State provision of local mental health care, meanwhile, was hamstrung by a political commitment to operate at a community level whilst remaining subject to centralised institutional power structures and bureaucratic protocols (Gilburt & Peck, 2014).

In 1990 the NHS and Community Care Act afforded some relief from this stalemate by providing a financial mechanism whereby the NHS was able to indirectly fund local authorities' community mental health care provision. This later became a ring-fenced direct grant from central government to local authorities which provided a basis for the expansion of community health care provision co-ordinated by local authorities and overseen by the NHS (Dean & Freeman, 1994). While this development was largely successful in meeting the needs of those suffering from mild to moderate mental illness, the generic operating models of community mental health teams, still designed and implemented on a national level, proved inadequate in meeting the wide variety of local care requirements – in a community setting rather than through simple incarceration - of individuals with more acute symptoms or more complex needs. A series of high profile incidents involving people diagnosed with severe mental illnesses highlighted the failure of community services in meeting these individuals' needs; the policy response, centred around containment, answered to themes of public safety and risk management (Gilburt & Peck, 2014).

In 1999 the first National Service Framework (NSF) for mental health was established, with particular attention given to developing services for people with severe mental illness. The NSF divided mental health service provision into three key elements: 'assertive outreach teams' sought to provide intensive support to people living in the community with complex needs, while crisis resolution and home treatment teams

provided enhanced support for people in the community in order to prevent admission to hospital or to facilitate early discharge. Finally, early intervention teams provided care for people experiencing a first episode of psychosis.

The NSF delivered significant improvements in service delivery for people with severe mental health problems across the country. Services focussing on early intervention and helping people to manage and live with mental illness in the community proved largely successful (Gilburt & Peck, 2014). Evidence-based models of supported employment, furthermore, moved the focus on from the management of illness towards ideas of rehabilitation, recovery and reintegration. But as the NSF had time to embed it became clear that more local flexibility was needed to cater for variations in local needs, and some elements of the original 1999 NSF structure were dismantled. Assertive outreach services in particular were costly, and their effectiveness in reducing hospital admissions was not clear (Firn et al, 2013). Assertive outreach teams had largely replaced existing rehabilitation services, but strict criteria for referral to the teams – as determined by the *Mental Health Policy Implementation Guide* (Department of Health, 2001) meant that many people experiencing mental illness were unable to access services, resulting in a new level of unmet need (Mountain, Killaspy, & Holloway, 2009). With the system increasingly perceived as overly complex, inflexible and inefficient, individual partnership trusts tried to simplify the provision of mental health services by changing the service referral criteria and operating procedures, or by dismantling the assertive outreach teams (who had dealt with the most complex cases) and merging them into generic community mental health teams. The intervention structures were subsequently diversified, but the new system still lacked the flexibility required to take account of variations in needs across localities. Intervention strategies were restructured again on a more local level to take account of this, but alterations in referral criteria meant that not all patients' needs were being met (ibid.). In the face of the persistent failure of reactive policies, some NHS Trusts stopped providing mental health services altogether (Gilburt & Peck, 2014).

In recent years there has been an increasing emphasis placed upon providing better access to services for those diagnosed with mild to moderate mental illnesses. A key policy in this more recent movement has been the Improving Access to Psychological Therapies (IAPT) programme, which was established in 2006 and made a priority in the NHS Operating Framework for 2008/2009. Under the auspices of the National Institute for Health and Care Excellence (NICE)-approved therapies for depression and anxiety

disorders, these services have been rolled out across England, the modernisation process overseen and supported by the new National Institute for Mental Health in England (NIMHE). The multidisciplinary teams involved in delivering this broadening range of services include psychiatrists, clinical psychologists, support workers, and mental health nurses. This has entailed a change of role for some professionals, most notably psychiatrists; there has also been a significant influx of clinical psychologists into the NHS (ibid.). It is worth noting that the IAPT programme was informed principally by a report from the Mental Health Policy Group of the Centre for Economic Performance at the London School of Economics, within the context of which mental illness was framed as a measurable economic concern, measured in terms of working days lost and the cost to the NHS of service consumption (Mental Health Taskforce, 2016, p.4). Rose (2013) identifies the IAPT as a facet of the neoliberal project in its casting of mental health problems as a hindrance to economic growth; those who experience them are individual and discrete burdens on a society performed as chiefly 'economic' in its modes of operation.

In 2009 the government published *New horizons: towards a shared vision for mental health*, with priorities that included personalised services, equality, addressing stigma, and improving the physical health of people with mental health problems (Department of Health, 2009). The cross-party strategy *No health without mental health* (Department of Health, 2011) was followed by the Health and Social Care Act (2012) which required the NHS to place mental health on a par with physical health. Both documents provide a much broader concept of mental health, widening access and encouraging the development of services that include patients in the treatment, management and service delivery process. By no longer insisting upon a specific model of care delivery, local providers have been able to develop services in many different ways, and the third sector has also been able to participate in service delivery, developing a range of user-led and recovery-oriented community services, which are seen as both effective and cost efficient. NICE has now approved the use of computerised cognitive behavioural therapy (CCBT), whereby CBT (cognitive behavioural therapy) is delivered online (Cavanagh, Seccombe, Lidbetter, & Bunnell, 2011). There are also a range of NHS-approved online CBT courses for particular mental health issues, as well as web forums and other digital self-help applications (England.nhs.uk).

The transformation process has brought to light a number of issues. There has been the continuing problem of re-institutionalisation, whereby institutionalised practices have

continued in community settings. The focus on changing the physical location of care has meant that transforming the actual nature of that care has received less attention, the end result being a system of institutionalised community care, with assertive outreach teams, for example, supporting individuals over a number of years, with no modification in the range of services offered. A second issue has been the notion of 'targeted care': with people suffering from mental health problems divided into specific groups. With different services developed for each group, treatment pathways have become increasingly complex and difficult for patients to negotiate. Certain groups have found themselves unable to access the system, or referred from service to service, as the referral criteria are either too vague or too stringent. The NHS, responsible for health care, and local authorities in charge of the provision of social care have also found it difficult to work together; 'health care' will focus primarily on treatment and risk management, while 'social care' leans towards facilitating independence and personalisation. Access to health care is free, while limitations are placed on social care by eligibility criteria. The effectiveness of local mental health care is dependent upon the functioning of housing and social care services, which can lead to conflicts and disjunctures, especially since the movement from mild to severe illness, and hence the shifting of responsibility from local authorities to local NHS Trusts, can turn upon environmental factors such as housing. In some cases it has been felt that local authorities and NHS trusts are working to different agendas, with no shared strategy for commissioning or delivery (Gilburt & Peck, 2014).

The transformation process has seen a significant change in professional roles and cultures; some developments that have necessarily resulted in the evolution of professions have been welcomed, while those developments that have challenged the traditional core roles of clinical and social care professions have met with resistance. The closure of the long-stay asylums meant that psychiatrists were able to free themselves from the stigmatising association with these institutions, and during the 1960s and 1970s psychiatric training was already being geared towards delivering care in district hospital or community settings (Murphy, 1991); nurses also benefitted from an increasing freedom to innovate in designing and delivering care (King, 1991). But while the development of the team-based approach inspired growing confidence in non-medical professionals in their ability to contribute usefully to service provision, medical psychiatrists felt undermined by the fact that day-to-day management of the teams was often carried out by non-psychiatrists, with psychiatrists relegated to a clinical supervisory role (ibid). The *New Ways of Working* policy (Department of Health, 2005), developed in collaboration

with the Royal College of Psychiatry, positioned the psychiatrists as consultants, which led to a lack of clarity around their precise role and impacted detrimentally on patients as well as on the morale of the psychiatrists themselves (Vize, 2009). The coaching aspect of 'recovery'-oriented services has presented further challenges: the dual goals of empowering patients whilst still minimising risk can conflict with one another. The increasing use of peer-support, meanwhile, which has been found to be effective in mental health service provision (Faulkner, Sadd & Hughes, 2013), has incited calls from many sides, including commissioners, for radical de-professionalisation of the field. Questions have subsequently arisen over notions of the quality of care that peer support can offer, with the established professions expressing particular concern (Naylor et al, 2013).

The transformation process also excluded the input of general practitioners (GPs). Those championing the transformation process tended to assume that GPs would rather use the community psychiatric nurse resource to provide care for people with more common mental health problems, and would rather not interact with people experiencing more severe issues. This assumption led to a self-referral process that bypassed GPs entirely, divorcing mental health issues from primary care. When GPs did attend to patients with more severe issues the complexity of the service system for mental health referrals made it hard for GPs to make referrals to secondary care. Mental health care provision within primary care therefore appeared unable to cater for the predicament of those with more severe problems, and there were also limitations on physical care services for this group of patients (Mental Health Foundation, 2007). From a financial perspective, furthermore, the lack of a national tariff for mental health services meant that there were no cost incentives to move mental health services from hospitals into primary care.

The involvement of service users in the development of services has been sporadic and contentious. Continuing pressure from the Mental Patients' Union over the 1970s and 1980s, combined with a growing recognition within the medical establishment that outside bodies such as the National Association for Mental Health were sufficiently competent to take on a partnership role in the development of mental health services led to the NHS and Community Care Act 1990, which gave service users chance to engage directly with the planning and implementation of future mental health policy (Campbell, 2005). It appeared to service users that they were finally being given a voice; but thirteen years into the implementation of the Act a 2003 survey of 300 user-led groups carried out by the Sainsbury Centre for Mental Health concluded that low priority was given to user-led projects that aimed to modify or develop service provision (Wallcraft & Bryant,

2003). Indeed, even the partial involvement that user-led groups have been allowed has been considered by some members to have compromised the aims of the 'user/survivor' movement; as the groups seek involvement in what is essentially a political process, chasing elusive positions of influence, they can find their agendas subtly subverted (Campbell, 2005). There is also the sense that the medical profession has only been working with user groups because it has been legally required to do so; user groups have felt their involvement to be tokenistic, and that medical professionals are unwilling to forfeit their positions of privilege. Rose et al (2016) have identified the barriers to involvement as both administrative and in a sense 'discursive', observing that 'the current environment is one of the organisational complexity and change and the place of ULOs [user-led organisations] is an ambiguous one as they strive to maintain autonomy whilst at the same time being an acceptable voice to managers' (p.254). The credibility of user-led activist movements is also subtly undermined by mental health professionals who cast doubt on the authenticity of those who lead activist groups – the label 'professional user' suggesting that these individuals are pursuing something other than increased involvement for the people they represent (Campbell, 2005). Service-user led monitoring and research (Rose, 2001), or the user-led development of new understandings of aspects of mental distress (Romme & Escher, 1993) has been looked upon with a similar scepticism.

Some of the impacts of the transformation process have been unintended. Of particular note is the reduction in the number of inpatient beds, which was reduced by 60% between 1987 and 2010 (compared with 37% for general and acute physical care beds). New demands on beds have, in the meantime, arisen from people who would not normally have been inpatients: from people diverted from the criminal justice system, and from particularly complex cases, particularly those involving substance misuse. The result has been a rise in the use of private sector beds, chiefly in the form of highly specialised and forensic units; in 2012, across the NHS, an average of 34% of beds were provided by the private sector (England.nhs.uk). The lack of local provision has also meant that a significant proportion of patients have been placed in various forms of independent hospitals or care homes – 23% in 2009/10 (National Mental Health Development Unit, 2011).

A final issue that has dogged the transformation process has been a lack of flexibility in its implementation. The early phase of asylum closure was innovative and locally driven, with funding mechanisms that supported the process. It took a long time to achieve

results, however, and there were significant variations in the pace of change across the country. The establishment of the NSF, and the Modernising mental health services strategy signified a more stringent, centralised policy direction, but its focus on service structures, rather than desired outcomes for patients, meant that much of the creativity and innovation in the system was dampened. The primary goal became adherence to the service model itself, resulting in a lack of flexibility to variations in local needs (McLaughlin, 2009).

The most significant marker of the current status of those considered mentally ill remains in law, in the ability of the state to detain and compulsorily treat such individuals, even when they are in a fit state to make treatment decisions. Community Treatment Orders came into force under the Mental Health Act 1983, but the 2007 revisions to the Act did not reflect any change in the state's attitude towards the rights and capabilities of those diagnosed with a mental illness. Approved mental health professionals are still able to detain individuals indefinitely, 'in the interests of [their] own health and safety' (Bluglass, 1984). Under the 2007 Act the classifications of 'mental illness', 'psychopathic disorder', 'mental impairment' and 'severe mental impairment' have been grouped together under the term 'mental disorder', and while the legal status of individuals involved remains unchanged, the conflation of the concepts of 'impairment' and 'disorder' are arguably contentious. Campbell (2005) points out that the Act has a disempowering effect even upon those individuals who are not detained under it, but remain potential detainees. Langan (2009) summarises the state's actual position: 'Public protection has become the predominant aim of the mental health system, exemplified by the government's tenacity in pushing through more coercive mental health legislation despite longstanding opposition from professional, voluntary and user organizations (pp. 470–471).

Current spending projections suggest that health and social care services will face significant financial pressures in the next twenty years. To meet this challenge the NHS will need to develop different models of care in order to maintain quality and safety within service provision. Gilburt and Peck (2014) highlight the fact that the persistence of both institutional and professional dividing lines between GPs and hospital-based specialists, community and hospital-based services, and mental and physical health services mean that care is often fragmented. Current models of care appear outdated, and seem not to be taking advantage of advances in technology, relying too heavily on traditional individual expertise, while patients' and service users' voices are not sufficiently taken into account in the design and delivery of services.

The NHS has recently begun to devolve the responsibility for mental health care provision, making mental health budgets available for tender to organisations beyond its direct control. The NHS Choices website currently offers a range of information about mental illness that tries as far as possible to accommodate all contemporary views on the subject, from the strictly biomedical approach to positions that border on the spiritual (England.nhs.uk). Accusations of prevarication are to an extent deflected by its role as a signposting tool; the website encourages users to surf the net widely for the answers that suit them, but the signposting is weighted in favour of two key third sector providers who are increasingly working in partnership with the NHS in policy development as well as service delivery. The first of these organisations is Mind. Mind is an association of around 150 local groups supported by a central organisation that co-ordinates national 'mental health' campaigns around issues such as mental health in the workplace, and the relationship between debt and mental illness. There is an element of service-user involvement: in its own organisation, at least two service-users must be on the executive committee of each local Mind group. The charity also operates Mind Link, a national network of service-users, which is represented on Mind's Council of Management, its ultimate decision-making body.

Taken as a whole, Mind receives around 50% of its income from contracts with the statutory sector (amounting to approximately £65 million per year) (ncvo.org.uk). In the public domain, Mind refers to itself in all press releases as 'the mental health charity'. It is the key stakeholder in the National Mental Health Awareness Day (October 10th), and its most recent partnership announcement links it with department store chain Harvey Nichols. In 2008 National Mind took over control of the annual Mental Health Media Awards, which it renamed the Mind Media Awards. This is intended to 'recognise and celebrate the best portrayals of mental distress, and reporting of mental health, in the media' (Mind.org.uk). However, the operational running of the awards ceremony and the selection of judges is carried out by private company Keystone Conference & Events Management Ltd, rather than by a user-led organisation.

The other main organisation working in partnership with the NHS is Rethink (formerly Rethink Mental Illness), a centrally-run organisation founded in 1972 by relatives of people diagnosed with schizophrenia. Rethink was instrumental in promoting the new 'early psychosis' paradigm in 1995 in collaboration with an early psychosis network in the West Midlands called IRIS (Initiative to Reduce the Impact of Schizophrenia). This then led to the Early Psychosis Declaration by the World Health Organization and the

subsequent formation of early psychosis services as part of mainstream health policy. In 2015 Rethink received £39 million of funding, principally from statutory sources, to provide a range of services, including supported housing, carers' support groups, peer support groups, ex-offender support groups, and volunteer training.

Mind and Rethink also work in partnership with one another. Before becoming Chief Executive of Mind, Paul Farmer was Director of Public Affairs at Rethink, and the two organisations have worked together on two major projects. In 2009 Mind and Rethink launched Time to Change, a campaign to reduce mental health discrimination in England, aiming to 'empower people to challenge stigma and speak openly about their own mental health experiences' (Rethink.org), as well as changing the attitudes and behaviour of the public towards those with mental health problems. The Time to Change website presents individual stories of mental illness and places them next to pleas from well-known people for more public discussion about mental illnesses, a broader acceptance that they exist, and a recognition that 'as many as one in four people have one' (ibid). The two organisations also sit on the Mental Health Taskforce (chaired at the time of writing by Mind's Paul Farmer), which as a body was responsible for developing a comprehensive five year strategy for statutory mental health service provision in England (Five Year Forward View, February 2016). Stating that 'there is now a cross-party, cross-society consensus on what needs to change and a real desire to shift towards prevention and transform NHS care' the document then goes on to detail how effective mental health care can be delivered across the country over the next five years, noting that 'inequalities' – not in socioeconomic terms but in terms of provision of care - must in particular be addressed.

The past decade has also seen the emergence within primary care of the 'social prescribing' or 'community referring' model of care and treatment, wherein GPs are able to refer people experiencing mild to moderate symptoms of mental illness to community groups that offer a range of activities governed by no apparent clinical methodology and with no link to government partners such as Mind or Rethink. Under social prescribing patients are supported initially in their introduction to the relevant community group through link workers, whose role gradually diminishes as the person becomes integrated with the group and their need for formal support diminishes (Nesta.org.uk). This form of community care is, on the available evidence, best suited to people experiencing mild to moderate mental health problems, and has resulted in a significant reduction in 'mental-health'-related GP appointments and prescriptions for anxiolytics (Palmer et al, 2010).

Walker et al (2019) suggest that the effectiveness of this form of treatment may lie in the relatively disordered community spaces where it takes place. In these spaces the fairly rigid diagnoses and terminologies that define the 'service user' or 'patient' are largely absent, and so the essentially unstable and ambiguous phenomenon of 'mental illness' can come to be approached in a number of more effective ways. However, by blurring the distinction between community activities' and therapeutic healthcare, the practice of social prescribing has generated certain conflicts. While the increasing outsight of mainstream mental health service providers places ever more validity upon simple community activity in the promotion of both recovery from mental illness and general 'wellbeing', an encroaching medicalisation or even psychiatrisation of activities such as dog walking, knitting or even just eating together threatens to frame enjoyable activities as calculated wellbeing optimisation approaches, and in doing so robs them of their primary value, that of being devoid of any self-conscious notions of benefit. Cormac Russell writes that 'it professionalises and commodifies civic space and the commons. We risk medicalising everyday life. I met a walking group last week who described what they were doing as Social Prescribing. I said: 'you're a walking group', 'yes' they said, 'but that's not valued' (Russell, 2018). Finding through community referral that the messy, patchy, un-coordinated, un-calculated, non-medical practices of the general community seem to offer a better fit, or 'enhanced recovery outcome potentials' for its erstwhile service users, the NHS is faced with finding an effective way of expanding the community capacity for strictly informal care, and an evidence-based justification for funding it, whilst refraining from dictating the shape that 'care in the community' might take.

The history of NHS provision of 'mental health care' in the UK over the last 60 years gives a picture of a large and inflexible institution unable to respond adequately to the local complexities of a phenomenon that it struggles to understand on a national policy level. A range of actors – medical professionals, medical institutions, the media, the drug industry, government legislation, ideology, risk, fear, and pride – interact in much vaunted but largely ineffectual attempts to respond to 'the urgent issue of mental illness', while general cultural understandings of what 'it' might actually 'be' are allowed to follow a reductionist path towards Orwellian sloganeering: 'as many as one in four people have one' (Rethink, 2019).

However much the growing local practice of community referral may be taken to indicate that the ideological hegemony of psychological medicine may be weakening, psy

practices, and the professionals and institutions that they generate, continue to shape mainstream cultural and professional understandings of emotional distress. Part Two will offer an overview of the current state of affairs, from recent scientific advances in biopsychiatry to the emergence of loosely organised groups who propose their own modes of interpretation of subjective emotional experience.

Part Two: Current trends

1. Introduction

Given that this thesis seeks to add to the existing literature on approaches to understanding 'mental illness', 'mental health', 'recovery' and 'wellbeing', it is useful at this point to provide an initial brief survey the mainstream contexts and practices within which these terms have been introduced. As has been pointed out above, the potential performativity of these terms in bringing people into being in certain ways - as 'ill', 'unhealthy', 'unwell' or in any case in some general state of deficit – has been recognised by some practitioners and project managers, and for this reason the terms have been deliberately kept away from practices that are hoped to be experienced as 'therapeutic' in some way, with the aim of keeping any intervention as tacit as possible. An initial overview of the emergence, deployment, stabilisation and contestation of the terms will, it is hoped, illustrate both the reasons for their ubiquity and the potential benefits of keeping them at least temporarily constrained within inverted commas. Resisting an encroaching ordering in this way might be seen as a form of ordering strategy in itself – a model that seeks to evade any ordering choreographies could in itself be considered a model of sorts – but it is the adaptive, contingent and provisional evasion techniques that distinguish this approach from the more rigid and insistent, competing panoply of theoretical positions that will be considered below.

2. Mental illness and recovery

Mental illness is currently presented in a number of ways: as experiential, 'One in four adults and one in 10 children experience mental illness, and many more of us know and care for people who do' (NHS, 2019), or as a discrete thing that is identified through psychiatric diagnosis to exist of itself, a thing that can be 'had', as in '1 in 4 people have a mental illness - we're all in it together' (Time to Change, 2019), or 'How my anxiety affects me now' (ibid.). It has been invoked as a brake to economic progress (Layard,

2006), and as a threat to public safety held up by government to legitimate new mental health legislation (Manning, 2002), but also as a shared condition that can be used to give shape to and then mobilise a politically interested corpus (Wallcraft & Bryant, 2003). Conversely, the term has also been dismissed as a mythical construct that serves to stabilise professional regimes of knowledge (as in Szasz, 1974), as simply 'a sane reaction to insane circumstances' (Ted.com), as a technology of governmentality deployed to incite a culture of self-regulation of conduct (Miller and Rose, 2008), and as Big Pharma marketing ploy (Moncrieff, 2003). It has also been construed as a hyper-awareness of some kind that can contribute to our understanding of what it means to be 'human' (DuBrul, 2014). Each of these narrative strands is supported by fields of literature of one type or another, couched in scientific, journalistic, literary or poetic terms or illustrated through pictures, sounds or sculpture (theperspectiveproject.co.uk). Through the practices in which it finds itself constructed it can thus be a thing which is identified and treated by professionals, a thing which is used to further the economic or political interests of a range of organisations (and thus a thing considered in abstraction by critics of the operation of state or industrial power), or a thing held loosely and described as 'psychic diversity' (ibid.) by people who experience unusual perceptive experience and translate it into various forms of art. 'Mental illness', then, comes into being in any number of forms depending upon what it is being required to do, or not at all – it can become an affliction, a gift, a scourge, a mystery, or an opportunity. What is generally noticeable is that those whom the condition directly affects seem more open to differing interpretations as to its causes and to how it should be managed than those professionals who seek to treat it or are involved in it or seek to become involved in it in some other way.

Given that 'mental illness' comes into being in such different ways in the context of different practices (artistic, political, economic, scientific and so on), if indeed it comes into being at all, it is not surprising that the concept of 'recovery' (from a semantically implied 'illness') is construed in an equally wide variety of contextually specific ways that may also be considered to reflect the varied interests of the people or groups of people involved. Pilgrim (2008) offers a useful overview of what might be thought of as mainstream medical approaches to recovery, as either recovery *from* mental illness (a cessation of symptoms) or a recovery *in* mental illness (a rehabilitation to externally imposed behavioural norms). Both of these forms of recovery would seem to play to what Harper and Speed (2012) call an 'identity model' of recognition that constructs 'people in recovery' as in a state of deficit, which in turn makes them legitimately amenable to

medical intervention and treatment (and potential consumers of medical goods and services). The Department of Health policy paper No Health Without Mental Health, meanwhile, describes recovery as ‘a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles’ (DoH, 2011, cited in Harper and Speed, 2012, p.12), which would seem to align a ‘recovered’ state with current normative social expectations. In contrast, Pilgrim offers a third model of recovery, in the context of which ‘norms of social rejection are challenged and there is an emphasis, not on patient deficits and professional expertise but, instead, on ‘experts by experience’; true authority for recovery resides in patients as psychiatric survivors’ (Pilgrim, 2008, p.297). This subjective interpretation of what recovery might mean or even feel like ‘rejects professional authority to define recovery. Instead recovery is re-framed as a set of unique social-existential states preferred by each particular person with a particular mental health problem they are enduring, or even using creatively, in their lives’ (ibid.). Within this unframed conception of recovery the term ceases to have any relevance, since people are encouraged to simply seek to engage in practices within which the unusual perceptions, experiences and behaviours which constitute their psychic diversity are accepted as entirely normal. While they may still access psychiatric services or consume pharmacological products, there is no implied ‘illness’ to recover from or ‘deficit’ to be corrected, and hence no foothold available for professional, industrial or political interests. The organisations that have come to be involved in this largely fluid and an-archic lattice of support networks are predominantly user-led, and in some cases may act as advisors to statutory providers of mental health care (www.voicecollective.co.uk).

Both ‘mental illness’ and ‘recovery’, then, can be considered as performative terminologies that that are mobilised within certain broadly identifiable areas of practice, acting in part to legitimate the practices themselves (diagnosis, treatment, legislation, psychopharmacology, therapy, financial gain, political action, discrimination) and in their continual and repeated usage to stabilise their own existence as things that can be known about, acted upon and then leveraged by individuals, groups and organisations interested in furthering their own interests, whether political, economic, professional or indeed genuinely ‘therapeutic’. Where they are not brought into use, as is the case in more un-organised peer support networks, practices such as talking, writing and painting seek to accommodate and give expression to affective experience rather than to define it in any particular way, and much less to consider it as something deviant and in need of rectifying.

3. Mental health and wellbeing

While the terms 'mental illness' and 'recovery' have been seen to describe, either directly or by implication, traits that are in some way 'negative', and to impose an obligation upon people to get 'better' in some way, ideas of 'mental health' and 'wellbeing' are more free to wander between groups and organisations, with less of a performative effect on the practices to which they might be ascribed and the people who take part in them. Of the two terms, 'mental health' is more closely allied to its corollary, 'mental illness', and with it medicalised understandings of distress and the medical approaches to its treatment. Contemporary statutory advice on 'improving mental health' continues to identify it as a discrete thing that can be calculated and worked upon, but the approaches that are advocated reach into the far more amorphous concept of 'wellbeing', 'a complex, multi-faceted construct that has continued to elude researchers' attempts to define and measure' (Pollard & Lee, 2003, p. 60), but which, perhaps by virtue of its slippery nature, has been able to be adopted in different ways as a valid outcome by a range of organisations. This can range from the essentially quantitative World Health Organisation Five Well-Being Index tool, WHO-5, (WHO, 1998), to approaches such as that exemplified by groups such as Singing and Wellbeing (singingandwellbeing.com), which posits are far more qualitative or experiential approach to what 'wellbeing' might come to mean in the context of a particular practice.

'Wellbeing', as a description of something multi-dimensional rather than a definition of something, seems able to happily accommodate both clinical notions of some kind of measurable state of 'mental health' and the more affective states of comfort, happiness, security, heartiness and abundance, but also equilibrium and balance (Dodge et al, 2012). Advice on how to attain it, meanwhile, directs attention away from a focus on individual adjustment to social norms and towards a more gentle, non-critical introspection combined with an 'outsight' brought about through collective activity. Marks and Shah, for example, suggest that 'well-being is more than just happiness. As well as feeling satisfied and happy, well-being means developing as a person, being fulfilled, and making a contribution to the community (Marks and Shah, 2004, p. 2). The Five Ways to Wellbeing (Thompson et al, 2008) acknowledges that 'wellbeing' is essentially holistic and dynamic in nature and the factors that promote it are sometimes unpredictable; Five Ways to Wellbeing thus provides a potential framework for understanding this concept that is sufficiently flexible to be applied to multiple diverse projects.

So in contrast to the terms ‘mental illness’ and ‘recovery’, whose deployment seems prone to hiving people off into multiple opposing camps, ‘mental health’ and more so its latest and vaguer incarnation, ‘wellbeing’, would seem to broadly encompass the principal objective of the majority of professionals and non-professionals working in the fields of both formal and more informal ‘health care’ that incorporate both physical and mental concerns. Debates continue as to whether the responsibility for ‘delivering’ wellbeing rests with the individual or the state (Thompson & Marks, 2008), and whether ‘wellbeing’ can in any case even be properly defined (Dodge et al, 2012), but the broad agreement that ‘wellbeing’ is ‘good’, and the ease with which it is able as a term to be shared between groups and organisations whom the terms ‘mental illness’ have divided, suggest that it may be able to start to bridge medical and non-medical understandings of distress for the benefit of all people involved. This slow coming together of understandings is well illustrated by Nick Rowe’s appropriately named Converge project, which uses learning practices (principally art and drama) to bring university students together with people experiencing emotional distress in a space that he calls a ‘healing campus’ (Rowe, 2015, p.119). Avoiding overt notions of ‘therapy’, the Converge project or programme seeks to promote a subjectively apprehended sense of wellbeing amongst all of its participants. Wellbeing’s slippery ability to elude static definition also means that so far it has appeared resistant to being appropriated by any particular interest group, preferring to be shared or understood collectively and multiply. Its adaptive resilience in this respect makes the term a good illustration of the usefulness of mutability in any approach that seeks to understand and then in some way alleviate emotional distress, and its appearance in multiple contexts throughout this text bears testimony to this.

4. Making up ‘ill individuals’

To re-cite Roy Porter:

> *‘The enterprise of the age of reason, gaining authority from the mid-seventeenth century onwards, was to criticise, condemn, and crush whatever its protagonists considered to be foolish or unreasonable . . . And all that was so labelled could be deemed inimical to society or the state—indeed could be regarded as a menace to the proper workings of an orderly, efficient, progressive, rational society’ (Porter, 1987, p.14-15).*

The British Psychological Society describe the status quo, some three hundred years later, as follows:

> *'The putative diagnoses represented in the DSM-5 [the Diagnostic and Statistical Manual of Mental Disorder, 5th edition] are clearly based largely on social norms, with 'symptoms' that rely largely on subjective judgements, and with little confirmatory physical 'signs' or evidence of biological causation. The criteria are not value-free, but rather reflect current normative social expectations' (BPS, 2011, cited in Whitely, 2012)*

This section will start with a consideration of the changes brought about in psychiatric care by the advent of psychiatric medication, considered by McGrath and Reavey (2019) to have 'located the site of psychiatric practice in the individual and mobile body' (p.3) – a key facet of the medicalisation of distress and its confinement to a 'disordered' individual.

The identification of acetylcholine as a neurotransmitter in 1936 led to the development and introduction of the first antipsychotic drug, chlorpromazine, in 1951 (Ban, 2007); it remains on the World Health Organisation's *List of Essential Medicines* for national healthcare systems (WHO, 2013). The key diagnostic manual in Euro-North American societies for the mainstream psychiatric profession is the Diagnostic and Statistical Manual of Mental Disorder (DSM), (APA, 2013), which provides the basis of and justification for the pharmacological interventions that remain the primary means of treating mental illness in contemporary healthcare systems (Littlewood, 2002). First published in 1952, the DSM was adapted from a United States War Department Technical Bulletin used during World War Two for the selection, processing, assessment, and treatment of US soldiers. Subsequent observation of post-combat trauma in combat veterans, together with medical advances in understanding of the brain's biology, was considered to provide a sufficient evidence base for the adoption of the biopsychiatric model of individual-level mental distress into the state provision of mental healthcare within the health systems rapidly constructed in Europe and the United States during the post-war industrial boom. Revised and expanded over the decades, the DSM version 5, published in 2013, lists 297 disorders and covers an ever-greater range of human behaviours (American Psychiatric Association, 2013). Upon each of its appearances the range and scope of emotional and sensual experience categorised as a 'disorder' – and hence amenable to individual-level biopsychiatric intervention – has enlarged (Bentall, 2006). In the United States it not only governs the classification and treatment of mental

disorders, but also acts as a financial instrument, regulating payments to healthcare providers and unlocking significant funding streams for the medical research industry. Since 1980 the DSM has done away with all references to etiology and been entirely symptom based. This move was intended to provide a common language so that biological and psychoanalytic psychiatrists could talk to each other, and to improve the statistical reliability of psychiatric diagnosis, but has instead resulted in the development of pharmaceuticals that address specific diagnoses by targeting specific symptoms (Reidbord, 2016). The assumption is that if symptoms can be alleviated at an individual, 'biological' level, then there is no need to address wider and more complex social etiologies, and indeed doubt is cast on their relevance or even existence.

Boyle (2011) contends that 'mainstream psychology and psychiatry…see their role as the study of decontextualized individuals whose behaviour, cognitions and emotions are best accounted for by reference to their brains and minds' (p.34). So it is perhaps understandable that scientific research into mental illness as a cultural practice continues to probe into the biology of brains with ever greater zeal and urgency. The impetus of the research can be framed as follows: actors within the field of biopsychiatry accept that there is, *as yet*, little or no evidence to validate their practice of identifying and treating 'ill individuals':

> *'There is not a single symptom of a single psychiatric disorder for which we fully understand its physiologic basis at a molecular, cellular, and microcircuit level. In other words, we have only a somewhat vague idea of how the brain generates the cognitive, emotional, and behavioral problems that lead people to seek treatment by psychiatrists and other mental health clinicians' (Wang & Krystal, 2014, p.638)*

The same actors nevertheless maintain that it must be 'deficits at the molecular, cellular, and circuit levels that underlie cognitive and behavioral disorders in mental illness' (ibid, p. 638). One solution to the problem of the continuing lack of evidence is thought to lie in 'big data' science and computer modelling of brain systems: 'computational models offer an opportunity to elucidate how cellular and circuit level pathologies give rise to the cognitive deficits observed in mental illness' (ibid, p.638). So while the National Institute of Mental Health (NIMH), the world's largest funding agency for research into mental health, withdrew its support for the DSM's fifth edition in early 2013 (Lane, 2013), this was in favour of an attempt to develop an even more reductionist, cross-diagnostic system of illness classification based purely on 'biomarkers' – specific individual physical

phenomena that engender specific mental states and specific behaviours (Insel et al, 2013): enabled by recent advances in computing power as well as in neuroimaging, the Research Domain Criteria (RDoC) programme is based on the assumption that mental disorders are disorders of a person's brain circuits; harnessing the new tools of neuroscience will, in theory, allow researchers to identify these neural circuit dysfunctions, and that this data will augment and perhaps even replace clinical signs and symptoms for the purposes of clinical intervention and management (Walter, 2013). The neurocircuitry field of research is currently attracting high levels of funding, media interest in products such as the Human Connectome Project (www.humanconnectomeproject.org), and also drug industry interest via public-private partnership projects such as the Biomarkers Consortium, which aims to accelerate biopsychiatric research progress under the concept of 'precision medicine', seeking to 'discover, develop, and seek regulatory approval for biological markers (biomarkers) to support new drug development, preventive medicine, and medical diagnostics' (www.biomarkersconsortium.org). Initial RDoC research into auditory hallucinations ('AH') indicates, perhaps predictably, that:

> *'...more research is needed to reveal the underlying molecular architecture behind AH in both clinical and non-clinical populations. Because AH manifest themselves as such powerful behaviours, influencing the entire cognitive and emotional set-up of an individual it is reasonable to assume that such pervasive behavioural effects must have a biological cause' (Badcock & Hugdahl, 2014, p.9).*

As is perhaps to be expected, the insistence upon unfounded biological causation leads some authors into illogical territory. Anders and Kinney (2015) explore the possible link between schizophrenia and atypical immune function, based on findings that some anti-psychotic drugs also combat infection, which is thought of as a failure of the immune system. Similarly, Tomasik et al (2014) claim a relationship between schizophrenia and neuro-inflammatory processes, given that anti-inflammatory drugs appear to affect the symptoms associated with the 'schizophrenia' diagnosis The propositional fallacies that these conclusions rest upon seem to have been wilfully ignored.

The continued stability and durability of the biopsychiatric practices that make up ill individuals rests upon the inscription practices of a plethora of resistant institutions, the 'thousands of scientific papers and hundreds of books devoted to this subject; legions of dedicated scientists and over sixty dedicated professional societies worldwide

[producing] a profound impact on the public's perception of mental disorders' (Kapur, Phillips, & Insel, 2012, p.1174). And so the direction of research is maintained, and with it the persistence of the ill individual as a product of the practices of both research and treatment. Biopsychiatry in turn depends - for its durability and status – upon the broader epistemic assumption that it is individuals, 'ill' or not, who somehow combine to generate social systems.

Away from the practices of research, ill individuals are also made up on the ground, in the daily practice of the psy sciences. Although – as has been described in Part One - the process of deinstitutionalisation in the UK has resulted in the closure of the large asylums that dated from the 19th century (Murphy, 1991), and the emergence of care within a community context, the vast majority of people experiencing emotional distress are still 'service users', accessing services that are provided by a complex network of outreach teams, or within local clinics (Gilburt & Peck, 2014). The predominant discourse brings together an individual, GP-registered, service user with a mental health professional, separated by a metaphorical 'glass partition' (Cigno, 1988). Even when care is delivered in the context of a service user's home, the nature of the relationship between professional and patient – defined and delimited by the terms and expectations conferred upon it by something as innocuous as an appointment, temporarily transforms the living room into a clinic (Labate, 2004). So even in a domestic setting, the notion of the 'psychiatrised' individual (LeFrancois, 2012) persists.

Whatever the location of care, individuals may also find themselves turned into 'illness' data. The current practice of 'helicopter services', when professionals drop down into service users' lives for short, pre-determined bursts of time (McGrath & Reavey, 2015) has been facilitated by the emergence since the 1980s of the case management system of treatment and policy evaluation. The Mental Health Taskforce (MHT) Five Year Forward View (2016) measures population-level mental health in terms of the number of cases of individuals accessing services (p.5-10). As 'cases', patients are performed primarily as elements of an administrative system (Berg, 2004), and all sense of their connection with complex and intricate social networks (that might exacerbate or alleviate their feelings of distress) is removed.

> *'Arguably, the most important effect of this framing of medicine is the eradication of the patient's voice from the narrative of illness. The dialogic construction of the narrative of illness is supplanted by the physician's case record of his search for the physical seat of disease and the healing effected*

through the development of meaning falls victim to…discourse' (Fuks, 2009, p.1).

The very notion that mental illness can be treated in some way necessitates an ill individual upon whom treatment can be exercised. Where treatment practices are pharmacological, industrial interests come into play in maintaining or promulgating the existence of illness. The average 18.5% profits on revenue enjoyed by US pharmaceutical companies in 2001 (Pattison & Warren, 2003), provided a strong impetus for greater industry involvement in the sponsorship, organisation and reporting of research: research findings can be effected both by the way a study is designed and by the way results are presented. Drug industry control of most of the process of most clinical trials from design and implementation through to data analysis and publication therefore became a cause of concern for some commentators and researchers (Bodenheimer, 2000; Bero & Rennie, 1996). In 2000 the pharmaceutical industry funded 70% of all UK research into mental illness (Moncrieff, 2003), and Whitely (2012) has suggested that the identification of new disorders might really be a practice of creating new markets for new drugs. Whitely points out that the most recent DSM-5 criteria lower the threshold for an ADHD diagnosis, and thus 'further protect and enhance the child market and create continuity of the pharmaceutical company's customer base into adulthood' (p.28). Shorter (1997) adds that new drugs add a sheen of medical professionalism to psychiatric practices, parading values of modernity and authenticity and further stabilising the position of the 'ill individual', who is himself targeted with consumption-orientated messages about individual 'wellness' through the marketing of drugs such as Prozac (Cederström and Spicer, 2015).

Where treatment practices are non-pharmacological, the focus remains upon remodelling an individual's 'disordered' response to oppressive social and environmental factors that themselves remain unchallenged (Ridgway, 2012). The Midlands Psychology Group (2012) conclude that:

'…most psychology is individual and idealist. It takes the individual as a given unit of analysis, and treats the social as a somewhat optional and often uniform context' (Midlands Psychology Group, 2012, p.93).

Alternatively, ill individuals are cast as a hindrance to national economic performance. In 2006 the Mental Health Policy Group of the Centre for Economic Performance at the London School of Economics published a report (commonly known as the 'Layard

Report') urging that psychological therapy should be made available to everyone in Britain, on the basis that 'such a service would pay for itself by the reduced expenditure on incapacity benefits from people being able to go back to work' (Layard, 2006). The report led to a number of government funded initiatives, known as the Increasing Access to Psychological Therapies (IAPT) programme, which focused on therapeutic help for adults with common mental health problems, in particular mild to moderate depression and anxiety. The core therapeutic modality that was recommended within these programmes was cognitive behavioural therapy (CBT), while other modalities, such as interpersonal therapy, were also commended (Marzillier & Hall, 2009). While CBT as an effective treatment for mental illness has a significant evidence base to support it, critics such as Grant (2011) point out that CBT, and mainstream IAPT psychological therapies in general, continue to require an individual-level adaptation to adverse socio-economic circumstances (Grant, 2011), identifying a dysfunction of cognitive interpretation at an individual level as the root cause of distress. Boyle (2011) notes that the IAPT programme has also been mobilised to stifle debate around the possible social causes of emotional distress: by promoting the IAPT programme as a weapon in the fight against a very general problem called 'misery', and citing depression and anxiety as its main causes, any debate about the broader societal causes of depression and anxiety themselves have been sidestepped. Misery is officially caused by anxiety and depression, and the debate stops there. Harper and Speed (2012) reach a similar conclusion, that 'the failure to escape deficit-laden discourse means that there is a restricted conceptual repertoire available to problematize…inadequacies [in policy]' (p.10).

The ill individual existing within a broadly well society as the performed creation of treatment practice remains prevalent across contemporary mainstream discourses of 'clinical' recovery. Within this paradigm the assessment and treatment of an identified mental illness leads to a recovery defined principally by the extent of observable symptom remission (Meehan et al, 2008). The 'user/survivor movement' or 'recovery movement', by contrast, originated as a repository of knowledge put together by 'experts by experience' about what it actually feels like to come back from or states of extreme emotional distress, or simply how to deal with their fluctuations on a daily basis. These alternative understandings of what 'recovery' might mean entail the participation of not just mental health professionals, but of families and friends and of course the affected individuals themselves (Lloyd, Waghorn & Williams, 2007). Contemporary first-hand expositions of 'recovery', for example, move beyond ideas of merely achieving

stabilisation or returning to baseline towards a sense of transformation, letting go of an old sense of self and in a sense embracing ambiguity as well as a persistent vulnerability. Recovery narratives are complex and nuanced, and when recounted effectively find their place alongside more overtly literary expositions of alternative states of mind. Patricia Deegan's account of schizophrenia (Deegan, 2002), for example, resonates deeply with Nikolai Gogol's *Diary of a Madman* (Gogol, 2006): in both tales the finely-wrought terror of sensory dislocation provokes in the reader a profound, a-rational affective understanding of the ostensible 'irrationality' of the respective protagonists, and an accompanying 'de-understanding' of what might be thought of as received wisdom about the ostensible nature of madness. Some examples of the fora that exist in which to share experiences and learn from one another about ways of coping with emotional distress will be considered later in this chapter – the point here is to highlight how mainstream professional 'recovery' doctrine can be seen to continue to employ the term as a subjectifying technology of the self: Harper and Speed (2012) cite the Department of Health policy paper *No Health Without Mental Health*, where 'recovery' is described as 'a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles' (DoH, 2011, cited in Harper and Speed, 2012, p.12), The authors observe that 'rather than effecting social change, the marginalised other is required to change their personal outlook' (ibid, p.12). This model of recovery makes the issue of emotional distress, and recovery from it, 'an explicit problem of individualised identity' (ibid, p.12). Bracken and Thomas (2001) contend that 'even social psychiatry has had an epidemiological priority for the identification of disordered individuals in populations' (Bracken & Thomas, 2001, p.2).

5. Attempted moves outward

Proposed alternatives to individuated notions of distress from within the psychiatric profession have met with resistance. As a counter to individual conceptions of illness and treatment, the 1980s saw the emergence of the 'biopsychosocial' approach. Engel (1980) observed that 'the most obvious fact of medicine is that it is a human discipline, one involving role and task-defined activities of two or more people' (p.102). Engel contended that a flaw of the biopsychiatric model, aside from its overreliance on hypothesis over empirical evidence, was that it did not include the patient and his or her attributes as a human being. A physician, in Engel's view, ought to consider the patient presenting with emotional problems or 'disordered' behaviour as part of a hierarchically tiered system, which Engel pictured as starting with subatomic particles and expanding

out to the biosphere (p. 104). Consideration of this hierarchy as a continuum allows us to see that just as the patient is made up of tissues and cells, he or she is also a constituent part of family, community and society. A biopsychosocial approach to mental illness takes into consideration the reported subjective experience of the patient as well as observable behaviours; the biopsychosocial physician must therefore consider information from all systems levels, from the biological to the societal in the construction of a diagnosis. In Engel's model, he or she is thus expected to 'have a working knowledge of the principles, language and basic facts of each relevant discipline' (p.121).

The biopsychosocial approach has been criticised from within mainstream biopsychiatry as 'promoting an artificial distinction between biology and psychology' (Tavakoli, 2009), as failing to meet the criteria for a scientific model of mental illness (McLaren, 2006) and hence open to conflicting interpretations (Epstein & Borrel-Carrio, 2005), and as merely a disingenuous euphemism for psychosomatic illness (McLaren, 2007). Perhaps anticipating its fate, Pilgrim (2002) noted that the biopsychosocial model '…has not been properly realised. It seems to have been pushed into the shadows by a return to medicine and the re-ascendancy of a biomedical model' (Pilgrim, 2002, p.591).

Notwithstanding the slow demise of Engel's particular model, contemporary critiques of biopsychiatry have maintained a focus on the broadening of etiologies outwards towards social factors – moving away from the 'bio' towards a wholly psychosocial approach. Dillon (2011) contends that 'the experiences, feelings and possibilities of our personal lives are not just a private matter of personal preferences and choices but are limited, moulded, defined and delimited by the broader social and political context' (p.143), implying that the 'individual', 'ill' or not, is as much a product as a component of any dynamic social system. Boyle (2011) examines the social environments that have been most consistently proven to cause emotional distress, for example child abuse or domestic violence, identifying a pattern of relatively powerful groups damaging less powerful groups. But a key move is to then extend this observation to the psy professions as well: Boyle argues that in ignoring the operation of power within both 'social' and 'medical' contexts (and indeed in arbitrarily separating the two) the psy professions are diverting attention away from the politics of the professional-patient relationship, 'obscuring the operation of power and of protecting relatively powerful groups from scrutiny' (p.39). By 'cutting people off from an understanding of how mental operations relate to social practice, and from effective action to change their actual circumstances' (p.38), the psy

industry lays claim to a unique knowledge that serves to protect its professionals, its institutions and the care system of which it is a part.

Resistance towards moves outward, then, comes partly from within the psy professions, who require the perpetuation of the idea of the ill individual both as a locus of expert and exclusive treatment practices, and partly as a diversion from the power inequalities inherent within 'medicalism'. The 'psy' mandate remains:

> *'...precisely to obscure, and indeed deny, the ethical dilemmas of life, and to transform these into medicalized and technicalised problems susceptible to 'professional' solutions' (Szasz, 1973, cited in Barker & Buchanan-Barker, 2010, p.18)*

Resistance towards a social understanding of distress has also been cultivated within the people whom it afflicts. Miller and Rose (2008) cast psy practices as indirect, subjectifying technologies of government mediated through experts. 'By means of expertise, self-regulatory techniques can be installed in citizens that will align their personal choices with the ends of government' (p.69).

Attempts to restrict the social understanding of distress also operate on a slightly broader level. Harper and Speed observe that when distress does seem to concern a group of people rather than just discrete individuals, techniques of identity politics are deployed in order to shape understanding and subvert potential unrest. This identity model of recognition works by identifying people (in this case people suffering from distress) as a discrete group, and in doing so 'underscoring differences between the pathologised other and the normative mainstream' (Harper and Speed, 2012, p.9). The negative trait ('mental illness') associated with this group makes this a phenomena of '*mis*recognition' that places the identified group at a moral disadvantage. It then becomes the responsibility of the 'misrecognised' group to somehow rectify their conduct – to 'recover' - as a condition for acceptance back into normal society. In the guise of a fight against discrimination, 'logics of difference' are used to mark out a specific group as inferior or deficient in some way. The group identified as 'recovering service users', or 'on the road to recovery', are thus constructed as being in an intrinsically negative, 'unrecovered', 'ill' state of deficit: a corollary all the more powerful for remaining tacit (ibid).

The ill individual thus continues to be sought after for many reasons: his distressing symptoms both require and legitimate the treatment practices of a vast cohort of psy

professionals; his poorly understood brain attracts ever larger amounts of research funding; as the face of the 'mental health crisis' that is seen to be affecting individuals he diverts attention away from entrenched (and distressing) power inequalities in collective social systems; finally, he is a potential consumer of psychiatric medication and other 'wellness' products. More generally, as an agent of subjectification his plight lends credence to cultural notions of a citizenship contingent upon an individual success – a key aspiration of neoliberal ideology - that he and his identified ilk have manifestly failed to achieve.

6. Alternative models

The 1960s saw the emergence of an 'anti-psychiatry' movement, led principally by R. D. Laing, David Cooper, Aaron Esterson, Leon Redler, Morton Schatzman and Joseph Berke. A 'revolt from above' (Crossley, 1998), in that its principal proponents were psychiatrists themselves, the anti-psychiatry movement was a critique less of the methods than of the act of psychiatry itself, questioning the right of any society to decide what constituted a 'normal' or 'sane' self. From a sociological perspective, Crossley sees Laing's work as part of the broader 1960s counter-culture, and indeed Laing attempted to position himself as something of a 'counter-expert', embracing such 'counter' themes such as alienation and love. The anti-psychiatry movement was criticised by Thomas Szasz, who described it as 'a thinly veiled attempt to redirect power from the mainstream into the hands of [its key figures] RD Laing and David Cooper' (Szasz, 1973, cited in Barker & Buchanan-Barker, 2010, p.18). Szasz contended that the antipsychiatry movement was as dictatorial as the field it attempted to usurp, maintaining that people should be free to believe in psychiatry (and accept electroconvulsive therapy or drug treatment) just as they are free to believe in God or alien abduction (ibid, p.18).

Crossley (1998) suggests that Laing's main legacy in this respect was to lend symbolic power and provide initial impetus to the 'user/survivor' movement which was emerging in the early 1970s. The emergence of various disparate dissenting voices from within the profession did not, however, have a lasting effect on the mainstream provision of services at the time (Crossley, 2006). The Critical Psychiatry Network, meeting for the first time in Bradford in 1999, sought to provide a fresh impetus for dissent from within both the psychiatric and psychotherapeutic professions (Thomas, 2013); subsequent critiques resemble those of the anti-psychiatry movement in their conception of the de-humanising effect of power, and their calls for radical change, but extend it to involve attacks on drug industry involvement in the manufacture of disorder, as well as a call for a more detailed

examination of the social-structural etiology of mental illness. The British Psychological Society's 'Beyond Psychiatric Diagnosis' project, for example, 'will draw on the large body of knowledge about psychosocial causal factors in mental distress. It will describe the first steps towards identifying patterns and pathways which can be used to inform the co-construction of individual narratives and formulations based on personal meaning' (Pemberton & Wainwright, 2014, p.218). Kinderman (2013) proposes that the 'disease' model must be abandoned in favour of a model of distress in which the practice of diagnosis is replaced by a planning strategy for individuals and services based on a simple list of people's difficulties, recognising that the primary role of the helping professions lies in supporting their wellbeing. Harper and Speed (2012) argue for an approach that combines the progressive elements of a 'politics of recognition' with a struggle for 'redistribution', which in a mental health context 'would involve engaging with the social, economic and political processes that created processes of status subordination for service users, across all aspects of social, economic and political participation' (p.20). Timimi (2012) proposes rating levels of distress or impairment as a more accurate and less stigmatising way of categorising mental health problems (p.6); Borthwick et al (2001) argue for 'a concern for the human rights of people with severe and disabling mental health problems' (p.126). As cogent as these proposals are, they remain only theoretical, intellectual proposals resting on a page; they can do little to deflect mainstream psy practices from their current course, and can be easily dismissed by the incumbent psy elite as mere 'guild disputes' (Johnstone, 2018, p.39).

At the level of practice, meanwhile, the DSM-listed performative terminologies of 'diagnosis' have been supplanted by those of 'formulation'. Holding that the medical terms which form the language of diagnosis are outdated, inappropriate, and objectifying (Bentall, 2009; Boyle, 2007), formulation has been proposed as a more patient-centred tool that results in a multi-faceted diagnosis which avoids the language of disorder and illness and fundamentally discounts the notion that mental illnesses are brain diseases (Green, 2013). Currently the most comprehensive professional tool for working towards formulations, the Power Threat and Meaning (PTM) Framework (Johnstone & Boyle, 2018) outlines an alternative system for a general grouping of symptoms of emotional distress which identifies their etiology as being entirely of social origin. The PTM Framework privileges the consideration of behaviours arising in social and relational contexts as complex responses to the local inter-reactions of histories, cultures, belief systems and bodily capacities, and considers causality in behavioural responses further to

be contingent and probabilistic. The PTM Framework aims to make knowledge about emotional distress no longer the privilege of the professionals who seek to alleviate it; instead individuals are to be supported to construct 'non-diagnostic, non-blaming, de-mystifying stories…which re-integrate many behaviours and reactions currently diagnosed as symptoms of a mental disorder back into the range of universal human experience' (p.5). The PTM Framework aims to facilitate the development of personal narratives to promote understanding and influence within a social network, seeking to 'conceptualise causality and identify causal patterns in relation to the thoughts, feelings and behaviour of embodied human beings who are actively making sense of their lives in interdependence with their relational, social, cultural and spiritual environments' (p. 13). The PTM Framework thus asks the patient to consider what has happened, what was the affect, what sense to make of it, and what was the response. These lines of enquiry are then integrated into the general question 'what was your story'?

For all its carefully considered empathy and acknowledgment of the unknowable complexities of human experience, the PTM Framework, as with any model, could nevertheless be considered a subtly performative clinical tool to be used in the interaction between a mental health professional and the person or people whom they seek to help. As 'guidance for professionals', 'a quick checklist to suggest a way of understanding and validating the degree of distress/difficulty in functioning' (p.27), it does not explicitly challenge the assumption that the 'therapeutic encounter' is an event that will take place between a trained, professional and a 'client' who has either been referred to them or has otherwise sought their professional help. Furthermore, by striving to offer an alternative to the DSM diagnostic categories, the PTM Framework has, perhaps understandably, been obliged to populate itself with a set of terms to describe particular emotional states. While these terms are meant to enable the client to more fully express the nuances of their emotional experience, it is possible (at least within the therapist-client setting and the 'case' model implicit within formulation), that they may come to embody a 'shared mode of representation' (Vanheule, 2012) between 'PTM' medical professionals. Initial empirical evidence suggests, however, that the PTM approach is suitable for use away from traditional clinical settings (Griffiths, 2019), and its broad concern with helping clients to identify the ways in which the etiology of emotional distress can be traced to subtle abuses of power is a clear step away from overtly medical pathologising discourses of distress, representing perhaps a partial ceding of the 'psy commons' to more readily handled lay understandings of emotional experience.

The advances of the PTM Framework notwithstanding, mental health interventions that take place away from overtly clinical settings may still end up being unintentionally prescriptive in the way that their mental health clients are constructed. From 2009 to 2013, under the 'Ecominds' programme, MIND funded 130 small-scale mental health interventions that came under a broadly 'ecotherapeutic' theme. The projects were delivered by small community groups, and covered a wide variety of activities, from horticulture to cycling. MIND commissioned the University of Essex to examine the impact of the project in terms of 'wellbeing', 'social inclusion', and 'connection to nature' with the aim of bringing the value of ecotherapeutic interventions to the attention of various statutory bodies, and in particular clinical commissioning groups. The researchers acknowledged that, prior to their study, the evidence for the efficacy of ecotherapeutic interventions was too heavily based on anecdotal data, concluding that, 'therefore, there is a real need for a mixed approach adopting both robust standardised instruments to quantify outcomes and qualitative methodologies which capture rich quotes to support the quantitative analyses' (Bragg, Wood, & Barton, 2013). Internationally recognised, standardised indices such Relational Self Esteem (RSE), Profile of Mood States (POMS), and Total Mood Disturbance (TMD) were thus deployed to lend the results of the study credibility to medical audiences. Participant feedback centred on themes of social connectedness, the pleasure of learning a new skill, and the joy of being outside in nature, and the report's 'findings' showed a positive impact on measures of 'wellbeing' and 'self-esteem', 'social engagement', and 'connectedness with nature'. While the therapeutic value of the activities themselves does not rest in doubt, the bracketing of the projects with 'before and after' questionnaires that sought to construct standardised ideas of 'wellbeing' or 'self-esteem' as elements of a 'healthy mind' performed these activities as 'things that mentally ill people' do' – an echo of Cormac Russell's observation of the activities of a walking group cited above. The researchers' use of qualitative data to provide rich ancillary quotes to support 'facts' that quantitative tools have uncovered casts the complexity of subjective experience as valuable only in as far as it proves the efficacy of quantitative practices of measurement in measuring certain pre-determined things. Whether or not things such as 'social engagement' or 'self-esteem' exist away from the practices of measurement is not brought into question. The academic study thus turns in on itself as a validation of its tools rather than an exploration of its subject.

Walker et al (2015) characterise the activities of the mainstream psy professions as a condemnation of people to 'regimes of power and technologies of citizenship

reconfigured as treatments' (p.3). The authors argue that 'to remove the capacity to negotiate, understand and define distress and to marginalise the social as an arena through which to develop trajectories of recovery is to remove a form of symbolic capital from the laity' (p.2). Seen in this light, when McGrath and Reavey (2019) state that 'remaining embedded in the social world…in roles and relationships that are not wholly tied up with the position of being a service user, is central in the management of distress' (p.10), the authors seem to suggest that the subjectifying professional roles and relationships that create 'service users' need to be at least partially maintained. While the practices of clinical psychology seek to frame distress as a disembodied concept, a social ill perhaps, they continue to make up ill individuals: this manageable version of psychologised distress cannot exist without people to experience it; as long as it is named and brought into being, its human agents will inevitably be made up along with it as service users.

What brings 'alt-psy' approaches together is the uncritical assumption that 'mental illness', 'mental disorder', 'distress', or however it is termed, is a discrete and stable thing, a phenomenon that exists and is in some way generally knowable in propositional terms, affects individuals, and is amenable to organised professional interventions that have as their aim 'inclusion', 'participation', or 'recovery'. But any prescribed activity that is in any way an intervention necessarily brings with it an ordering strategy that – even with the flattest of hierarchies or the most user-defined of objectives – places discursive limitations on all participants. At its extreme, Szasz maintains that psychotherapeutic nosology retains a performative linguistic framework that legitimates these interventions, operating as:

> *'…a façade of fake diagnoses, outpatient commitment, the renaming of insane asylums as 'health care facilities' , and a lexicon of euphemisms concealing the exploitation and injury of so-called mental patients as 'treatments'' (Szasz, 2007).*

LeFrancois (2012) observes that even 'mental health' as a way of thinking about our emotional or cognitive experiences is misleading as it suggests that there is such a thing as mental illness. The term 'illness' reinforces the dominant, individuating medical paradigm within psy practices, as well as presenting a health/illness dichotomy that aids the advancement of other false distinctions, such as normal/abnormal. The critics of biospychiatry, in purporting to transcend the discredited 'experts', merely propose another 'revolt from above' (Crossley, 1998), substituting biopsychiatry for a different

kind of expertise and a new suite of professional services. When Boyle concludes that 'we need theories which explicitly link the social and the behavioural/psychological' (Boyle, 2011, p.42), the shortcomings of 'theory' itself (of whatever creed) as a tool for understanding phenomena such as distress are ignored, along with any consideration of the role that theory plays in bringing phenomena such as distress into existence in the first place.

Newnes (2011) observes that clinical psychology and allied psy disciplines remain closely allied to the medical profession in 'developing nosologies of human conduct that categorise our thoughts, deeds and whole persons as deviant' (p.220). 'Alt-psy' sciences may have moved beyond a purely physical understanding of the mind, but as quasi-scientific disciplines remain anchored within a slew of new, replacement, institutionally-approved theories and models of mental health, the subjectifying choreographies of which are indistinguishable from those of their predecessors. They are theories and models developed, understood and deployed by a small professional elite, resting upon untestable hypotheses (p.219) but lent validity through institutional support and legislative inscription. Genuine alternatives to psy sciences that do not perpetuate this 'conspiracy against the laity' (Shaw, 1908, cited in Walker et al, 2015) will be considered in the following section.

7. Non-models

There are a great many activities provided by various groups and organisations that are aligned with some kind of idea of 'mental health' - activities which, whilst not named as 'therapies' per se, are experienced as therapeutic in some way by their members and associates. However at this point issues of criteria want to intervene; at this point it becomes difficult to distinguish between what might be called 'mental health interventions' and simple calming activities such as going for a walk in the country, which most people would agree improves their mood in some largely indefinable way. At what point do we place a marker and call a project or activity avowedly 'mental health'? Is it to do with who goes there, and the severity of the symptoms that they report? Should a group exclude individuals because they are not distressed enough? Does the existence of an organised group imply the operation of logics of difference? Some people enjoy knitting, but the names that they choose for how they would describe the benefits can vary from 'fun', to 'absorbing', 'engaging', 'therapeutic' or even 'good for my mental health'. Does the casual usage of medical terms such as 'mental health' or 'therapeutic' represent a culturally embedded individuation of distress? Perhaps none of the above

matters; what is important is to examine, in as close a detail as the literature will allow, and within the confines of the viewpoints of the respective authors, the local organisation, location, arrangement and activity of a range of groups who seem to be doing things that make people feel 'happy', 'hopeful', 'safe', 'valued', 'respected', or any or all of the other words that we might employ to describe the many facets of the elusive and fleeting state of general 'wellbeing'.

An initial orientating observation prompted by this part of the literature is that mental illness or distress or indeed any of the symptoms of disorder can equally be viewed as manifestations of a higher and transcendent level of understanding. Marcuse (1974) has suggested that the experience of mental illness, and the radical change of consciousness that it often entails, can be seen as productive, 'a necessary first step towards radical social change' (p.121, cited in Barker, Campbell, & Davidson, 1999). Writers who have actually experienced mental illness maintain that the most valid sense-making is achieved through first-hand accounts that are shared through dialogue and stories with others who have had similar experiences; as has been pointed out above, this was the original driver behind the user/survivor-led 'recovery' movement in its attempt to move away from medical paternalism and towards what might be characterised as a messier collection of overlapping, expert (through first-hand experience) understandings about unusual emotional and perceptive experience. These understandings encapsulate the affective dimensions of what might be termed 'illness', 'disability' or 'impairment', and whilst not consciously avoiding the use of such reductive terminologies, are necessarily open, ambiguous, and in constant development and modification, precisely like the turbulent existential states they seek to illustrate.

The impetus to find meaning by sharing all the stories that can be found has contributed to the formation of groups of like-minded people which have existed since the formation of the Alleged Lunatics' Friend Society in 1848 (Hervey, 1986). From the 1960s onwards, as voices that challenged the psychiatric versions of other people's realities began to co-operate, these stories were of oppression and defiance. As Wallcraft and Bryant (2003) recount:

> *'For the past 10 years or so we have been finding a voice; coming together and realizing that, although our life stories are very different, there are common threads in our experiences of having been misheard, devalued, written off and damaged because of other people's fear of madness…Sharing our stories finally gave us the courage to believe that we are not mad: we are angry...our distress*

and anger is often a reasonable and comprehensible response to real life situations which have robbed us of our power and taught us helplessness' (p.9).

McKnight (1995) writes that 'revolutions begin when people who are defined as problems achieve the power to redefine the problem' (p.16). Newly emerging stories produced without any reference at all to the psy professions who seek to manage them have the potential to hasten the abandonment of these professions, as Illich suggested at the 1977 World Federation for Mental Health conference (Beiser et al, 1978). Where are these stories being shared? Walker et al (2015) argue for a move beyond the 'clinic' to a space that 'allows for passive, indirect life orientations to emerge' (p.15), which suggests almost anywhere away from the subjectifying logics of psy scientism. Two such un-modelled, un-theoretised spaces are considered below.

8. Hearing Voices Movement

Hearing voices has, until recently, been termed 'auditory hallucinations' (AH) by the psychiatric profession, and remains in the DSM 5 as a symptom of schizophrenia. The Hearing Voices Movement was started in the Netherlands in 1988 by psychiatrist Marius Romme at the University of Maastricht. Romme found that up to a third of the people in his research who reported hearing voices did not consider it to be a problem, and hence were not in contact with psychiatric services (Romme et al, 1992). The subsequently-named 'Maastricht approach' encourages an unguided analysis of the experience of hearing voices, avoiding a medicalisation of the condition which will often result in a silencing of discussion and a withdrawal on the part of the patient. The movement's initial step to was reframe the term AH as simply voice hearing, as a way to enable people who experienced hearing voices to construct their own understanding of it. The Maastricht approach challenges the basis of pharmacological responses to psychosis; it adopts a view of recovery that is more concerned with an individual acceptance and understanding of experience, and a group recognition of the normality of that experience, than with the cessation of symptoms. The approach moves beyond anti-psychiatry by offering a positive alternative to the biopsychiatric diagnosis and treatment of schizophrenia, with its associated stigma. Thus recovery in the context of hearing voices does not mean finding the right drugs to make the voices shut up; it means instead living the life you choose – learning to deal with voices with the support of others and integrating them into everyday 'normal' experience, overcoming situations that have made the voices feel like an affliction rather than a simple human characteristic (Sapey & Bullimore, 2013). 'Hearing Voices Networks' are now global, interconnected online groups that allow

people who hear voices to share and discuss their experiences in a non-medical way (Bracken & Thomas, 2001). Eleanor Longden's 2013 TED talk on behalf of the Hearing Voices Movement was a ground-breaking exposition, on a mainstream cultural platform, of the experience of hearing voices, and of non-medical ways of understanding them (Ted.com). Longden, following Laing (1967) and Szasz (1974), has been able to construct voice hearing as simply 'a sane reaction to insane circumstances…a manifestation of a vital defensive manoeuvre whereby transforming emotional conflict into voices is psychologically advantageous' (Longden, Corstens, Escher, & Romme, 2011, p 224). Longden has also engaged in constructive dialogue with medical professionals in attempting to modify and broaden the traditional psychiatric conception of the issue (Frances, 2013).

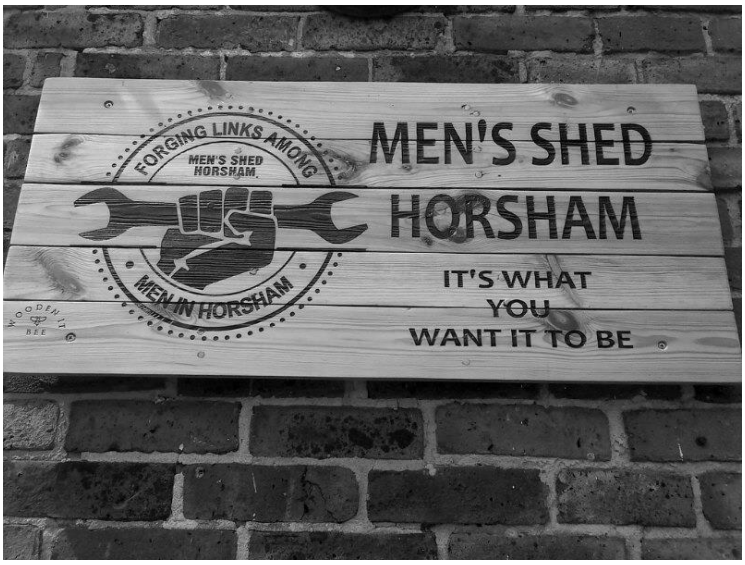
The activities of the Hearing Voices Movement also manifest themselves in more physical environments: the London-wide Voice Collective, for example, supports children and young people across London who hear voices. A short animation, made by a group of young people from Voice Collective and released in 2012, describes hearing voices as 'just a human characteristic, like left-handedness, hair colour, or height'. Voice Collective members report that the main benefit they have felt has been a sense of no longer being isolated, while professionals from state services such as CAMHS (Child and Adolescent Mental Health Services) have welcomed the insight into the phenomenon that Voice Collective have been able to provide through training run by a 'voice hearer', an 'expert by experience' (www.voicecollective.co.uk).

> *'Hearing Voices Groups are not rocket science. They are simply people with shared experiences coming together to support one another. They offer a safe haven where people who hear, see or sense things that other people don't can feel accepted, valued and understood.' (www.hearing-voices.org)*

Within the Hearing Voices Movement valid sense making is achieved through first-hand accounts that are shared through dialogue and stories with others who have had similar experiences (Barker et al, 1999). A sense of cohesive reality is attained, and maintained, by communication with others, in a process of constant re-socialisation that lends meaning to the jumble of everyday experience (Berger & Luckman, 1966). The online communities that constitute the Hearing Voices Networks provide a space for free communication in which narratives about voice hearing can be constructed and shared; within this space multiple idiosyncratic realities are maintained through interaction, a

collective sense-making within the fluid parameters of which the people who hear voices are enacted as entirely normal.

9. Men's Sheds



In as far as the Hearing Voices Movement was established to counter specific misunderstandings about a specific experience, the space that it provides is relevant and useful mainly to people reporting a certain range of sensations. The Men's Sheds Movement (which also welcomes women), by comparison, offers spaces that appear to cater to all types of psychological condition, disordered or otherwise. The Sheds are spaces experienced as 'therapeutic' (Wilson & Cordier, 2013) which have nothing to do with therapy or mental health. Men's Sheds have the effect of increasing health and wellbeing through social and occupational engagement; that is not their stated purpose, but this lack of performative intention is the key to their effectiveness – the Sheds (as the sign above attests) are what the 'Shedders' want them to be. The UK Men's Sheds Association states that 'whichever activities are pursued the essence of a Shed is not a building, which some don't have, but the network of relationships between the members.' (menssheds.org.uk).

The Framework for Men's Health Promotion suggests that people in occupation-based, well-facilitated groups feel better able to address their concerns (Hayes 2001). Ormsby, Stanley and Jaworski (2010) observe that the key similarity across all manifestations of the Sheds is that the sense of security provided by the task-oriented culture of each space - people go there to do something in particular – allows for admissions of weakness, doubt or distress. When these weaknesses are juxtaposed with demonstrable competence in the job at hand – expert joinery, for example – they become more socially acceptable. Indeed,

the rules implicit in the culture of the Sheds permit and even encourage the undirected discussion of feelings of emotional insecurity or distress.

While most Men's Sheds have an occupational focus, the Sheds can also be used as a site for subtle yet explicit health interventions (Morgan et al, 2007). In the context of health promotion, Men's Sheds make the individual's health the responsibility of the group; health promotion initiatives find better traction when the task of acting upon them can be discussed and shouldered by the group as a whole, rather than remaining the individual's 'choice', which confers a responsibility that isolated people may find oppressive (Hayes & Williamson, 2007). Wilkinson and Marmot (2003) identify the work element of the Sheds as an important determinant of mental health and wellbeing, both in terms of providing a context for information exchange, and as a site for developing aspects of 'identity'. The work tasks on offer also enable the activation of a range of skills that other aspects of social or family life may neglect; in the absence of an immediate family, the work role assumes an even more important role in 'social connectedness' and 'identity'.

Academic research on the vague and fluid spaces described above is, however, frustrated by the ambivalent data that they produce for researchers. The sense-making that the people who attend the Sheds or join Hearing Voices groups emerges from within a proliferation of constantly evolving, half-formed, multi-dimensional beliefs and is voiced through provisional anecdotal hypotheses that are inaccessible to standardised measuring tools, with the result that they are discredited by researchers as effectively nonsensical. In a review of existing research on Hearing Voices groups, Ruddle, Mason and Wykes (2011) conclude that since 'there is no reliable evidence to suggest the Hearing Voices Network groups are effective…an RCT is needed' (p.17). The authors express surprise that the Hearing Voices Groups remain popular despite the paucity of reliable quantitative data available. The research that has been conducted on the effectiveness of Men's Sheds, meanwhile, is summarised in a literature review by Wilson and Cordier (2013). The review identifies the importance of the Sheds as informal learning environments and as social locations that provide a sense of belonging, but fails to find any demonstrated link between informal learning and wellbeing. The authors insist that although the research results are interesting and in some cases promising, they are based largely on self-reporting, and as such are weakened by the fact that there has been no application of reliable, standardised health and social wellbeing outcome measures, and as such 'cannot be treated as information' (p.8). Discrediting these informal, unstructured activities for want of their unquantifiable effect on measures of wellbeing only reveals the reductive

nature of the measures themselves; current practices of measuring changes in wellbeing or any other emotional state will always produce data that is of no value to the people to whom it purports to relate unless they submit to the subjectifying relations that the data requires and become better in specific, quantifiable ways.

But measurement remains a useful practice in identifying change; while it can't measure how well somebody is, it can be taken as an indicator of how somebody might be getting better at doing something – while things akin to (but never actually named as) 'emotional development', 'social recovery' or 'improvements to self-esteem' can develop within this practice of doing something, away from prying psy tools, without having to be thought about in propositional terms. Measurement of something might act here as an indicator of changes in other less tangible, less measurable things. In the next section I will consider how the institution of the social firm can provide the conditions for feeling better or happier in whatever way simply by enrolling 'practitioners' rather than 'clients'. Social firms accept that 'each person has a deep wisdom and expertise about ways of managing and dealing with problems' (Dillon, 2011, p.155), and practices of measurement here (at least until the researchers arrive) are applied not to people's recovery progress but to bread, cakes, onions, cows and tyre pressures, prices, sales, profit and loss.

10. Supported employment

If social behaviours are as important as health behaviours for promoting wellbeing (Gryzwacz & Keyes 2004), 'recovery' – if it is to be given a name - requires an entire social context, furnished with genuine meanings. Productive employment may be an important factor in recovery as a way of investing life with meaning (Andresen et al, 2003): benefits to mental health include a positive impact on 'self-esteem' (Lehman et al, 1995), and enabling people to access positive roles that are recognised by the broader community (Repper, 2000). Brown, Lemyre and Bilfulco (1992) found that the best predictor of recovery was an experience of 'anchoring' – or finding a form of stability – which steady employment can readily provide. However, entry into competitive employment is not straightforward for people with mental health problems. Specialist vocational rehabilitation schemes can provide a bridge back into employment, and a variety exist, from sheltered workshops to supported employment schemes. Warner (2013) provides an overview of the effects of different types of employment on people experiencing emotional distress. Sheltered workshops, whilst sometimes considered too segregated and institutional, can nevertheless provide the transferable skills necessary to move into a supported employment setting. Within a supported or transitional

employment programme a client will learn basic job skills in a transitional setting as a way of eventually securing a permanent position in the competitive job marketplace. Citing the low (around 50%) transition rate into mainstream employment, however, Warner concludes that 'given the extreme sensitivity of people with disorders such as schizophrenia to the stresses of change, it is hard to believe that transitional employment is ideally suited to this population' (p. 252). Continuous supported employment may offer a more sustainable employment prospect, however: with employment support being provided whenever necessary throughout the client's working life the stress of competition is removed, and continued employment, whilst of course not guaranteed, is a more likely. Bond and Drake (2014) concludes that the IPS (individual placement and support) model is highly effective in helping young adults with severe mental illness to attain competitive employment.

11. Social firms

Worker cooperatives employing people experiencing emotional distress began in Italy in the 1970s, and similar enterprises have subsequently been developed in Switzerland, Germany, Spain, Ireland, Sweden and elsewhere. Activities undertaken include many facets of the manufacturing and services industries: hotel and café businesses, building renovation, furniture-making, food production, cleaning and milk delivery (Warner, 2013). The social firm is a real company operating in the real marketplace, but with a mandate to promote the physical, social and mental health of its members (Savio, 1993). Social Firms UK defines a social firm as businesses that derive at least 50% of their income from commercial sales (as opposed to statutory or charitable funding), and have at least 25% of their workforce comprised of persons experiencing some form of socio-economic marginalisation (socialfirmsengland.co.uk). Every worker is paid a fair market wage, and the business should operate without subsidy, although some may receive vocational training income. Social firms create employment opportunities and training through the creation of commercially viable businesses that produce, market and sell goods and services to the public. They also use their economic activity to influence broader social outcomes (Lysaght, Jakobsen, & Granhaug, 2012). Social firms operate in the marketplace whilst shielding their employees from its stresses, providing a bridge between structured and occlusive mental health programmes and the natural 'chaos' of the broader community. Social firms provide a sense of belonging like any other firm, but their overtly social mission recognises the value of profit only as a means to continue to offer employment, and this results in a more cohesive workforce with exceptionally high

retention rates (www.socialfirms.org.uk). Lanctôt, Durand and Corbière (2012) identify the reported benefits of working in a social firm as having a sense of belonging to the enterprise, having the feeling of being a good worker, establishing relationships with co-workers, and establishing relationships with supervisors. Reported positive aspects of the work itself, meanwhile, centred around working tasks, working conditions, working environment, and organisational management. Anecdotal evidence suggests clinical benefits for employees of social firms, including a reduction in the use of statutory mental health services and medication, reduced social isolation, and increased confidence and motivation (McKeown, O'Brien, & Fitzgerald, 1992).

Social firms, furthermore, regard the purpose of business as essentially to provide a service to their customers; the positioning of the corporation as being in the service of its individual employees and customers makes for a supported workforce and an equally supportive customer base. Indeed, in the workplace, it is 'natural supports' – 'any assistance, relationships or interactions that allow a person to secure or maintain a community job in ways that correspond to the typical work routines and social interactions of other employees' (Secker & Membrey, 2003, p.210) - that seem to play a major role in the social integration of employees. Integration has the dual benefit of making those participants with mental health problems feel included, while promoting acceptance on the part of those workers without disabilities. Hence, within the workforce at least, there may be a reduction in feelings of stigma, which people suffering from mental illness report to be at least as debilitating as any symptoms of the illness itself (Dillon, 2011). In the following section I will consider a case of the state setting up its own social firm for the delivery of its own mental health objectives, with a view to illustrating the conflicts that can arise when integration is set as a specific objective of practice. This will then be compared with an example of the effects of comparatively 'undirected' practical activity, which is then in turn partially distorted by the practices of 'research'.

12. Bakeribygget

The study carried out by Lysaght et al (2012) of the Bakeribygget ('Bakery Building') in Mo i Rana, Norway, describes it as a multi-faceted, state-supported community mental health service, the central feature of which is a commercial bakery and cafe. The firm provides a range of jobs for people suffering from distress, as well as contact with the public, and the work is meant to provide a step towards community-based employment. Whilst promoting notions of engagement and belonging for the individuals involved,

there is also an element of positive disruption to overcome stigma on the part of the local community: professional staff, among them occupational therapists, social workers and a professional baker, work in the café as well, and the customers do not know which people serving them have mental health issues and which do not. The café is well-known and well-used in the town; its existence serves as an exhibition of the potential of people with mental illness to contribute to the local economy, and normalises their presence in the midst of the general public. The Bakeribygget offers a novel intervention that appears to rest as much on the unpredictable effects of customer contact as it does on the more evidence-based benefits of skills training and a supportive work environment (Lysaght et al, 2012).

The Bakeribygget was set up by the Norwegian Welfare and Labour Administration (NAV), whose primary objectives are to prevent exclusion from working life and to facilitate inclusion for people with mental health problems. The NAV chose a social firm model for the delivery of its mental health objectives through practices of training and working that would also generate some revenue and hence reduce the overall net cost of mental health care provision in the town. The NAV recognises that people experiencing emotional distress are best served by being given the opportunity to work in a context that provides all the benefits of the workplace, feels as close as possible to 'real' work, and yet provides allowances for individual needs, especially in terms of fluctuations in their condition (ibid).

The Bakeribygget was set up deliberately to be customer-facing, with the long-term aim of reducing fear and mistrust amongst clients and the public alike. It has a high level of integration with statutory mental health services, and its explicit aims could in that sense be seen as being detrimental to any attempts to make patients independent of the subjectifying discourses of care. However, with its professional staff drawn from catering as well as health sectors it does seem to provide a conceptual bridge between medical and non-medical understandings of mental health, allowing these understandings to arise between different combinations of people. The study does not explore the configurations of these understandings, so we cannot see to what extent pathologising medical paradigms that include 'mental illness' have been overcome, nor do we know anything about the management or administrative structure of the café, so whether the Bakeribygget is a social firm or a subtly subjectifying simulation of a community café-bakery is impossible to say. It may, however, offer an example of the psy professions deliberately opening up the 'psycommons' and accepting that one route to the alleviation of experiences of

distress is through allowing the public to decide who is ill and who isn't, such that it is the public practice of differentiation becomes the source and engine of 'illness', While 'illness' here is at least partially enacted as a generated effect of practice rather than as any kind of fact, the study unfortunately does not explore the extent to which professional managerialism succumbs to local and provisional sense making.

13. Care Farms

The UK-based National Care Farming Institute describes care farming as 'the use of commercial farms and agricultural landscapes as a base for promoting mental and physical health, through normal farming activity' (ncfi.org.uk). Care farming represents a partnership between farmers, participants, and health and social care providers. As with the Bakeribygget, the success of social rehabilitation at care farms relies upon an authentic context – a working commercial farm – as well as the absence of institutional elements of care, although some care farms provide more conspicuous care services, with the farming element not necessarily geared to agricultural production. The activities on care farms can range from specific, quasi-clinical, overtly therapeutic interventions to farm management training in partnership with adult education organisations. The variety of relationships possible within the context of care farms – within the practices of normal farming activity - seem to be the key to their apparent success in promoting wellbeing across a wide spectrum of individual conditions (Hine, Peacock & Pretty, 2008).

A care farming approach to community-based mental health service provision is particularly prevalent in the Netherlands. From the 1990s onwards, the Dutch agricultural sector diversified into what can be termed 'multifunctional agriculture', including offering health care and social services to different groups. In a sense this is a return to the pre-industrial relationship between agriculture and health care, when the two sectors were closely linked to small-scale communities (Hassink, Hulsink, & Grin, 2014). In 2008 there were over 800 care farms in the Netherlands, catering to a variety of client groups, including psychiatric patients, people with learning disabilities and people with substance abuse problems.

A 2008 study (Hassink & Elings, 2010) used focus group interviews to examine the reported effects of participation, and found that working on the farms offered a grounding in the structure of a working day, regularity, discipline, and responsibility. The work gave participants insights into themselves as their strengths and weaknesses became apparent, and with that came a sense of independence and self-worth. One self-confessed

perfectionist noted his own reaction when the onions he had carefully planted in a straight line started growing in all sorts of different directions, and felt that he had gained an important insight into the relationship between himself and nature. The fact that work yielded tangible results was also important. But the principal benefit reported by participants with mental health issues was that of social wellbeing: the care farm is a safe place to learn how to build up contact with people. This feeling is bound up with the sense of the care farm as a community in itself, with an equal relationship between clients and co-workers such that they eventually become indistinguishable from one another. Hine's 2008 study of UK care farms reported mental health benefits of participation that included 'improvements in self-esteem, mood, and self-confidence'. The reported social benefits, meanwhile, included 'independence', 'the formation of a work habit', and 'the development of social skills and personal responsibility'.

At the care farms there is no professional psy oversight, and so the principal thing that performed and maintained the distinctions between clients and co-workers was the research itself: practices of research may generate subjects of research where these subjects may not have existed before. Focus groups risk concentrating understandings at one focal length at the expense of more perspectival and ambivalent ways of knowing. Thus at the care farm the 'mental health clients' we read about are constructed and fixed under the research gaze. They are, we learn, 'experiencing the value of routine' and 'exploring new subjectivities in the context of safe spaces', but before the researchers arrived had these people just been 'people working on a farm'? The precise mechanics of how these people are being made up are not explored in either study.

It would seem that the psy-inflected academic study of even social firms steers the focus of research towards the measurement of people rather than the things they are doing, making or growing. The opportunity to examine developments in practices as a proxy for or an embodiment of 'emotional' or 'psychological' 'progress' is given up in favour of the deployment of a lexicon of theoretical jargon that is both performative and constricting: these accounts and the people and things that they bring to life can never move beyond the somewhat hackneyed 'psy'-inflected terms that constitute them. In the next example I will look at a place where the evaluative study of practices does take place, and how the things that are produced are indeed taken as a measure of how somebody is feeling and how 'well' they are doing. It is a place marked by an absence of jargon where people are performed in multiple ways. It is also a place that has been studied, and emerges under study as something different. The description will take us back to

Annemarie Mol's exposition of multiplicity described in Chapter One, and will serve to illustrate how the same activities happening in the same place, as well as the people who carry out those activities, are made up as different things as they are brought into relation with different networks of association. It takes us both to an example of the site of study that this research explores and also serves to introduce (once again) the actor-network methodology which will be employed.

14. Bicycle workshops

There are currently around eighty not-for-profit bike workshops operating in the UK as 'social firms' of one kind or another (www.bikehub.co.uk). Their principal objective is to repair and restore bicycles, and the projects typically bring a variety of volunteers from all backgrounds into the workshop to carry out the work under the supervision of one or two experienced mechanics. The restored bikes are then sold to fund the operation. Rather like the Men's Sheds the convivial atmosphere of the workshops has also been reported to suit people experiencing emotional upset of one sort or another – informal evidence for this is generally to be gleaned from looking through the workshops' websites (if they exist) or through visiting the sites themselves and either talking to the people who work there or just spending time standing around.

In 2016 a volunteer at the Common Wheel workshop in Glasgow nominated the organisation for the BBC Radio 4 *All in the Mind* Award for 'Best Community Mental Health Intervention'. Common Wheel won the award, and subsequent media interviews with both the volunteer and the workshop co-ordinator depicted nothing more than a bike workshop where bikes get restored, and where mental health is not often discussed.

> *'Common Wheel's bike workshops are run like any other, with warm welcomes, tea breaks and a healthy dose of chatter as they work away - whether it's football scores or the weather.*
>
> *"We don't tend to talk about mental health that much, because therein lies things that can make people worse," Neil* [workshop co-ordinator] *explains' (stv.tv)*

This is one Common Wheel, performed as a simple workshop through practices of bicycle repair and the conversation that goes with it. Another is the Common Wheel that is described on the organisation's website:

'The main focus of Common Wheel's bike project is our Build Your Own Bike (BYOB) course. This course is designed for people with mental illness' (commonwheel.org.uk)

Common Wheel also runs a project inside the Gartnavel psychiatric hospital that again 'supports people with mental illness by providing meaningful activities' (ibid). Common Wheel was set up by a GP, a psychiatrist and a bike enthusiast (Neil, the workshop co-ordinator), and continues to be part-funded by the NHS, which may bring about the 'official' affiliation with medical 'mental illness' orthodoxy, but the picture becomes vaguer when Neil talks about how the workshop originated:

'Alastair [the psychiatrist] had the idea that we should have a mental health bicycle workshop as he had been at another shop working on his bike and he found it very therapeutic and wondered if it would work for his patients' (stv.tv)

Different Common Wheels seem to operate at both 'formal' and 'informal' levels, garnering a formal mental health intervention award for informal activities that consciously distance themselves from discussions of mental health, working within a medical institutions and operating within a mental illness paradigm but originating as just a hunch based on personal experience. The different practices of 'customer-facing information provision and publicity' (on the website), 'day-to-day bicycle fixing' (in the workshop), and 'nominating the 'Neil-workshop-organisation-activities' network for national recognition' bring different Common Wheels into being.

Common Wheel has also been the subject of academic research by the Section of Psychological Medicine at the Gartnavel Hospital. *How do Social Firms Contribute to Recovery from Mental Illness?* (Svanberg, Gumley & Wilson, 2010) aims 'to explore the experience of recovery from mental illness in the context of two emerging social firms' (p.484), and 'to construct a theoretical understanding of recovery based on a purposive sampling strategy in the context of emergent social firms whose value base accords closely with that of the recovery movement (Andresen et al., 2003)' (p. 494). These stated aims are then found to contrast with the loosely structured nature of the interviews, which bring out a wide range of interesting anecdotes and observations from both participants and project leaders. There is a clear sense of the emotions that people at the workshop attach to both the place and the practices that help to bring it into being. Rich descriptions and insights emerge from Svanberg's evidently skilled interviewing practices, but these are not allowed to direct the research beyond the relations and possibilities afforded by

the *Clinical Psychology and Psychotherapy* journal in which the paper aims to be published. The qualitative data is shuffled into recovery themes - 'actually the lowest (nominal) level of quantification' (Cromby, 2012, p.88) - and then moved away from altogether in a 'Discussion' section that seeks to align itself with a shade of existing recovery literature that would seem to have no bearing on the largely unquantifiable choreographies of the workshop itself. A psy-inflected Common Wheel duly emerges, replete with standardised terminologies: 'attachment theory', 'reflective functioning', 'shift in identity', 'self-worth', and 'self-confidence', within which the mechanics are made up quite clearly as primarily 'mentally ill service users':

> *'Hope and a sense of belonging have been described as the first essential components required to allow people with schizophrenia to move outside their illness (Davidson, 2003) and develop a 'non-illness identity' (Strong, 1998)' (Svanberg, Gumley & Wilson, 2010, p. 493)*

But within the research yet another Common Wheel can also be found. Svanberg notes how 'project leaders recognized the equality of their standing with participants as part of the project's philosophy' (p.492), and there is a sense that it is her own personal alignment with that philosophy which resulted in such rich data from her interviewees, and within that a tacit recognition of the performativity of her research practices. Alongside her reliance on qualitative interview data Svanberg describes the participants' appreciation of the emphasis of the projects on 'doing' rather than 'talking': 'they knew they were not at the projects to discuss their problems or histories' (p.485), and cites one project leader as saying 'day to day the reason why it works is because we don't talk about it' (p.489). Another allusion as to what might be happening - a slanted, not-quite-explicit observation that is as close to 'explanation' as is perhaps possible – is made by another project leader at the very end of Svanberg's paper:

> *'The way bikes are put together, recycled bikes from waste materials [is] a metaphor for the way people come through the project, people who are kind of wasted by society are brought back on line, reintegrated back into doing something meaningful and useful. Just like materials are discarded, people are discarded. And people go from that state into a state of feeling meaningful and purposeful in life again' (p. 495)*

Common Wheel remains the only community bike workshop in the UK to receive NHS funding and to operate partly within a psychiatric hospital, which makes its multiplicity

– the way it manages to be all sorts of elusive places even under the aegis of statutory funding and clinical oversight, and then clinical examination - all the more interesting. The different and varied Common Wheels on display above indicate the possibility or even the inevitability of multiple performances of spaces, things and people emerging quite easily in the context of different practices.

This study will return to a community bike workshop holding in mind the insights that Svanberg managed to glean from her interviewees, and hoping to enlarge upon them, but without seeking to tailor them to any specific theoretical position. It will not use any clinical indices of measurement or evaluation, but simply attend to practices as closely as possible in order to discern what and who is being made in the context of those practices. It will consistently strive for an awareness of the local and provisional generation of reality as an effect of relations amongst things in practical contexts, and finally suggest that it is partly a development of this awareness itself that constitutes the reported therapeutic effects of learning technical skills in a social environment. The tools that will be employed to undertake this examination (which nevertheless seeks to leave its subjects untroubled) come under the term actor-network theory, which will be returned to shortly.

15. Manual work and 'mental illness'

There is currently no research available that explicitly studies the effect on the subjective experiences and subjective understandings of mental illness of learning technical manual skills, although various theoretical causal chains can be traced across the literature that link complex manual work with alleviations in feelings of distress. Baldamus has suggested that people engaged in routine tasks may yield temporarily to the 'momentum' or 'traction' of their work (Baldamus 1961), allowing their minds to 'disengage'. An achievable goal at the end of a task may also act as a motivating force, drawing them 'into' the work (Baldamus 1951; Tremblay et al, 2009). Scanlan and Novak (2015) have examined the positive effect of playing with 'fidget toys' in stress reduction; Utsch (2007) concludes that the practices of knitting can result also result in the alleviation of feelings of anxiety. The practiced use of both hands in concert, such as in knitting or playing with fidget toys, leads to the development of ambidexterity and a concurrent facility for magical ideation (Barnett & Corballis, 2002), which in turn can have a modifying effect on anxiety (Markle 2010). In the field of Problem Solving Therapy (PST), 'mental health problems' are 'reduced' through the development of rational problem-solving skills, including:

> *'(1) attempting to identify a problem when it occurs, (2) defining a problem, (3) attempting to understand the problem, (4) setting goals related to the problem, (5) generating alternative solutions, (6) evaluating and choosing the best alternatives, (7) implementing the chosen alternatives, and (8) evaluating the efficacy of the effort at problem solving' (D'Zurilla and Nezu, 1999, cited in Malouff, Thorsteinsson, & Schutte, 2007*)

While PST here operates as an interpersonal therapy it would also fairly precisely describe the practices involved in the manual repair and maintenance of mechanical objects. Hocking (2011), meanwhile, cites McClelland (1951) in observing that 'once we can control objects automatically, in much the same way we control our arms or legs, they are perceived as part of self' (p.151): the skilled manipulation of objects, then, perhaps tools or perhaps the things that are being repaired or maintained, can have a transformative effect on 'subjectivity', wresting the forms of its emergence away from psy power-knowledge institutions (Terkelsen, 2009). The hands engage with complex mechanisms and 'health', 'therapy', 'mental health problems', and 'subjectivities' become involved. This happens at the level of practice, so the links should be clear and obvious, and easy to put into words, but the links are not clear, and the theoretical approaches that the studies above have adopted are difficult to reconcile without further abstracted theorising, which simply takes us further away from the people whom this study concerns.

An altogether more radical approach is offered by Radman et al (2012) – introduced in Chapter One - who focusses on the hand as the principal organ of 'an embodied and situated mind', described as:

> *'…environmental and emotional, social and symbolic, intentional and historic, active and participating, flexible and capable of fictional leaps, adaptive and anticipatory, and also capable of generating beauty…a specific mode of comprehension of the world which is yet not fully translatable into formal language' (p.45-47)*

Within this schema of understanding, the hand itself 'possesses its own know-how, enabling 'enhanded' beings to navigate the natural, social, and cultural world without engaging propositional thought, consciousness, and deliberation' (Radman, 2013). The idea of using our hands to create things that we find beautiful certainly sounds or even actually feels therapeutic (to me at least); Radman's proposals point towards the

cultivation through manual practice of an embodied or more specifically enhanded mind whose resilience rests upon its finely tuned aesthetic sensibilities rather than upon propositionally-expressed knowledge, or in particular such fragile, individuating and subjectifying notions as 'self-belief', or 'self-confidence' or 'self-esteem'. This study will seek to add empirical evidence to Radman's observations.

This study will also utilise insights from the affective turn in sociology, suggesting that we might consider affect as the principal terrain where distress is played out, and hence where it can be most helpfully addressed. Affect is described by Clough as 'a preconscious, preindividual capacity, a bodily capacity' (Clough, 2008, p.141), while Cromby describes it as 'a force or intensity that flows between and within subjects and is bound up with processes of becoming' (Cromby, 2012, p.93), providing a constant background for sense-making through a form of felt, practical, sensuous knowledge; this is a knowledge which is 'haptic, tactile, thermal, kinaesthetic, olfactory, gustatory, [or] visceral…[things] are known immediately, sensually and corporeally, without symbolic or conceptual mediation' (p.91). Cromby concludes that the complexity of affect is incapable of being fully expressed or described in words; requiring 'multimodal semiotic-discursive analyses [to] capture meanings that otherwise elide analysis' (p. 94).

Bringing the thoughts of Radman and Cromby together into some kind of conception of an emergent 'enhanded affect' – wellbeing as an embodied emotional 'flexibility', 'stamina' or 'strength', or indeed a 'health' - would seem to provide a useful lens through which to consider the therapeutic effects of complex manual practices, and have formed the principal theoretical impetus for this study.

The problem of course remains as to how a journey into an 'enhanded' understanding of the world - a 'felt, practical, sensuous knowledge' that remains largely wordless - can be satisfactorily described. It seems that from the outset the task is doomed to fail; a 'felt' understanding cannot be described, at least not directly. Instead, the 'multimodal semiotic-discursive analysis' that Cromby suggests as necessary for the study of affect will, it is hoped, be carried out by the participants themselves as they go about their daily work, and this research will merely describe the practices which are bringing 'things' – affect included - into being amongst local, fleeting micro-discourses.

The approach is simplistic: by looking closely at the 'emotions' or 'feelings' that arise within the manual practices of bicycle mechanics - and describing them in detail, with an actor-network sensibility - I hope to obliquely illuminate the non-algorithmic,

wordless mechanics of an ‘enhanded affect’ that is operating as a pre-cognitive mind. I Words may not be fully up to this task – I will always fail to describe precisely ‘how a clarinet sounds’ (Wittgenstein, 2009, §78), but I will try to draw the reader as colourful a picture as possible of the scenes that I examined.

16. Summary

> *‘To remove the capacity to negotiate, understand and define distress and to marginalise the social as an arena through which to develop trajectories of recovery is to remove a form of symbolic capital from the laity’ (Walker et al, 2015, p.2).*

Critiques of the status quo would seem to position the continuing hegemony of the biopsychiatric model in contemporary mainstream mental health service provision as a symptom of the inexorable advance of neoliberal industrial capitalism. The exercise of power through indirect technologies of government, the re-coding of subjectifications from ‘citizen’ to ‘consumer’, the elevation of the responsibility of the individual over that of the collective as represented by the state (Miller and Rose, 2008), the involvement of private industry in the manufacture of knowledge (Whitely, 2012), the positioning of ideological argument such that dogma becomes unassailable (Boyle, 2011), the normalising construction of ‘otherness’ (Harper and Speed, 2012), and the moral certitude, indeed inevitability, of this episteme (Smail, 2011, Dillon, 2011), are themes that I hope have been satisfactorily illustrated above.

A theme that thus far appears to underpin the literature relevant to this study is the continual reiteration of a positivist biological understanding of the causes and treatment of mental illness, and the continuing search for a reductionist theory that will, a posteriori, confer scientific validity upon the biological model. A second theme is the proliferation of approaches that have been offered as an alternative to biopsychiatry, but really only suggest extensions, modifications, or adjuncts to it. This second theme would incorporate the majority of the psychotherapeutic and psychological approaches, which remain grounded in an individuated, deficit-laden perspective, expressed in a medical terminology through which they hope to gain a scientific and cultural legitimacy. Calls for broader action on a social front do not seem applicable in a clinical context, since they turn upon socioeconomic and cultural issues that appear inaccessible to simple re-theorising. The more that the origins of distress are traced to ineffably complex social,

economic, political and cultural factors, the more diluted and ineffective appear the new theoretical approaches proposed to combat it.

There are as many routes out of distress as into it; as a phenomenon it remains stubbornly resistant to explanation through theory, either scientific, sociological, or cultural. While providing much new work for academics and clinicians, these very attempts to objectively theoretise distress, with the nosologies that this practice necessarily entails, do not necessarily work to the advantage of those whom the experience directly affects: the people themselves. The question then arises as to whether professionals are in fact needed at all, whether all treatment for mental health problems is on some level iatrogenic; whether the entire field of mental health is, at its core, merely performative, helping to create and sustain the reality that it describes.

Away from the panoply of professionally designed and authorised mental health interventions, there remain certain simple practices that seem to be beneficial to adverse emotional states - that make people feel better in one way or another - ranging from sharing stories in a Hearing Voices group or tinkering in a Men's Shed to growing food, repairing bicycles or, more generally, working in an enterprise that places its employees' satisfaction over more commercial considerations. At this level of undisturbed, un-theorised day to day practice there seems to emerge the possibility that differences between people can be reduced to variations in how they're feeling; the 'ill' and the 'well' can swap places from one day to the next, blurring the distinction between these two arbitrary categories until it disappears. This is an 'integrative recovery' – if it even requires a term - that takes place amongst all parties, experienced as an expansion of the scope of human understanding into a pre-cognitive, non-propositional arena.

When these practices are brought into relation with practices of mental health research, however, the search for the 'good' risks reinstating and solidifying differences between people on the basis once again of either explicit psy diagnoses or at least within similarly choreographed latent systems of categorisation and differentiation. The sense-making that takes place in research practice is unavoidably chained to what can be treated as 'information' and what cannot; this othering is performed as much by the body of academic literature which informs and to an extent governs research as by the researchers themselves.

Walker et al (2019), following Cromby et al (2013), suggest that 'it is not necessarily distress but being unable to account for distress, sadness or worry that marks some out as

potentially appropriate for mental health interventions' (Walker et al, 2019, p.151). Professional accounts of distress, whether 'diagnosed' or 'formulated', may provide relief for some people; this research seeks to describe an observed technique through which people seem able to develop the ability – through the study of bicycle repair and maintenance - to fabricate their own accounts of 'unease', 'distress' 'conflict' or 'tension', and to find their own daily solutions to the 'everythings problem', without the help of psy professionals and without talking about it. Within this schema of a strictly local and provisional understanding of an observed state of affairs, lattices of affective relations are traced out in any chosen direction to give troubling dilemmas of whatever variety some kind of understandable shape. The breadth and depth of this inquisition is clearly without limit – it can continue until every element of the universe is incorporated within its field of consideration - but more important than permanently 'solving' the everythings problem of infinite contingency (which is arguably impossible) is developing the capacity - and indeed the willingness - to confront it on its own slippery terms, and then to pursue it to the point where the original source of distress becomes dissolved within a fug of comforting incertitude that nevertheless seems to coalesce around an emerging implicate order. The ability to move confidently upstream towards this point - where 'we will have as few ideas as possible on what constitutes science' (Latour, 1987, p.7) and indeed what constitutes everything - can be characterised, to use Radman's terms, as an 'enhanded', 'pre-cognitive' intelligence that develops in tandem with advances in manual dexterity, and is accompanied by, or spurred on by in the first instance, an 'actor-network' apprehension of the existence multiple, concurrent, overlaid realities. This study will show how an understanding of this sort can begin in the bicycle workshop.

It is useful at this point to return to the research questions in order to see how the literature review has informed the ways in which the questions will be approached. Hence, in considering the question 'With regard to experiences of recoveries, what are the effects of social interaction in the context of meaningful work?', the study will seek to add further empirical observation to the existing body of work in this field, with a particular concern for elucidating how an actor-network sensibility might add a conceptual validity to what have hitherto been fairly easily dismissed anecdotal accounts of 'recoveries' (as in Wilson & Cordier, 2013). An examination of who people are becoming in the context of the practices in which they engage, and within the spaces that these practices also bring into being, can provide a useful lens under which experiential narratives take centre stage as

reports of constantly emerging, concurrent and overlapping realities. It will then be argued that an awareness of these multiple ontologies that the text seeks to present can in itself be deployed or in some way utilised as an aid to coping with experiences of distress as simple manifestations of psychic diversity.

The review has also highlighted a deficit in research that has explored the contribution to wellbeing (as a provisional measure of 'recovery') provided by technical proficiency in the manual repair and maintenance of mechanical objects. This study will draw upon actor-network theory to examine how an appreciation of the complexities of mechanical objects, acting and being acted upon within the practices of repair and maintenance, can find an affective congruence with everyday concerns and develop an ability to similarly unravel (if not actually resolve) the dilemmas, frustrations and perplexities that challenge our sense of everyday wellbeing. It will also seek evidence for Radman's claims of the possibility of using training in complex manual skills as a way of developing a 'pre-cognitive' capacity which may better enable people to furnish provisional solutions to the 'everythings problem', affording a sense of being better able to cope with the tumult of everyday life.

Chapter Three: Methodology and method

Part One - Methodology

1. Introduction: actor-network theory

Since 1945, developments in pharmaceuticals, biomedicine, military technologies, nuclear power, chemicals, agriculture, IT and communications have dissolved the division between science and technology; STS has developed as part of the effort to understand this proliferation. 'Science studies' departments at Sussex, Manchester and Edinburgh attempted to make up for the scientific illiteracy of otherwise highly educated elites. Science studies incorporated studies of innovation and its management and the analysis of science policy, but more importantly for its future development also embodied a critique of science as ideology, and the development of a naturalistic 'sociology of scientific knowledge' which explored how science was conducted in practice, drawing in part on theories of 'micro-sociology' including 'symbolic interactionism' (Sismondo, 2010). Over the 1970s science studies, or Science and Technology Studies (STS),

progressed both the critique of science and the development of a sociology of scientific knowledge, drawing on resources from outside the field of traditional sociology, principal among these being Thomas Kuhn's The Structure of Scientific Revolutions (Kuhn, 1962). The writing of Kuhn and his colleagues took a certain approach that set the direction for the evolution of STS. Firstly, it considered science as a form of culture as opposed to a form of truth that lay outside social practice, suggesting that if we want to make sense of scientific change we need to understand its specific circumstances, the character of already existing scientific knowledge, and the resulting contingent 'rationality' of its practitioners. A consideration of the 'truth' of scientific knowledge was secondary to a study of the way in which the body of scientific knowledge as just another form of knowledge was used as a pragmatic cultural tool to make sense of the world. Thus STS examined the ways in which scientists use their 'knowledge-as-culture', reflecting natural and social circumstances, including social interests. The task of a sociology of scientific knowledge was to explore the shaping of scientific culture at the hands of practitioners as the intersection of natural phenomena, social interests, and prior cultural resources. This made a political critique of scientific knowledge per se, as an ideological tool of domination, somewhat out of reach, since STS studies tended to focus on much smaller-scale professional interests. Following Kuhn, STS also attended to the informal and practical features of how science is 'done', arguing that informal activities and 'ways of seeing' were more important than symbols, laws and theories, and the learning by rote of formalisms. The training of a 'scientist' is seen as an apprenticeship, and the extension of scientific knowledge can be seen as a puzzle-solving activity, yet one that always takes the form of a puzzle, or what Law (2008) calls 'the artful extension of existing rules to carefully constructed novel experimental situations' (p.628).

Actor-network theory may be understood as a contingent, relational positivism: it takes the notion that things are produced locally and only in relation to each other, and applies this to everything, including itself (Law, 1999). Originating in STS, actor-network authors' initial move was to position scientific knowledge as a socially confected product rather than something generated through the operation of a privileged scientific method. They then extended the idea of knowledge to include any relatively stable phenomena, not only social institutions and organisations, but also machines and agents – people or things seen as having some kind of power or influence over events or other agents (Law 2008).

An empirical examination of what we know about our social existence amongst these institutions, organisations, machines, other things (skills, values, aspirations, ideologies, and so on) and, of course, other people, shows that these actors do not exist in themselves: instead they are generated through a process of 'heterogeneous engineering' (ibid, p.2) – a strategic configuration of the interrelationships between people and things that not only holds them in place, allowing them to keep up a performance (keeping a 'school' a 'school', for instance), but also form them in the first place. By positing a tensely recursive and unstable, mutually generative relationship between actors and interrelationships, both 'agency' and 'structure' lose their distinction; things-as-generated-effects simply act upon each other through the practices that bring interrelationships into being (ibid). Studies that adopt an actor-network approach, then, are looking at what objects come to be in a relational, multiple, fluid, and more or less unordered and indeterminate set of specific and provisional, local practices (Law & Lien, 2013).

Academic literature on the subject, or writing that started to take an interest in how reality, knowledge, or facts are generated, is made up of a disparate set of exemplars in the form of case studies, an early example of which can be found in Bijker, Hughes and Pinch (1987), writing on Edison's development of the New York electricity supply network. He pointed out that 'electricity' as a 'thing' was a complex and unstable combination of transmission lines, generators, coal supplies, voltages, incandescent filaments, legal manoeuvres, laboratory calculations, political muscle, financial instruments, technicians, laboratory assistants and salesmen: 'electricity' was the end result of the co-ordination of all of these network actors, any of whom could have brought the network down. Edison's achievement was to engineer or order all of the components described above in a certain way, according to a certain architecture, that actually configured the people and things that made up the system, and generated the final effect, 'electricity' Latour and Woolgar's work at the Salk Institute, working on a smaller scale, explored the semiotics of the practices that led to scientific truth claims. They noted that in the laboratory most claims about the world are vague, mixing the social and natural, but that these suggestions are subsequently hardened, or translated, into published truths, and the social element that led to their production is excised (Latour & Woolgar, 1979). In a portrayal of how networks can unravel, Callon (1980) wrote about the failure of the EDF/Renault electric car project, where the malfunction of catalysts in the fuel cells, the reluctance of Renault to move away from the internal combustion engine, and the unpopularity of electric buses

with local councils brought the project to a halt. Another exploration of network failure is Callon's (1986) work on scallops in the St. Brieuc Bay, where he described how a network of researchers, scallops, fishermen and other actors was assembled by researchers in an attempt to create a 'science of scallops'. This network ultimately failed when the fishermen decided to destroy the larval breeding grounds, showing the innate insecurity and precariousness of this particular order (dictated by the researchers), and the invasion of another order (dictated by the fishermen). Law (1990) studied how an organisation holds itself together in an ethnography of a large laboratory. He found different modes of ordering that extended through people to include technologies and organisational arrangements. One of the effects of 'enterprise', for example, was to generate self-reliant individualism and demands for performance, while 'bureaucracy' generated an accounting system designed to prevent fraud. Borrowing from Foucault, Law describes these modes of ordering as 'mini-discourses', each producing its own effect. The stability of the laboratory was secured by its multi-discursive ordering – 'enterprise' and 'bureaucracy' were engineered to run alongside each other.

The term 'actor-network', meanwhile, is intentionally oxymoronic: the approach implies a contingent, mutually generative relationship in which 'actor' and 'network' cannot be said to exist independently of one another, since all actors, including the 'network', are also acted upon as 'actants'. The idea that it is a 'theory' is also misleading: actor-network theory might perhaps partially uncover explicit theories or groups of theories which are holding certain 'actors' in place within certain named and identified practices such as 'biopsychiatry', or 'management', but in itself it is merely a set of tools for scrutiny of these practices. Instead of seeking to find 'things' it tries to uncover fleeting processes - the way that the things are interacting with each other to bring one another into being - from moment to moment or across years - through certain 'choreographies' with certain 'textures'. This is a mode of study that is purely 'technical', working to unravel and illuminate firstly the mechanics of 'epistemologies' – 'what types of things are 'known' about?' - and secondly 'ontologies' – 'how are these 'things' coming into being?'. In texts 'actor-network theory' puts real or metaphorical inverted commas around its subjects of study to show that it is interested in 'things' as transient phenomena which are always changing in composition and meaning. The way that the practice itself likes to be presented on a page, as 'actor-network theory' with its own attendant inverted commas (although these will be largely dispensed with for the sake of readability), is meant to suggest that it too will take on different shapes as it comes into contact with different

‘things’ in the context of the practices of ‘observation’ or ‘writing’: an adapted excerpt from an actor-network theory-inflected text (explored in a later section) goes some way towards illustrating this point:

> *‘It depends on how ‘it’ is being done in practice. We do without the assumption that there is ‘[actor-network theory]’ out there with a definite form, in existence outside the practices in which it is being done. That is the first move. And then, here’s the second, it follows that since those practices aren’t the same, different and multiple ‘[actor-network theories]’ subsist in different and multiple worlds. This, then, follows once we study ontology empirically. There is no ordered ground separate from practices and their relations. If there is order, it is a provisional and specific effect of practices and their ordering relations. There is no ‘[actor-network theory]’ behind the various practices that do ‘[actor-network theory]’. There is no gold standard. There are just practices’ (Law and Lien, 2013, actor-network theory substituted for ‘salmon’).*

To better understand how networks function to produce things-as-effects – which may be facts, values, organisations, machines, theories, ideas, buildings, music, policies, consumer products, actor-network theory, or furniture (or, indeed, anything), we need to go ‘upstream’, as Latour (1987) puts it, to examine the precise conditions that generated the effects, i.e. the components of the network that generated the effect and the interactions between them. In this way we will find out how ‘stuff’ is made. Latour encourages us to see nothing as given, for that is merely an effect of ‘translation’ competently achieved; instead, we must consider everything as a ‘black box’ (a word used by cyberneticians to describe a piece of machinery that is too complex to understand - all that is required to know about it is the input and output) that contains a myriad of interacting and potentially conflicting actors. The best way to understand how these black boxes are closed – ‘translated’ - and offered up as ‘done deals’, or ‘punctualisations’, it is best to go back in time to the point where they were still open, to when the ‘facts’ were contested, when people and things were still jockeying for positions of influence. Latour describes this as going from ‘cold’, stable objects to ‘warmer’, unstable ones in the search for how effects – in Latour’s case study scientific facts - are made. Latour goes back to the point where the ‘contents’ of the scientific fact – the supposedly incontestable information that it presents - are wholly bound up with the context in which that fact was produced. Latour urges innocence – ‘we will have as few ideas as possible on what constitutes science’ (p.7) – and, by proxy, what constitutes everything that surrounds us.

In practical terms, this 'unblackboxing' of objects, processes, ideas, of organisations – any 'thing' under study - draws a cutaway diagram of its object of interest. These diagrams provide an understanding of the precise construction and mechanical workings of any device, and also destroy any mystique that the 'blackboxed', 'punctualised' actor has managed to draw around itself. A beautiful 'sports car' is revealed to be an organised bolting and welding together of many thousands of different bits and pieces; a piece of 'music' is simply a strategically ordered set of tones. This enthusiasm for seeking out and providing the recipes for things might be thought of as nihilistic, perhaps, or wilfully destructive – why can't we just enjoy our cars and our music? Actor-network theory responds that the practice of unblackboxing can be emancipatory – especially when revealing the working innards of the cultural power of taken-as-given 'policies', 'laws' or scientific 'facts'. In this case study I will suggest that an actor-network approach may be used to unblackbox emotional distress as an effect generated by the network in which somebody finds themselves, including friends, family, memories, housing, climate, culture, job, food, medical professionals, or indeed anything else, human or non-human, that they feel is having any kind of role in their everyday lives. Actor-network practice eventually brings us closer to sensing something of the ineffably affective nature of all 'things': unblackboxing a cutaway drawing, and in the process examining the practice of unblackboxing itself, leads us to a contemplation of contemplation itself, an awareness of what 'awareness' might be. This, to me, seems to be actor-network theory's most effortless talent – to parse any phenomenon more and more finely until its microscopic contributory parts dissolve away into the 'everythings'. What is left is a sense of somehow being simply and emptily 'aware', not of a thing in particular, but only of being 'here', presiding over the comings and goings of 'things'.

What, then can actor-network theory look like in practice? It seems to enjoy jaywalking into streams of things and ideas about things, causing multiple collisions and un-ravellings. Things come to bits and we can see something of what they are made up of. In the following sections I will go through some examples of pieces of work that have some kind of connection with actor-network-theory, with two aims: firstly to give some idea of the kinds of terrains that it opens up, and secondly to gather together some of the tools that it uses to do its opening up, or 'unravelling'.

2. 'Slippery: Field notes in empirical ontology' (Law & Lien, 2013)

In *Slippery*, John Law and Marianne Lien seek to contribute to a conversation about the character of animals by unblackboxing and examining different versions of 'salmon' that

are generated through the different relational practices that the authors encounter on a Norwegian salmon farm. The study tacitly enacts the slippery salmon themselves as a metaphor for the at once elusive and unwieldy targets of actor-network theory-inflected research, but its key role in the context of this chapter is to enact actor-network theory, its objects of study, and its people in certain ways.

First to consider is how, in the process of data collection out in the field, actor-network theory brought the authors into extremely close proximity with the practices under consideration:

> *'John became part of a world of practices: the heat, the landscape, the temporalities, the authority of a boss, the techniques and technologies, the actions of salmon, the friendships with co-workers. Fieldwork was a sensibility. Like actor-network theory' (Singleton & Law, 2013)*

The authors describe in great detail the sights, sounds and smells of the practice of sifting out dead fish and dumping them in a tank filled with formic acid. John Law has an arthritic hand that interferes with his attempts to manipulate dead salmon; he feels cold, hungry, bored, and confused by turns, and consciously abandons any purported distance from the field. Actor-network theory here spawns close and rich descriptions whilst turning the researcher into a low status figure, almost a figure of fun.

Actor-network theory here also reveals a multiplicity of different versions of 'salmon' existing alongside one another. Descriptions of dead fish dissolving in acid are placed beside a textbook definition of salmon that talk of physical characteristics, geography, genetic segregation, taxonomy, and feeding habits. By comparing and contrasting these two very different versions of salmon, the authors are able to state that 'we have two sets of practices here, and those practices are doing different salmon because the relations that they enact are themselves different. actor-network theory demonstrates that there is no definitive 'salmon' outside of the various practices that generate 'salmon' – there is no ordered ground outside of practices and their relations. A salmon is not general but specific' (Law and Lien, 2013, p.4): all versions of 'salmon' can co-exist, in the same place and at the same time, but are simply brought into being in different ways, from which it can be inferred that different and multiple worlds can also co-exist, again in the same place, and at the same time.

The close proximity of the researchers to the practices under study allow them to discern the vaguely comical 'choreographies' that are being played out. By attending with great

concentration to the balletic sequences of actions that make up a particular practice – in one example the sorting of fish for a mechanical vaccination machine – the researchers become aware of shifting patterns of agency between fish, machines and human fingers, all precarious and subject to mistakes. They see 'passive salmon' and 'not-passive-enough salmon' coming into being. During the process of vaccination the machine also checks the salmon for length. If they are less than eleven centimetres long they are automatically washed down a pipe to Tank 15, where they will eventually die, be dissolved into slurry, and fed to mink. These are the 'losers', and in *Slippery* actor-network theory becomes a way in to the 'hinterland of practices' (p. 7), to consider how 'losers' of all kinds are enacted through practices of 'othering'. Salmon 'losers' are winnowed out through the othering practices of 'measurement by length', which in turn are informed by the 'othering' precepts of behaviour classification and metabolic efficiency: ultimately 'a skinny fish is ill-adapted to life on the farm' (p.7). But the skinny fish cannot be set free, since the Norwegian Directorate of Nature Management treats farmed salmon as an alien species (p.12). Actor-network theory here notices that while the practice of separation that takes place in the scientific literature has a certain ambiguous texture, the practice of separation that takes place in the vaccination cabin has a texture that is sharp and defined. Even when the 'Others' are dead, and ready to be carted to the acid tank, they still manage to generate particular practical textures of separation as they slip out of gloved hands onto the deck.

John Law confesses to his ineptitude as he struggles to grasp the dead fish with his arthritic hand, failing the 'salmon slither test' (p.8); as well as being enacted again as an agent of sensibilisation to textures of separation, actor-network theory here produces 'John Law' as a clumsy and myopic novice, impeded by inexperience and arthritis. 'Isn't there a better way of doing things? That is what I ask myself. Time and again. And the answer is usually: yes' (p.15). In the course of his slow, bewildering trudge through alien terrain, the painstaking detailing of half-grasped things culminates merely in a hesitant outlining of ideas. On the salmon farm, even the 'experts' are faced with the unknowable as they stand on the gantry, staring down into the pens, trying to gauge how hungry the salmon are: the limited translucency of the water means that the salmon here are elusive, evasive, 'at and beyond the margins of the human' (p.9). They slip in and out of relations with the people on the gantry staring down. Actor-network theory places its researchers are in a similar position, separated from their objects of inquiry by both the limits of their sensibilities and the bewildering complexity of the network of interrelations that is

bringing things into and out of 'being' in different ways from one moment to the next and from one location to the next.

3. 'Mechanics of a fluid technology: the Zimbabwe bush pump' (De Laet & Mol, 2001)

So far actor-network theory has brought to light a sensibility towards 'proximity', 'multiplicity', 'choreographies', 'textures', and 'othering', all arising from the intense study of specific local practices. A second example of how actor-network theory can come into being examines in detail the design, installation and function of a hand-operated water pump in widespread use in rural Zimbabwe. The researchers here are interested in how the pump was 'developed', and how its robustness allows it to continue to operate as a 'pump', even when partially 'broken', as a provider of water and 'health', 'community' and even 'nation'. Actor-network theory here most noticeably brings out a consideration of what 'fluidity' might mean in terms of whether or not something is a 'successful technology'.

As with the 'multiplicity' of salmon in Law and Lien's *Slippery*, the pump, when unblackboxed and pored over in detail, can be 'done' in a number of ways: as 'cheerfully blue…its cobalt colour suggest[ing] purity, clarity and freshness, the qualities sought for the water that it delivers' (p.5), as 'a pump head or water discharge unit, a base or pump stand, and a lever' (p.5), and finally as a device that 'operates on a lift pump principle, the reciprocating action being transferred from the pump head to the cylinder through a series of galvanised steel pump rods running inside a steel pipe (rising main)' (p.6).

Actor-network theory also prompts the authors to consider the numerous other 'actors' that need to join the pump's 'network' in order to complete it, to describe it fully, to enact it as a 'pump' - they need to think about the 'choreographies' of those 'networks'. The pump needs a borehole, drilled with a special (German-designed, it is noted) rig by members of the 'community', in a position determined through consultation with geological maps and the local *nganga* – the water diviner; it needs a well-constructed cement apron to prevent the ingress of 'pollutants'; it needs to reduce the 'E.coli count' in extracted water; finally it needs a 'village' to look after it, to maintain it, to keep it as a 'pump'.

Actor-network theory also takes careful note of the meaning of the pump's 'success': Government support for buying a pump may link up the village to a notion of the state, and the fact that the pump is made in 'Zimbabwe', from local materials, complying with

national standards of quality and strength, makes it 'a national standard [in itself]…the Zimbabwe Bush Pump is a nation-builder that gains strength with each new installation' (p.13). But if the pump fails for whatever reason to become enrolled in these networks, local or national, it will just be a lump of blue metal, an 'othered' pump. A pump may be fully operational but remain unused, because the site at which the borehole was drilled was chosen by an NGO without the consultation of the local *nganga*. In another scenario, a 'working' pump may fail to marshal a community around it and fall into disrepair through neglect rather than through any inherent flaw in its physical construction. A pump can also 'work' and 'not work' – producing water that is contaminated, although 'working' need not necessarily mean reducing E.coli counts, because the relationship between the pump, groundwater bacteria counts and health is identified as fluid and ambiguous, contingent upon a number of other factors.

Actor-network theory in this study steers De Laet and Mol into 'anthropological' themes of genealogy, enculturation and animism, 'biological' studies of water-borne bacteria, and 'socio-political' considerations of 'community' and 'the state'. As with Law and Lien's study, it also places the authors at the site of the research as humans with emotions, writing about people and things that they like. The authors describe Dr Peter Morgan, the pump's inventor, as an 'ideal' public figure within the networks of 'design' and 'politics': he has not taken out any patents on the pump, and he does not take any credit for it. He has rejected the role of master-mind and abandoned control; he is a 'non-creator subject, a dissolved self' (p.28).

Actor-network theory also seems to prompt its writers to think about their potential readers: the study considered here engages the reader with political observations, tables of scientific data, emotional confessions and technical drawings; the sentences have their own 'choreography', conversational but informed, moving between anecdote, reportage and argument and employing techniques borrowed from literature in a deliberate effort to enrol and 'move' (p.30) its readers, who - after all - are the key actors in its ultimate realisation as a 'text'. Actor-network theory seeks to produce a text that is 'fluid' – seeking to engage readers from different academic disciplines, both intellectually and emotionally. It also encourages the producers of the fluid text to think about the 'choreographies' of the practices of research. In the extracts below the authors are talking about and then actually quoting Peter Morgan, but the reader is also given to think that they are describing 'actor-network theorists' and the 'technologies' of actor-network theory that they deploy:

'It may be that to shape, reshape and implement fluid technologies, a specific kind of people is required: non-modern subjects, willing to serve and observe, able to listen, not seeking control, but rather daring to give themselves over to circumstances' (p.30).

'It is the combination of external inspiration, fortunate coincidence and collaborative effort that makes the difference between a good technology and one that doesn't work' (Peter Morgan, cited in ibid, p.26).

To summarise so far: actor-network theory is a set of practices rather than an organising strategy. It looks at the choreographies of the way that things act upon each other to bring each other into being, and the textures of those interrelationships, especially when they result in 'separation' and 'othering'. Its practitioners do not seek control over their data, notwithstanding their extremely close proximity to their 'subjects' and their unswerving attention to detail. Actor-network theory suggests a multiplicity of concurrent and overlapping realities of which the chief characteristic is fluidity – of choreographies and textures. In order to communicate this malleable and slippery state of affairs, actor-network theory-inflected texts artfully juxtapose the insights of contrasting academic disciplines, depict their authors as fanciful and incompetent, and employ literary techniques to try to enrol the reader as a co-thinker or a collaborator in order help the studies to come into fuller being.

4. 'Washing the Citizen: washing, cleanliness and citizenship in mental health care' (Pols, 2006)

Jeanette Pols' 2006 study *Washing the Citizen* identifies the mundane task of washing as a daily practice through which different forms of 'citizenship' can be enacted. Pols' empirical study of washing practices in psychiatric hospitals and residential homes seeks to establish how different types of participation in the activity of washing – on the part of professionals as well as patients – 'bring different worlds into being' (p.79), engendering different types of what Pols calls 'relational citizenship'.

Pols uses the term 'repertoires' to describe a mode of ordering that 'bring[s] together specific actions, ideals, and knowledge' (p.81). She examines the practice of washing through four different repertoires, each of which serves to structure messy complexities in different ways, and each of which enacts a different version of citizenship, of public, relational 'being'. The first three enactments are presented within the frame of individuation. In the first, treating washing as an act of individual privacy enacts the

patient as an 'authentic' individual living within a private sphere who needs to develop their individual competencies in order to join a community made up of other, equally individual citizens (p.85). In the second repertoire, washing is considered a skill that is necessary for autonomy in a community made up of self-supporting citizens, while in the third it is a precondition for going out and doing other things like going to work or getting an education, things that lead towards the ultimate goal of self-actualisation in a community made up of 'life project developers' (p.92). In her description of a fourth and final (and, we are led to feel, transcendent) repertoire, all of the other repertoires are combined, with no set idea of what should be 'happening' at all. Thus Pols observes that, in 'good' mental health care:

> *'There are no fixed positions, with one person imposing norms on another. Rather, there is give and take, which is influenced by moods and changes over time. There is no clear strategy that always works in dealing with other people… the essential thing is to be sensitive to the contingencies and particularities brought by every new day.' (p.94)*

Actor-network theory here is again enacted as a sensitivity to different, multiple versions of reality being played out at the same time, in the same place; the term 'repertoire' gives a convenient shorthand for ways in which this multiple reality may be fractioned. In Pols' study these fractions have a political flavour: actor-network theory prompts her to demonstrate how using 'autonomy' as a concept to define 'citizenship' results in the 'othering' of psychiatric patients - like the salmon in Law and Lien's study - as 'non-recyclable and abandoned citizens' (Vandekinderen, Roets, Roose, & Van Hove, 2012). actor-network theory, brought to bear upon overtly 'human' affairs here, brings up themes of individuation and governmentality and ultimately leads the author to advance the concept of a 'relational society':

> *'[In a relational society] divisions do not run between the mad and the sane, the private and the public, the patient and the citizen, the autonomous and the dependent, the clean and the dirty, but between situations with specific characteristics. Relational citizens move through time in differing and changing connections from one place to another…In doing so, the citizens establish new norms together. ''Normality'' in relations between citizens does not refer to norms that are given (such as autonomy); the norms have to be performed, refreshed, and re-established in each situation' (Pols, 2006, p.100).*

Pols states elsewhere that this approach 'allows for the empirical study of new forms of sociality, both successful and unsuccessful, and provides new ideas of what social spaces for citizens might look like, and what mechanisms and values hold these social spaces together' (Pols, 2016, p.2), and here it could be proposed that, in talking of 'mechanisms and values', Pols is 'beginning to substitute the actor's composition of the collective with [her] own definition of what holds it together' (Latour, 2005, p.161). Actor-network theory would seem to inexorably move its writers towards advocating certain personally held values: fluidity is 'good', for example, whilst 'othering' is 'bad'. Actor-network theory seems to want to become an ideology, and its writers employ different tactics to keep this tendency in check. John Law, for example, proposes that he is a 'bad' researcher and indeed not a particularly 'good' human being, while Marianne De Laet and Annemarie Mol seek to dissolve static notions of 'good' and 'bad' altogether:

> *'Standpoints and points of contrast are not necessarily points of departure. They may be acquired or changed in the process of engaging with a subject, an object or a topic. So rather than a* standpoint epistemology*, however subtly it may be handled, we would like to develop a* travel-bag normativity *that can be taken along and fluidly adapted' (De Laet and Mol, 2001, p.39, emphasis in original)*

So to the summary of actor-network theory we can add that when humans are involved it becomes drawn towards certain ideas of what 'good' and 'bad' might be. Ideally these nascent 'ideologies' are then promptly undone by the all-pervading fluidity and multiplicity, which unravel all values into effects generated, as with everything else, by the interaction and inter-reaction of local 'actors' in a local 'network'. Actor-network writers thus draw upon their humility and an awareness of their own transience to attempt to paint - within a static text - a fluid picture in which 'good' and 'bad' do arise only fleetingly and in any case are free to swap places; any overt ideological position is confined to local settings, and is in itself provisional.

Actor-network theory might appear wilfully destructive or arrogantly cynical, and its lightly held values of ambiguity, equivocation and non-adherence to any particular point of view about anything might amount to a posturing sort of nihilism, but its never-quite-satisfied interest in how things are being constructed in consciousness points towards a deeper understanding of 'being' that comes before conscious thought and can never be fully captured in words. Law and Lien choose to evoke a sympathy for salmon; De Laet and Mol make us fans of the bush pump; Pols paints a picture of a society that feels in some way kinder. These are affective positions that are nevertheless arrived at through

precisely structured, densely articulate prose. The texts are an incitement to action: the intense focus on embodied practice above anything else suggests that it is 'doing' rather than 'thinking about doing' or 'writing about doing' that affords the clearest and least obstructed vision of how we might better cope with 'problems of being'. As such the texts are simply interim reports, intended to inform practice rather than arrive at any kind of settled facts. Actor-network theory toys endlessly with the 'everythings problem', constantly revealing new depths to its complexity, but rather than seeking to solve it, it instead prompts the realisation that it is an everyday, practical intelligence and perspicacity that is the most useful tool in confronting the 'everythings' and dealing with them without becoming distressed.

5. Actor-network theory and mental health

An actor-network sensibility to the local generation of multiple realities has made several incursions into the mental health literature. Nick Manning, for example, examines the identification, development and stabilisation of a new psychiatric diagnosis – 'dangerous and severe personality disorder' - the political and legislative processes that it has set in motion, and the organisations, cadres of professionals and new buildings that its identifiable network brings into play (Manning, 2002). Ilpo Helén analyses the incongruent ways in which 'depression' is brought into being and then treated as either a pathological condition or a normal facet of human emotional experience, depending largely upon the settings where it is being discussed, concluding that depression is 'not an entity but an amalgam characterised by ambiguity and contestation' (Helén, 2007, p.150). Martyn Pickersgill makes a similar observation about psychiatry itself in an actor-network inflected study of the set of discourses and practices that constitute the multifaceted field, emphasising its multiplicity and incoherence, and suggesting that psychiatry is 'not a singular entity but a form of complex socio-technical praxis' (Pickersgill, 2012, p.329). Elsewhere, Pickersgill again studies the ways in which the technical aspects of psychiatry and psychology can be unravelled into sociopolitical phenomena, advocating a sociology of psychiatric knowledge production and application that might serve to enrich mainstream mental health policy and services (Pickersgill, 2010).

6. Actor-network theory in this study

This study will use actor-network theory in two principal ways. Initially it will serve as a set of tools to unblackbox the institutions and practices that this study investigates: firstly

we will see how ReRide, the 'social firm' that acts as the institutional setting for the study, is a 'business' that is brought into being in certain ways – it has its own specific choreographies of 'employment', 'industry' and 'production' that will be pored over and considered in detail. Hospital Y, meanwhile - a local NHS psychiatric institution to which ReRide will be contrasted - is presented (in a manner qualified by the author's own acknowledged prejudices) as a site of practices of 'othering' that embody particular 'textures of separation'. There are further contrasts – in terms of 'fluidity' and 'multiplicity' - to be depicted in juxtaposed portrayals of the relational 'making up' of 'locations', 'clinics', 'staff', and 'recovery'. As the study seeks closer and closer proximity with the practical field of interest, actor-network theory will move into the workshop to examine the fluid choreographies that generate it not as one but as multiple, concurrent, overlapping 'workshops'. Moving even closer, it will consider in the same way the practices of 'bicycle repair', with its attendant technical and aesthetic 'ideologies' and its 'othering'. Actor-network theory will also be brought to bear upon the bicycle itself, as a physical, cultural and affective construction that exhibits an especially fluid multiplicity.

Actor-network theory will also be put to a second, practical usage in the suggestion that the disposition that an actor-network approach cultivates - an extreme attention to the detail of provisional relational construction - incites a certain fluid circumspection, initiating the recovery that the actor-network practices of bicycle repair can bring into being by opening the door to a consideration of the local, provisional, contingent nature of lived experience. In this sense the study is about actor-network theory as a therapeutic practice in the light of its notable congruence with the practices of bicycle repair and refurbishment observed in the bicycle workshop.

Actor-network theory, however, is only a toolbox. Its terminologies do not seek to frame and organise data but rather the opposite – to show how 'data' comes into being and how it behaves, to cast data as fallible and provisional. Actor-network terminologies take us on the unblackboxing journey from 'cold', stable objects to 'warmer', unstable ones, towards the point where 'we will have as few ideas as possible on what constitutes science' (Latour, 1987, p.7), whereupon they can be put to one side. The following chapters will thus use actor-network terms to prompt a focus on generative relationality, but then seek to provide a text that maintains the slippery actor-network perspective with only occasional reminders of the tools that enabled that perspective in the first place. It may be too much to expect a text to be able to somehow encapsulate affective and

aesthetic embodied sensations, but I hope that by periodically bringing out the tools and then putting them away again the 'cold' text will be better able to perform for the reader as a mediator of the much warmer enworlded awareness that I am attempting to convey.

Part Two - Method

1. Introduction

Austrin, Farnsworth and Latour (1996) suggest that social research can usefully be understood as a form of detective work, highlighting how its modes of investigation, its means of enquiry and its practices of assemblage offer a suggestive method for the social sciences. Such a method involves tracking and tracing; its outcome is the production of new knowledge – knowledge which, almost by definition, has a sense of surprise or unpredictability to it, as detective stories often do (Austrin, Farnsworth, & Latour, 1996). Serres and Latour (1995) refer to this as a hermetic method of explication and unpleating, tracing and unfolding complex arrangements to reveal the implicate, unforeseen elements and practices that constitute them.

As soon as the researcher enters into the field with an objective in mind, and a method to hand to achieve that objective, the possibility arises that any explicit method, as a practice, will start to shape the multiple realities that it purports to investigate. 'Reality is not independent of the apparatuses that produce reports of reality' (Law, 2010, p.31); any sense of an objective reality that the researcher can somehow distance himself from and describe at leisure is a consequence rather than a cause of 'scientific' work (Latour and Woolgar, 1979). If any method is then to illuminate the realities that it attempts to investigate, then it needs to 'resonate in and through an extended and materially heterogeneous set of patterned relations' (Law, 2010, p.148). This applies equally to the researcher, who, in becoming part of the world of practice, must recognise that he (I) will both be enacted by the practice of research, and have some kind of effect on the practices that are under study.

Some initial level of objectivity is nevertheless performed by the administrative processes which must be completed before any field research takes place. In order to gain ethical approval for the research I was required to submit an overview of the intended research and to explain its aims and purpose. Securing ethical approval also meant detailing the

research approach and methods, providing a risk assessment for the observation and interview procedures, and providing a participant information sheet and consent form. These documents can be found in appendix A. As will be explained below, the manner in which these documents sought to perform my research practice before it had even begun felt like a distraction from the people and practices I was keen to start observing. I was also led to feel that my considerable prior experience in the field as a teacher and trainer counted for very little. The objectively determined classification of 'vulnerable people' was performing the workshop volunteers – many of whom I had known for some time – as people to be held at something of a regulated distance, which felt disconcerting. Completing the ethics application, however, was a useful opportunity to think through the research from a number of perspectives, and assembling the risk assessment considerations in particular alerted me to the possible pitfalls waiting for me in observation and interview situations.

2. Observing at ReRide

In terms of 'tabulated' 'data', the 'observation period' looked like this:

Dates and times of observations	Wednesdays, June 2015 to May 2016, 9 a.m. to 12 p.m.
Number of observation sessions	39
Number of notebooks filled	3
Number of films made	2

Closer proximity to the practices of observation reveal a much messier choreography:

Every Wednesday morning from June 2015 to May 2016 I arrived at the bike workshop on a small industrial estate at around 9 a.m. Sometimes I came by car, sometimes by bike, depending on the weather. It seemed better to arrive by bike: I sensed after a while, from light-hearted accusations of hypocrisy, that as a 'researcher' (or something) on 'bicycle workshops' (or something), I ought to arrive on two wheels. If I had arrived by bike I would wheel it in to the meeting room that was just beyond the front door, and park it under the 'Do not park your bike here – by order of management' sign. The sign was a joke – put up by Chas, the 'workshop manager'. If there were people at the workshop

who I didn't know I'd put the bike somewhere else, but if it was just the usual people I'd leave it there to start the day off with an in-joke, opening myself to receiving a convivial ticking-off, and easing my entry into the field.

I would start by wandering around the workstands to see what had happened since the week before. Some bikes were still in the stands, waiting for parts. Other projects had been finished and were in the showroom or had left the workshop for one of the retail outlets – the charity shops on The Strand or Montague Street. New projects sometimes appeared. If there were any mechanics around I'd pass comment on one or two things, to see if I could start any technico-aesthetic debates – the staple conversational topic amongst bicycle mechanics. All the mechanics knew that I was a 'mechanic' too, so they knew that I was genuinely interested in what was going on, and easily engaged. This pre-amble also allowed me to get an idea of how the workshop felt that day – the atmosphere changed from one week to the next. Chas would appear at some point. Any interesting deliveries? Any urgent jobs that had suddenly come in? Any issues? Chas can talk all day so any invitation to do so resulted in a deluge of information, all of which was, of course, relevant. Before long I'd have my notebook out, scribbling down stuff.

The notebook caused issues at first. The mechanics knew me as Nick, the one-time instructor and Velotech assessor (for a qualification in bicycle repair). So when one day I told them that I couldn't actually help them set up a pair of cantilever brakes because I was meant to be making notes on their activities, I felt an immediate distancing from people who I had learned alongside and who thought I was one of them – a mechanic. 'So we're lab rats now eh?', Mark said once: he was half-joking, but he was right. With me so obviously trying to be a 'scientist', the workshop was shunted towards being a 'laboratory' of some kind. A certain 'othering' was taking place, instigated and validated by the University of Brighton, with the written consent of the participants of course but nevertheless experienced as a sort of fracture. From having been deeply involved, technically and emotionally, with the people and bicycles that filled the workshop, I was now sitting in the corner, writing down everything that happened, or that I could see happening. The mechanics, meanwhile, under the discipline of observation, felt obliged to monitor and regulate their behaviour according to whatever norms they imagined might be operating in this 'research' situation.

I could sense that the mechanics were feeling self-conscious, so after a few sessions I decided to move away from these rather fixed practices of observation. I decided to try to become more 'fluid', more 'multiple', to try to smudge the boundaries that observation

was drawing around who we could all be in the workshop. I started to walk around a lot more, asking people how things were going, offering my services as an inept advisor. The mechanics seemed a lot more comfortable with that, and so I'd generally spend twenty minutes or so engaged in wandering round, chatting and observing at the same time, until the part of me that was observing told me to go and write all this down. Then I'd spend twenty minutes' writing, removing myself from the work area on the pretext of making a phone call or talking to Chas and keeping the notebook, the note-taking, the inscription, as a private activity. This constant engagement and disengagement was not particularly conducive to being able to help people with their work in any way, but it seemed the only way to record anything. By moving between the practices of observation and participation, however, I was able to keep the othering and separation largely within my own subjective experience, and while it still felt like a strange betrayal, it was a see-sawing betrayal of two versions of myself – 'participant' and 'observer' – rather than a more sharply textured, fixed 'othering' – a 'them and me'.

Later on I began to experiment with practices of 'no observation' and 'very close and obvious observation', which yielded interesting results. Every fourth of fifth week I would spend a Wednesday morning at the workshop and take no notes at all, nor either listen nor observe – I would just fix bikes alongside the others and talk shop. Everybody was more relaxed – we were all 'together' again. But now that I had opened up the black box of research I couldn't help but be intensely alert for data of any kind. When I came out of those unstructured mornings at the workshop that had nevertheless become tacit observation sessions I found I had a mass of rich data that I would then attempt to write down as fast as I could before it all got forgotten. I also went to the other extreme and took a video camera into the workshop to film one of the mechanics devising, constructing and installing an improvised component, then returned the following week to show him the unedited film and record an observational commentary of his own work as a voice-over. With the practice of observation made absolutely explicit and obvious though my amateurish camera-handling the choreographies and subject positions were clear.

The practices of observation thus moved away in two directions: towards the more fluid and unplanned in one direction and towards the absolutely fixed and overt in the other. But at the same time, even when I supposedly wasn't observing I was still covertly absorbing very rich data, and when I was most obviously recording data with a camera the actors seemed to spring willingly before the lens, to perform. The observations that I found most inspiring, apposite or intriguing seemed to spring from either blithe

immersion in the field or complete separation from it. In hindsight I attribute this to the mechanics: they are trained observers themselves, using their eyes, ears and hands to detect subtle interrelational textures, keenly alert to minute changes in the choreographies of the networks that they are a part of – 'bicycles-under-repair', of course, but also 'workshops-under-observation'. It was impossible to pretend to be anything other than a mechanic, fixing bikes, or a blatantly obvious observer, taking notes in front of people or pointing a camera at them. But then the very obvious setting of the 'interview' presented a different set of problems.

3. Interviewing at ReRide

Again, in terms of data, the interviews ran as follows:

Name	Position	Interview date(s)	Interview location
Chas	Workshop manager	May 2015	Car (driving)
Don	Retail manager	January 2016	Paul's office
Tina	Mental Health nurse	March 2015	Tina's consulting room
Brian	CEO of parent charity	January 2016	Charity A central office
Carly	Volunteer	June 2015	Paul's office
Mark	Volunteer	July 2015	Paul's office
Ben	Volunteer	September 2015	Meeting room
Reg	Volunteer	January 2016	Meeting room
Matt	Volunteer	May 2016	Meeting room
Chris	Logistics manager	February 2016	Meeting room
Stan	Volunteer	December 2016	Workshop

Interviews were conducted in a number of locations. They lasted between 35 minutes and an hour, and were recorded on an Olympus Dictaphone rather than on a mobile phone, for reasons that will be explained below. The interviews were initially categorised as either 'KII's ('key informant interviews' with paid 'staff') or 'participant interviews' (with everybody else), but it soon became clear that the data provided by volunteer participants was just as important as that provided by the paid staff – the arbitrary separation of the two groups had the same uncomfortably sharp texture as my initial 'lab rat' experience. The interviews were nevertheless conducted slightly differently across the two groups, and the interview questions (see Appendix B) also differed. In both cases,

though, following Merton and Kendall (1946), the approach aimed to start with relatively open ended questions, the answers to which would then lead to more structured, specific questions designed to elucidate further information without imposing my own frame of reference upon the interviewee's viewpoints. The participant interview questions were fairly straightforward to conceive, my seven or so years' previous experience working with students in bicycle workshops had given me an awareness of those areas of the practice that they generally found interesting or challenging and were willing to talk about. It was harder to predict the kinds of questions that would carry the key informant interviews along. In contrast to my position in the more bicycle-related participant interviews, here I would be essentially an outsider with very little prior knowledge of the wider operations of Charity A. I was also vaguely aware of the political tensions that already existed between ReRide and the parent charity, and of my position as one of 'them' – essentially a mechanic who had decided to put on a collared shirt in an attempt to pry into the business. My questions thus had to encompass a stolid deference and disinterest in the style of the expert interview (Meuser and Nagel, 2002) whilst at the same time providing room for the discussion of problems such as mental health and homelessness, and yet without allowing the interview to become too problem-focussed (Witzel, 2000).

4. Key informants

For key informants I arranged a precise date and time for the interviews to initially construct them as appointments, and dressed in a way that I thought appropriate for a business meeting. I approached the interviews in recognition of the fact that the staff were giving up some of their time for me that they could have spent doing other more important things. The interviews usually took place in offices, with us seated either side of a table. I started by thanking them for their time, and acknowledging that they were probably more experienced in interviewing than I was, and stating my hope that they didn't find my interviewing technique too onerous or clumsy. The terrain for the interviews seemed to be about 'work', and 'business', and I thought that a certain element of formality would bring me into closer proximity with these networks. But it soon became clear that this position was in some way too fixed, that all we were talking about, in a fairly guarded way, was 'work' and 'business'. The networks were hemmed in and shored up – there were perhaps some norms that we were attending to in the context of a formal interview that were 'othering' particular observations and admissions, and it was these unspoken bits of data that I felt I needed to capture. So from an overly formal start I attempted to

gradually let the interview take on a more unstructured nature, following my list of questions more and more loosely, making the odd facile, 'fluid' remark to try to goad the interviewees to into talking more freely in the hope of catching something unguarded, but then feigning indifference when they did let something vaguely untoward slip. I made notes throughout these interviews, both in order to have something to refer back to if necessary, and in order to have something to do while the interviewees were talking. It also gave the impression that I was taking down every word they said, that they were interesting people (which they in fact were) with relevant comments and observations to make: I was then able to leverage this a little when it came to probing for admissions of doubt or weakness if I thought this might be productive in any way. What I really wanted of course was a diatribe – an unselfconscious, confessional polemic that laid out their innermost thoughts and feelings, but the way in was tortuous, and policed by notions of propriety and professionalism, as well as modesty and politeness. Ultimately I was unable to properly interrogate the 'key informants': the information I gleaned from them was, perhaps inevitably, patchy and filtered. In contrast to the practices of observation, which seemed to yield the richest data when either entirely unstructured or absolutely fixed, the practices of interview with the key informants involved a constant attempt to dissolve the delimiting forms or structures set up by 'formal' clothes, a 'formal setting', a 'formal' 'time frame', a 'formal' Dictaphone and 'formal' questions, and the data collected veered uncertainly between formulaic information to uneasy admissions.

5. Participants

The interviews with the volunteers were slightly different. All of the participants had, to my knowledge, undergone at least one interview with a psychiatrist or mental health nurse, the objective of which had usually been to establish some measure of their mental health in order to determine their particular care pathway. I was aware that the interview with me could quickly assume the character and texture of a controlled observation, a sort of test, subsequently scored against certain indices, to see (as it might be caricatured) 'how the subject reacted under the stimulus of certain prompts' – the 'lab rat' situation that I had encountered in the practices of observation. When I was arranging these interviews I was keen to avoid a simple re-enactment of this 'interview-assessment'; instead I called them a 'chat' – to the people I knew well and who would appreciate the irony, or just 'quick talk' to the people I knew less well. In doing so I hoped to set up a different set of conditions of possibility that might allow me to draw out different kinds

of data, but also to interfere as little as possible with their more important jobs as mechanics.

The interviews were arranged casually, usually taking place ‘at some point’ during one of the Wednesday mornings that I was at the workshop; I would be wearing jeans and a t-shirt. I would hang around until they had finished a particular job, then suggest that ‘now might be a good time’; then I’d make us both a cup of tea and we’d sit down in the meeting room or in a quiet corner of the workshop and start to talk. I would make a show of not knowing how to work the Dictaphone, fiddling with the settings and giving it a shake. I would also pretend not to have an interview schedule. These pretences however were quickly debunked by most of the interviewees, who, as I pointed out above, are very keen observers. I came to feel that the best approach was ‘self-othering’ - to be humble - which was how I was feeling anyway: even though they had signed a ‘consent form’ these were people putting themselves into the interview chair as a favour to me, skilled mechanics stepping out of the workshop for a moment. I tried then as far as possible to create an informal, fluid conversational space in which the volunteers could lead the interview, to allow them rather than me to decide what we talked about and the way we talked about it; they would set the norms and decide where the boundaries lay. The presence of the Dictaphone in this setting, rather than stultifying the conversations, seemed to lend them importance – these words were being recorded, as ‘inscriptions’, as statements of ‘fact’.

The participant interviews were more focussed than the KIIs in that they were concerned principally with what happened at the workshop, but they were also more open to derailment onto broader topics. I was keen to just let the participants talk about anything, then gently elicit things from them. My prior experience as a languages teacher and examiner, where my preoccupation had been with modes of expression rather than ‘facts’ of any kind, suggested that rather than a list of questions a series of prompts (see Appendix B – where the ‘prompts’ have nevertheless been put in question form for the sake of clarity) might be the best way to spur a discussion forward and generate the rich data I was hoping to acquire. Under these fairly fluid conditions the interview resembled a two-handed conversation; I tried to subtly take on the role of listener, and merely providing prompts – verbal or nonverbal – to encourage more talk. I found that there was little need to intervene or re-direct these conversations other than to suggest pertinent topics of conversation – ‘bicycles’, ‘health’, or ‘family’, but as the discussion flitted from one place to the next these topics would often be alighted upon of their own accord.

As with the KIIs, my note-taking was conducted for reference and to occupy myself, but it seemed disingenuous to write things down out of a feigned interest which could then be used as a platform for a subtle inquisition. I was genuinely interested in what they had to say, and furthermore I had no desire to probe for doubts and weaknesses. This was initially out of consideration for the individuals' privacy, in line with the 'ethical' position which informs this study of 'vulnerable' people. But gradually the texture of this formally stipulated consideration came to appear itself as a practice of 'othering'. In any case, there was little need to wring data out of the volunteers – they seemed comfortable talking to me, both of us in old clothes and with oily hands, and the fluidity of the boundaries of this so-called 'interview', 'talk' or 'chat' seemed to translate into a freedom to speak, to offload certain things, to confess to certain feelings, and to ask me questions too, putting me in the interview chair, which I found very flattering. I found myself readily confessing to my own doubts and frustrations and to the strangeness of research, and the volunteers in turn were able to listen to me and to offer their own observations of the process.

6. Summary

Collecting data at ReRide involved entering the complex networks that constitute 'the field' with a keen awareness of their dynamic choreographies and textures. actor-network theory can indicate 'resistances' in all of these domains: the unwillingness of the 'volunteers' to be enacted as 'lab rats'; the discomfort engendered by supposedly 'covert' observation that is in fact all too obvious; the recalcitrance of the 'formal' interview setting; the way that institutionally-backed research maintains the division of people into 'key informants' and 'other participants'. Actor-network theory also brings to light the value of 'fluidity': a network that allows for 'no fixed positions, with one person imposing norms on another' (Pols, 2006, p.94), and an 'interviewer' who is 'willing to serve and observe, able to listen, not seeking control' (De Laet and Mol, 2001, p.30). A further insight is the unravelling afforded by proximity. The sharp eye of the video camera and the acute ear of the Dictaphone, where they were brought to bear upon a network, resulted in a certain narrowing of focus and deepening of tone, which in turn allowed other interrelationships to be glimpsed.

7. Next steps

In the course of the following analysis, actor-network theory will be shown not only to afford a novel way of unpackaging certain taken-for-granted, 'objective' 'things', but also

come to ultimately represent a disposition that is in itself therapeutic in aiding subjective understandings of emotional distress. To reach this point requires another journey 'upstream': the case study that follows seeks to emulate in approach those reviewed in chapter two, delineating a field of study and then methodically dismantling all of the actors who are operating within it into network effects. Where I intend to add to existing actor-network theory-inflected writing is in highlighting how the practices of 'bicycle mechanics' – the 'mending', 'repair', 'refurbishment' and 'maintenance' of 'bicycles' – have a particular affinity to those of 'actor-network'-inflected research, and how, if considered as one and the same 'thing', they might constitute part of a therapeutic practice.

The text will firstly seek to examine the practices that generate 'effects' such as 'business', 'clinic', 'staff', 'industry, 'production', and 'recovery', before turning its attention to the practices of 'mending' itself – looking at the texture of the 'bicycle' at very close proximity with an interesting set of tools: spanners and Allen keys of course, but also 'skills', different types of 'knowledge', certain 'traditions', and contentious 'judgements', which can themselves be dismantled and scrutinised.

Chapter Four: analysis part one - 'Clinics'

1. Introduction

Within the practices of actor-network theory, the repeated and ever more detailed 'Russian doll' unblackboxing (or perhaps 'un-nesting') that amounts to 'analysis' can only produce weak accounts of 'what I saw'– patchy, shaky, unreliable and subjective (Latour, 2005). In my case these accounts risk being an almost complete betrayal of 'what actually happened', 'what Ben actually did', 'what Carly actually said', and 'what Mark actually meant'. Seeking to translate the vagaries of a year of myopic observation, uncomfortable interview, and slipping in and out of 'being in the workshop' into a linear text then means imposing a strategic ordering upon this mass of patchy and fallible data. The result risks sounding like snatches from a hundred short wave radio stations picked up on my home-made crystal set and inexpertly spliced together. My written notes exist as short, unlinked sentences, written quickly, hurriedly, so as not to draw attention to myself; the interviews that I recorded, meanwhile, surely included subtle gestures,

allusions, accusations, or admonishments that I failed to register, even on re-listening, but were nevertheless of the greatest importance to the volunteer in question. The finer details were missed by the novice with the notebook and the Dictaphone, and so this 'analysis' cannot pretend to be anything more than a series of rather haphazardly dismantled dioramas - 'thick'-ish descriptions that seek nevertheless to provide the reader with a slowly emerging affective picture within which can be discerned certain patterns and certain forms, coalescing and then dissolving, as the only true depiction of a 'reality' that remains entirely subjective. If the insight into the unfolding interrelationships still seems to have any kind of value, or still seems in some way to chime or resonate with other bits and pieces from other research, any attempt to draw any sort of conclusions from the data, still less to propose any kind of theory arising from it, will be fruitless. Yet as I will conclude at the end of this these four chapters of analysis and discussion, it is this generally unsatisfying, incomplete and somewhat floundering a-foundational 'ism', or 'poly-ontology' that constitutes the primary therapeutic insight of actor-network theory itself as a practice for unravelling (or unblackboxing, or un-nesting) the perplexing propositional constitution of everyday experience into a more readily understood set of local contingencies.

The quality of this actor-network study, however, can hardly be judged simply by the extent to which it fails to draw any conclusions. Yardley (2000) suggests some open-ended and flexible principles that can be taken as a guide to evaluating a 'qualitative' study such as this one. The researcher should, for instance, display a sensitivity to the context of the study, firstly in relation to studies carried out from a similar theoretical perspective, and secondly in relation to its socio-cultural context. Yardley also suggests commitment and rigour as measures of quality: this incorporates evidence of prolonged engagement with the topic, the development of competence in the data collection methods used, and the completeness of the data collection and analysis in terms of its detail and its sophistication. Coherence is also important: the clarity and cogency of what is necessarily a qualitatively-informed narrative need to be assessed. Coherence here also refers to the congruence or otherwise between the research questions and the methodological approach adopted. Transparency, finally, is suggested by Yardley to be assessed firstly by looking at the extent to which the researcher has detailed the data collection methods, the experience of collecting data, and all other relevant aspects of the research process, giving due weight to the difficulties involved or frustrations

encountered, and recognising the bias that the assumptions and intentions of the researcher bring to the study and the how these may affect the results that come out of it.

Impact and utility can also be considered measures of quality, but assessing them is an uncertain practice. A thorough and plausible study may have no impact on the thoughts, beliefs and actions of anybody who reads it if it does not have a practical application. Conversely, an empirically 'incomplete' explanation of a particular phenomenon may nevertheless present a novel perspective that aids academic understanding of the topic, while a piece of work considered esoteric and largely inaccessible (Yardley cites Foucault's *The Birth of the Clinic*) may go on to have wider impact when applied to practical issues by other researchers. Broader socio-cultural impact is also a consideration; research can have utility if it manages to recalibrate more general understandings of subjects such as disability or mental health in a way that results in fairer treatment for affected groups. Qualitative analysis of discourse can also shed light on the sometimes unusual findings of quantitative studies.

This study should thus be judged firstly in relation to those actor-network inflected texts that I have chosen as exemplary in terms of their ability to demonstrate through practical example the effectiveness of actor-network tools in unblackboxing punctualised networks – including 'research' itself - into messier and more convoluted, multiply layered negotiations amongst people and things. Actor-network theory is a fluid technology whose successful deployment can be assessed in terms of the uncertainties that it uncovers and the doubt it casts upon its own validity, as Law and Lien's (2013) study amply demonstrates. This study's quality in terms of the thoroughness and completeness of the data collection and the depth of the analysis is necessarily for the reader to determine, as is the coherence of the narrative arc and its success or failure in answering its own questions with sufficient clarity.

Throughout this thesis I have tried, perhaps unsuccessfully, to tacitly portray the research process as my own journey towards wellbeing as I come to terms with insider/outsider dichotomies, both as a mechanic and as an academic, slowly acquire a dexterity with actor-network tools, and trace the network of affective associations that lie behind the work as well as being its main subject of interest. Meanwhile, I have sought adequacy at the level of meaning by collecting what I hope is a sufficiently complete picture of the contexts in which I found myself that, in Cathy Marsh's words, 'outsiders may read off the meaningful dimensions' (Marsh, 1982, p. 124). Whether it has any longer-term

impact, or can be of any utility in the field of mainstream mental health service provision is, of course, a matter for others to decide.

This analysis begins with a consideration of what constitutes a 'clinic', firstly in terms of how its 'location' is generated. The ways in which the location of the 'Hospital Y' NHS psychiatric hospital is made stable and durable are contrasted with the more mutable and fluid technologies of location which characterise the generation of the ReRide workshop. A parallel is then drawn between the differential natures of this 'locatedness' and the ways in which the people who attend either site are performed as differential effects of the sites. The clinic is then approached as a site brought into being by the people who are found within it – in this case its staff and its patients. A description of an encounter with a member of staff at Hospital Y is placed alongside a description of an encounter with a patient, and followed by an account of the pair visiting ReRide together. Attention then turns to the ReRide setting, where the generation of ideas of 'staff' and 'patients' is established as more unpredictable and amorphous. Once again, the emerging contrast between the ways in which staff and patients are performed across the two sites suggests different ways of knowing about emotional distress – as 'mental illness' or as nothing to do with 'illness' at all. The chapter concludes that what is known as a 'social recovery' – although it is never referred to as that - is more readily accessible at a fluidly located site that hosts people and things whose relationally generated enactments are comparatively unprescribed, at a site that performs the operations of a 'clinic' and demonstrates 'clinical' outcomes without ever considering itself as anything other than a bicycle workshop.

The word *tacit* is key to the operation of the ReRide 'clinic', and also to the operation of this text. What does it mean? Harry Collins (2007) uses it in the phrase 'tacit knowledge' to refer to a kind of 'knowledge' that is 'located in human collectivities and, therefore, can never be the property of the any one individual', a knowledge that is always changing and evolving at a collective level. It can be thought of as a perennially fluid 'social intelligence' that exists within any given collectivity and busies itself with sifting through emergent data streams and constructing ad-hoc, provisional, continually updated 'knowledges' that serve to sustain the collectivity (Collins, 2007). This is a type of knowing that cannot be reduced to any kind of static algorithm, nor reproduced in any set of rules, protocols or procedures, nor expressed through flow-charts or diagrams. It is more aligned with Radman's awareness of 'enhandedness' – a dynamic knowledge that manifests itself as an adaptive intelligence about knowing and the background to 'knowing' rather than comprising any set of facts (Radman, 2013). 'Tacit' thus comes to

mean ‘incidental’, has a sense of the word ‘casual’ or ‘informal’, but also ‘underlying’ and ‘fundamental’. It might even be brought into relation the word ‘radical’, with its origins in the word ‘root’. I will use this chapter as an opportunity to enlarge upon how ‘tacit’ might express itself in the context of a ‘tacit clinic’ – a clinic which operates in a sense unthinkingly whilst remaining keenly aware of its shifting form even as it avoids putting what it does into words. I will also aim to add detail to the version of actor-network theory – a key tool for digging out and alluding to the tacit – that has emerged in the course of this research, and its suitability as a therapeutic practice in itself.

2. ‘Clinics’

In *What, then, must we do?*, David Smail concludes that ‘we cannot, I think, escape the clinic’, proposing that while ‘it is almost certainly not the most appropriate site in which to address the kinds of psychological distress and suffering that afflict people in present day society, there is no other which is obviously more appropriate’ (Smail, 2011). In this chapter I will be examining two very different clinics – one explicitly set up for the delivery of ‘mental health services’ – of the kind that Smail has in mind - and one operating only tacitly as a clinic in as far as it delivers recoveries in a way that is entirely unobtrusive and yet far more effective, embedded in practices that represent merely ‘getting on with something else entirely different’.

A useful initial approach that helps to open up the differentials between the two clinics is to think about the ways that they are brought into being in terms of location – the different ways of describing where they ‘are’. This can refer to their geographical location on maps, their physical location within buildings constructed as ‘clinics’, their constant reassertion as sites of ‘mental health care’ through the practices that are carried out there, and the positions that the clinics occupy in local systems of agreed meaning that might be called ‘culture’. In actor-network terms, where a clinic ‘is’ is a location performed by the human and non-human actors who stabilise and make durable its continued enactment through various practices. These include using maps and directions, holding beliefs about location, the practices of staff, buildings and equipment, and the telling of stories. The clinic’s ‘location’ embraces ideas of its geographical co-ordinates as well as its position in relation to other ideas and feelings, and so the extent to which its location is fixed and immutable will reflect local operations, or ‘non-operations’, of power.

3. Location: Hospital Y

On a rainy Monday morning I arrive at the junction up to the hospital site, where a large NHS-blue sign directs me to Hospital Y, telling me that it is a place that is 'positive about mental health and fighting stigma'. A smooth tarmac drive sweeps up to a beautiful white glass-fronted building. I walk in through sliding glass doors and see the 'Reception' desk, where I sign in as a 'Visitor'. I am given a badge by a receptionist and asked to wait in the 'Waiting Area'. There are signs everywhere, pointing away towards different wards (named after trees), administrative areas, 'leisure' areas and 'treatment' areas.

Hospital Y is precisely located on Google Maps. Its position also exists on numerous NHS websites whose veracity is assured by logos and domain addresses. On the site itself the white building is demarcated by official signage; the sliding doors position a clear entry and exit point, while further internal signage continues to locate the clinic with greater and greater precision and irrefutability, indicating further sub-locations of wards, treatment areas, leisure facilities and offices, and the practices carried out at these locations. The signs parade their own insinuation of an internal order, mapping out and performing an imputed Hospital Y that does not switch its practices between rooms, and retains a stable architectural configuration.

In as far as the signs inscribe and hold stable the locations and associated practices that they indicate, they circumscribe the possible clinics that Hospital Y can 'be'. Keeping Hospital Y stable and stationary in this way ensures that the clinic is measurable and calculable: it can be compared to other clinics, its performance rated and procedures fine-tuned – it can be decided if the clinic represents 'best practice' or not. Its fixed position serves to make more durable the punctualised notions of 'care', 'treatment', 'illness', and 'recovery' that Hospital Y subscribes to and is enacted by in the context of its practices. Hospital Y is a stringently 'located' clinic, both geographically (on Google Maps) and discursively: it is held in place by a dot on a screen and by a purpose-built building, held stable by protocols as well as signage. Hospital Y also features in local news stories which, whilst only giving its approximate geographical location, contribute blurred photographs of the inside of the building and pictures of escaped patients. The clinic finds itself located in narratives of 'illness', 'treatment', 'tragedy', or 'danger to the public' as well as just 'a site for the delivery of NHS mental health services', to the extent that 'mental illness' becomes conflated with a danger that only trained professionals are suitably equipped to confront.

The clinic's location is enacted through the practices of treatment and care – real or imagined – that are repeatedly carried out within it. The ability of a clinic to make its location less definite – its 'mobility' - will depend upon the extent to which it can verifiably continue its practices at a different geographical location. Its 'mutability', on the other hand, is measured by the extent to which it is able to remain in one place whilst becoming (through other practices) things other than a clinic. The location of Hospital Y is, it would seem, fairly immovable. Its position in a purpose-built building, comprehensively equipped and clearly 'signaged' is only made more stable by its position within the medical and ethical policy and knowledge structures of NHS service provision. But even as an empty building, or perhaps converted into flats, it would still be 'the old psychiatric clinic', and as such would remain pinioned to the feelings of fear and distrust that surround these institutions, anchored in a collective folklore that is as mutable and inventive in its accusations as the clinic is defenceless against them.

4. Location: ReRide

ReRide can be found on a cul-de-sac on a small industrial estate in an obscure part of town. It's difficult to find if you haven't been there before, because it's not on any maps, and it's not anywhere on the internet beyond the Facebook page. There are no pictures, reports, stories or any other data that pertain to it and perform it in any particular way. The directions to get there are quite complicated: over the phone I was told 'left at the lights, then follow the road round, past the ballbearing factory and the car parts shop, then just as the road begins to bend round to the right you need to take a left by the wheelchair supply depot. Then you've got to carry on into a car park with warehouses on your right, and then the ReRide door is the third one along' (Chas). There's no sign – just a white door with frosted glass and a white door handle, just like the ones on either side of it. The first time I get there I think I've got the right door but I'm still left in doubt, because when I stick my head in all I see is a blue-carpeted room with a long table in the middle and some chairs around it. The room is empty. Am I at the right place? I hear voices emanating from a space on the other side of a doorway opposite; I decide to investigate and suddenly I find myself inside a bicycle workshop; someone – a patient? - looks up from the bicycle that they are cleaning. Am I at the right place? Is this a clinic, a workshop, or something that is both at the same time?

ReRide is not positioned on any maps, physical or digital: it is not held in the performative suspension of co-ordinates; there are no signs pointing towards it that might serve to encircle it and pinion it to a fixed location. Its position is balanced between locally known

geographical reference points and as such it is only accessible with local knowledge, existing within a local topographical vernacular that is unintelligible to more ubiquitous and standardised technologies of location. It can be pointed towards but other places cannot be located in reference to it: 'near ReRide' is a relational value that is of use only to people who have already learnt where ReRide is, who already exist in relation to it. As such its location can only be illustrated relationally; its situation is vague, amorphous, open to contestation, and liable to shift from one day to the next, nearer to or further away from this or that place. It is released from being a fixed point on a map; it manages to avoid being an inscribed and stabilised, calculable co-ordinate that might be made to bear responsibility for being 'easy to find', for being a waypoint of some kind, for directing people to other places, or for indeed remaining in its current approximate location. By desisting from the practice of triangulation ReRide, instead of being relationally performed as 'here' or 'there' in the context of topographical practice, 'is' only where it is encountered.

What is everyone doing here? Some people are standing around drinking tea, looking at a pile of bike parts on the floor. One person is over at a workbench, struggling with something. Somebody else is holding a camera and taking a photograph of a wheel, or at least that's what I assume. In the corner there is a laptop computer with the screen showing a picture of a brake block. The radio is blaring out local news. A spaniel comes up and sits down in front of me. 'Don't give him your sandwiches!' someone shouts through a door, half-laughing, but I can't see their face. They're not really talking to me, but they are talking in a way that says 'welcome'. The place smells of bicycle tyres and oil. There is an atmosphere of focussed but unspecific activity, and somehow of jokes about to be told.

As will be described below, the practices that are being carried out at ReRide 'clinic', it turns out, are multiple. While they clearly concern the repair and refurbishment of bicycles, none of the particular procedures or protocols have anything overtly to do with 'illness', or 'treatment'. In terms of practice ReRide is located as a 'workshop', nominally a 'bicycle workshop', but as Chas (the nominal 'Workshop Manager') points out, even the idea of ReRide being a straightforward 'workshop' is open to redefinition: he is principally concerned with locating the workshop as a site characterised by a particular atmosphere rather than by a precise definition of the tasks that are carried out there:

> ‘I mean the workshop space and indeed the project generally….. you know there’s environments you have to create - you have to make a safe space for people to be in, we need them to feel comfortable, we need a nice fun atmosphere, people aren’t going to come back and they aren’t going to get involved if they’re not enjoying it – it’s got to be cool, it’s got to be chilled, you’ve got to be able to have a laugh, there’s no pressure’ (Chas)

The location of ReRide thus remains resolutely indistinct. Its geographical position is vague, held only in people’s minds as ‘near here’ or ‘a bit on from there’, in a relational suspension that eludes inscription and is open to contestation. Even once the building has been located it gives no outward sign that it is ‘there’, and inside the building the initial impression is ambiguous: there are no ‘glass partitions’, real or metaphorical, no reception desks, no racks of official literature, no waiting areas, no information videos, and no ‘mental health advice’ posters on the wall. The equivocation continues inside the workshop itself, where, as Chas states, atmospheres conducive to having fun take precedence over specifically prescribed ‘bicycle repair’ practices. In sum this would seem to facilitate a resilient mutability – an adaptive and tacit intelligence that allows ReRide to be generated as any number of felt or imagined places: this so-called ‘bike workshop’, it would seem from the outset, is more akin to a social club, brought into being by its members.

ReRide is a site where something tacitly ‘recovery-orientated’ happens that clearly lies outside the margins of mainstream medical understandings of ‘treatment’ and ‘recovery’. To add detail to this picture, and to continue the work of using ‘actor-network’ tools to peer into these ‘Hospital Y’ and ‘ReRide’ translations, it is useful at this point to turn to a consideration of the staff who populate ReRide and Hospital Y in order to see how they are being generated and made stable, or allowed to remain unstable. The observations made will then seek to lend ballast to the subsequent conclusions that I will draw about the types of ‘recovery’ – defined as such or not – which are made available or are otherwise proposed at either site.

5. Staff

Law (2008) asks 'how is it that a manager manages?':

> *'What are the kinds of heterogeneous bits and pieces created or mobilised and juxtaposed to generate organizational effects? How are they juxtaposed? How are resistances overcome? How it is (if at all) that the material durability and transportability necessary to the organisational patterning of social relations is achieved? What are the strategies being performed throughout the networks of the social as a part of this? How far do they spread? How widely are they performed? How do they interact? How it is (if at all) that organizational calculation is attempted? How (if at all) are the results of that calculation translated into action? How is it (if at all) that the heterogeneous bits and pieces that make up organization generate an asymmetrical relationship between periphery and centre? How is it, in other words, that a centre may come to speak for and profit from, the efforts of what has been turned into a periphery?' (p.390)*

Within any institution the staff are the principal administrators and managers of the practices which generate that institution from one day to the next; staff are necessary to recreate and reaffirm through practice the policies, rules, protocols and customs that generate the institution. In the case of the Hospital Y clinic these rules and protocols are extensive (see, for example Howes et al, 2012) and will align with the both ethical principles and technical details of the training that the staff have undergone to qualify as 'staff' (Munro, Watson & McFayden, 2007); Hospital Y has no trouble enrolling trained, qualified people as the staff it requires to maintain its durability, while the staff are professionally and contractually obliged to assist in the daily re-performance of Hospital Y. Neither party could exist without the other - the institution brings people into being as 'staff' while the people, as 'staff', bring the institution into being, in this case as a 'clinic'.

ReRide does not seem to subscribe directly to any ethos of calculation; nor does it seem to be interested in generating 'an asymmetrical relationship between periphery and centre':

> 'My role is a laughably long job title, I'm officially [Charity A] Bike Project Project Manager and Warehouse Unit Manager - nice and snappy' (Chas).

> 'So my role is I'm a delivery and collections driver, and assistant warehouse manager if you want to use official titles' (Tony).

Chas and Tony are sometimes to be found at the workshop and sometimes not. When they aren't around it is not entirely clear where they are, and when they are around they do not seem to be entirely sure of what they are doing. When I ask the volunteers about either of them they roll their eyes or seem frustrated.

> Mark: 'Chas is never around. He's down the beach half the time taking photos of the bikes. Tony's working hard but he's always off somewhere in the vans so you can't usually get hold of him if there's an issue'
>
> NM: 'They sound a bit….'
>
> Mark: [laughs and shrugs] 'Yeah they're useless. We love them to bits though'

Both Chas and Tony infer that who they are at ReRide is not constrained by what their jobs or roles might be called; the unravelling of the conflation of 'job title' and 'role' that both of them immediately carry out (it's the first thing they tell me at interview, with some derision) gives a strong initial impression that their positions at ReRide are necessarily fluid, and will follow the requirements of whatever it is that needs to be done in practice. Over my year of observation it becomes clear that tasks at ReRide are undertaken not on the basis of job titles or job descriptions but rather on the basis of willing, expertise, or availability. On a day-to-day basis this means that the definition of who the staff are becomes increasingly unclear: the collective general practice of the ReRide workshop is to collect, refurbish and sell donated bicycles, and since all of the people in the workshop at any one time are orientated towards that goal and contribute towards it to the best of their ability they are all 'staff'. Tony, while being acknowledged as the expert at packing a Transit van with furniture, often needs a hand, which the volunteers are happy to offer. Chas has great technical knowledge of bicycles but can make some very obvious mistakes, which the volunteers will point out and rectify. Amongst them Carly is the best at spray painting and making porridge, Ben is the best at fine detail work, Mark can work the longest hours without a break, while Stan is the strongest. They are better than the paid staff in these specific ways and as such supersede them and render the idea of separate 'staff' and 'volunteers' redundant.

The progression into becoming a member of staff at ReRide has the sense of an incorporation, and is marked principally by levels of skill:

> 'You know we have guys who are at very early stages, learning the ropes, and they're happy maybe just cleaning down frames and they don't want to do stuff

too technical. We have guys who will do a full strip-down and rebuild, design their own bikes, really go to town, and it's all learning and progressing and supporting each other' (Chas)

The incorporated body of staff at ReRide is a collectivity with a collective mode of operation:

'So we were having trouble getting the tyres off the go-karts so we thought we'd go round to the car garage round the corner and ask them to do it. We all went and when we got there they were all just sitting around doing nothing, and then they all jumped up and pretended to be busy. It was ridiculous' (Tony)

Tony's story – which I heard regularly - is about a group of staff (ReRide) who don't pretend to be busy if they aren't, and who have no need to conform to anybody else's notions of what they are supposed to be doing. It is also a story about '*we*', about collective decision making, and a collective joke that is shared and shared again amongst everyone.

ReRide is a fluid setting whose constituent actors are brought into being principally by the practices in which they are engaged, rather than by a strict adherence to divisions of labour or tiers of responsibility. This means that the term 'staff' can be usefully expanded to include everybody on the site at any given time. There are notions of 'work' and 'responsibility', but these concepts are so vaguely defined that they seem to exert very little in the way of strategic ordering on the people who they bring into being. Chas, Don (the 'Retail Manager') and Tony are, for the time being at least, answerable to Charity A management, certain financial demands, and basic safeguarding procedures, but in practice these are subsumed into a collective ethic of care which seeks incorporate all of ReRide's employees, paid or unpaid. This sense of 'care' relates to Pols' (2006) assertion that, in 'good' care, 'there are no fixed positions, with one person imposing norms on another. Rather, there is give and take… the essential thing is to be sensitive to the contingencies and particularities brought by every new day.' (p.94). The way in which this ethic operates to satisfy management, finance and safeguarding issues will be explored in the next chapter; for the purposes of this section the key point is that the flexibility and adaptability of a collectively held ethos – 'we are a bicycle workshop' – means that everybody can be 'staff', and hence 'feel like staff' and 'act like staff', whatever that might mean to each person, paid or unpaid. As will be demonstrated in the following section, this relative freedom of relational definition in a social setting supports

a particular unvoiced notion of 'recovery' which has its grounding in a strangely enveloping sense of collectivity and belonging and is informed by the 'enhanded' intelligence (Radman, 2012) that the practice of bicycle maintenance itself engenders.

While it might appear that the relatively unstructured setting that ReRide offers could lead to a sense of anomie amongst the staff, what I felt held everything together from one hour to the next, and across days and weeks, was the bicycles themselves. Actor-network theory will be looking at these engaging machines in great detail in later chapters; at this point it is sufficient to say that the attention and engagement that they seemed to both demand and inspire amongst all who worked around them served to hold any incipient sense of chaos at bay. Michel Serres captures this effect in the following description of the behaviour of a football:

> *'Look at these children out there, playing ball. The clumsy ones are playing with the ball as if it were an object, while the more skilful ones handle it as if it were playing with them: they move and change position according to how the ball moves and bounces. As we see it, the ball is being manipulated by human subjects; this is a mistake – the ball is creating the relationships between them. It is in following its trajectory that their team is created, know itself and represents itself. Yes the ball is active. It is the ball that is playing' (Serres & Latour, 1995).*

At the ReRide workshop it is the bicycles that are playing, and the keenly directed if largely unstructured practice of bicycle maintenance 'football' keeps a *tacit* shape to things; everybody knows why they are doing what they are doing, which means that what they are doing from one moment to the next, and the ways in which they are being enacted in the context of these practices, can be allowed to follow its own course. To follow the analogy, people are free to swap positions on the field and there is no fixed captain, nor barriers to entry in terms of knowledge, skills or style – it is only the practice that creates and maintains the team.

6. Hospital Y and ReRide: locations, staff and 'recoveries'

Hospital Y is enacted as an NHS psychiatric clinic to an extent by its durable and stabilised location: contained within a clearly demarcated building that is pinpointed on numerous maps. It also occupies a stable position within the local NHS mental health service delivery mechanism, held broadly in place by national mental health policy, and more specifically so by Department of Health policy implementation documents. Its

position is re-performed and finessed every day by the actions of staff like John who implement the things they learned to obtain their professional qualifications, following as they do so the institutional rules and procedures that ensure the stabilisation of the translated clinic. Hospital Y is other things too, in the contexts of the stories that are told about it, the pictures that seek expose its supposed scandals, and the things that are thought to be 'known' about it. These positions or locations within a broader notion of 'culture' are less precise than its durably enacted status of 'NHS psychiatric clinic', but are if anything more insidious and persuasive: they coalesce around a half-voiced unease and collate to manifest themselves in a 'psychiatric gaze' (Barker, Reynolds, & Stevenson, 1997, p.7) turned upon the erstwhile 'patients', with a dehumanising effect that is ultimately sufficient to make the summary othering of psychiatric incarceration morally acceptable (Becker, 1972, p.140).

What kinds of 'recovery' can take place at the rigidly located, Hospital Y? As mentioned above, David Pilgrim (2008) suggests that some mainstream clinical inpatients can expect 'recovery *from* mental illness', which implies a cessation of pathological symptoms as a result of a programme of strategic, organised 'treatment', or perhaps, in the longer term, a 'recovery *in* mental illness', which views 'mental illness' as something to be accepted, endured and lived with, and 'recovery' as akin to normative 'rehabilitation'. Both of these types of recovery would seem to take place within a medical paradigm and furthermore ally themselves with the rumour, superstition and fear that combine to generate and reify widely held beliefs about 'mental illness', not least the idea that it actually 'exists' as something more than a transient emotional state.

To reiterate, Pols (2006) states, in contrast, that in 'good' 'mental health care':

> *'…there are no fixed positions, with one person imposing norms on another. Rather, there is give and take, which is influenced by moods and changes over time. There is no clear strategy that always works in dealing with other people… the essential thing is to be sensitive to the contingencies and particularities brought by every new day.' (p.94).*

In the light of this idea it is then useful to consider Pilgrim's suggestion of a third model of recovery:

> *'…the [model] is based upon an explicit social model and demands for freedom from coercive services and the aspiration to be self-determining in life choices and life style. It is thus driven by an emancipatory imperative. Norms of social rejection*

are challenged and there is an emphasis, not on patient deficits and professional expertise but, instead, on 'experts by experience'; true authority for recovery resides in patients as psychiatric survivors. The 'recovery from' and 'recovery in' notions are subsumed in this position, which rejects professional authority to define recovery. Instead recovery is re-framed as a set of unique social-existential states preferred by each particular person with a particular mental health problem they are enduring, or even using creatively, in their lives' (Pilgrim, 2008, p.297).

The cultivation of 'unique social-existential states' requires the provision of a site where the actors who combine to generate not just the site, but also the people within it, as well as ideas of 'mental health' and 'mental illness', 'recoveries', and indeed all the facets of experience that constitute everyday life, are able to commingle in a way that allows for spontaneous, untrammelled and ultimately creative expression. And so in contrast to the Hospital Y clinic, or indeed the job centre, the law court, the local council benefit office, the day centre for homeless people, or the drug rehabilitation service provider office, ReRide seeks to remain a 'non-located' and 'unstaffed' site, its relational ties kept fluid. Both the geographical and teleological positions that ReRide occupies remain unresolved; they are open to local, provisional, relational definition, and extend the same fluidity to the people who come to work there.

> 'Sometimes I come here just for a chat. Chas is pretty easy with what we do from day to day so it's ok, especially if you're not feeling too good, to be there with your thoughts and not worry too much about what you're up to. Nobody's writing down stuff about your performance, so yeah it can be just a bit of a talking shop sometimes, and granted Chas does crack the whip from time to time but we all kind of know what has to be done but we can get on with it at our own pace' (Mark)

ReRide has no treatment plans, no case files on its volunteers, no timetables, no fixed opening hours, and indeed few tangible structures of any kind beyond a collection of tools and bicycles in a warehouse. It has no knowledge of terms such as 'coping strategies', 'professional interventions', 'supports', 'medical care', 'medication', 'symptoms', 'assistance', 'treatment facilities', 'crisis', or 'ongoing coping monitoring and responding strategies'. ReRide has nothing overtly to do with 'mental illness', nor indeed 'unemployment', 'SEN' (Special Educational Needs), 'homelessness', or 'the criminal justice system'. The ReRide space does nothing to engender the relational enactments of 'patient', 'person with a mental illness', 'unemployed person', 'homeless person', 'person with special educational needs', 'person in contact with the criminal justice system' – it

does nothing to discursively 'locate' the people who find themselves there. It sets its participants no targets, does not measure individual outputs, has no criteria for entry and does not require regular attendance. ReRide seeks to do nothing besides repair bicycles.

ReRide, as a fluidly located and defined site, thus provides a space that can accommodate a perpetual refreshment of provisional norms. It is set up to accommodate practices that cultivate therapeutic 'ways of being', 'ways of seeing', and 'ways of working', as will be illustrated in later chapters. Using the vocabulary of David Pilgrim's notion of 'social recovery' we can say that ReRide seeks to develop 'experts by experience' who are able to construct and tinker with custom-made 'socio-existential states', but as Pilgrim also says, this version of recovery transcends the professional terms that are ascribed to it, including the word 'recovery' itself. ReRide is a *tacit* clinic – incidental, casual, informal, and radical. Its 'patients' are, likewise, *tacit* patients, 'rocking up to the workshop', as Chas puts it, after just a call or an e-mail or perhaps just on a whim:

> 'Our service uses cover all sorts of….our volunteers at ReRide…at the minute we have volunteers from within the project, we have volunteers who work, who have high flying careers coming sort of for a bit of relaxational fun, we have people who are sort of currently unemployed, looking to fill time, looking to do something good in the community, which also then the Job Centre people like, so we have that. We are just expanding to be taking CTEC guys which is actually a program run by the employment agency…we're also currently in talks with the probation service for all the stuff we do with retail, so again to give them an opportunity to use community service time to learn things, develop skills, so they're not just repaying their debts to society but they are actually learning stuff as well and hopefully building skills which will help them, you know, get back onto an even keel and not go back down the reoffending route. You know there is these people who have got stuff going on, and you know actually the fact that they can get away for four or five hours a day or however long they choose to be there they can just chill out laugh, relax. Then you've got people like Mark who just want to crank out the bikes – for them it's work, it's a job' (Chas)

The relative fluidity of the ReRide clinic's geographical, architectural, institutional and practical location draws in a wide range of people. Whether or not they are, in medical terms, 'experiencing diagnosable mental health conditions', and whether or not they are 'recovering' in one sense or another is a question which can only encumber and obscure the practices that take place in the workshop, and so these questions are never posed. At

a site where the only concern is the repair and refurbishment of bicycles, 'mental health issues' are of little relevance and dissolve into the background. The sensation indeed arises that although Hospital Y exists to treat 'mental illness' it also brings it into being; ReRide is not interested in mental illness and so 'it' – as a relationally defined 'thing' - goes away.

> 'I can't say I've ever really had that much of a chat with any of the guys about mental health and all that. We all do it with our key workers and we all know that so it's something we leave at the door, and Chas is more interested in the bikes as I expect you know' (Carly)

This is not to say that people simply get better as soon as they leave the hospital and walk into ReRide; what changes is that the things that they are feeling are no longer named as 'syndromes', 'disorders', 'complexes' or whatever other words they might have been given. The names are stripped away, as is the idea of 'naming' itself. From the outset this engenders a vast fund of possibility – anything can happen next. What does happen next will be illustrated in the following chapters.

7. Summary

The vast majority of people experiencing emotional distress are still performed as registered service users, accessing services that are provided by a complex network of outreach teams, or within local clinics (Gilburt & Peck, 2014), in the context of which the patient remains enacted as an individual, experiencing 'illness', accessing 'treatment' in clinics like Hospital Y. ReRide, by comparison, lacks location, skirts paradigms, absents itself from all static theological maps of discursive positions and counter positions, and so to retains the ability to set norms for itself, or rather to allow them to be set and re-set from one day to the next, from one moment to the next in the context of practice, exemplifying what De Laet and Mol (2001) call a 'travel-bag normativity': a mobile and mutable 'normative' framework that is in constant flux and regeneration. This is its strategy, or more precisely a 'non-strategy', for providing a space for 'good' care: it is an incidental site for an incidental recovery whose path will be decided by the person in question and will be realised in the context of the activities that they decide to undertake there.

In its non-adherence to any fixed terms of clinical reference ReRide seeks perhaps to offer a prototype for the kind of society where Pilgrim's necessarily vague notion of a 'social

recovery' could be realised. As stated above, Jeanette Pols describes this fluid, provisional configuration as a 'relational society', where:

> *'…divisions do not run between the mad and the sane, the private and the public, the patient and the citizen, the autonomous and the dependent, the clean and the dirty, but between situations with specific characteristics…''Normality'' in relations between citizens does not refer to norms that are given (such as autonomy); the norms have to be performed, refreshed, and re-established in each situation' (Pols, 2006, p.100).*

The chapter began with a consideration of what constitutes a 'clinic', in terms of the ways in which it is located, and the practices which determine who end up as 'staff' and 'patients'. It concludes that ReRide is not a clinic, but nor is it an 'anti-clinic': ReRide instead rests in a potential state – as a potential 'clinic', for example, if that is what a person requires - until it is enacted in whatever way and whatever form by the people whom it is *unconfigured* to serve, whom it makes no effort to configure or direct, towards 'recovery' or otherwise. In that sense it is a tacit clinic, in that its success in delivering 'clinical' outcomes – broadly encompassed by Pilgrim's notion of a 'social recovery' - turns upon its readiness to ignore them.

The therapeutic efficacy of any institution will be determined by the extent to which it is able to be (multiply) performed by those (multiple) people that it purports to serve. The multiple subjective experiences of emotional distress require attending to on a 'non-located' site that does not overtly set out to 'treat' them or even to directly address them, staffed by people who pay attention merely to the facilitation of 'fluid social-existential states' rather than seeking to impose and maintain any kind of therapeutic 'order', for example through a prescribed 'treatment regime' or 'recovery curriculum' (APA & Jansen, 2014). If the notion of 'staff', furthermore, can usefully be extended to include all of the people who are encountered there, the 'clinic' thereby becomes an institution that is performed by a multitude of undifferentiated people engaged in a wide variety of practices: the resultant enactments – the roles that people slip into - are able to flourish, subject to no forms of measurement, evaluation, or stratification. It would seem that this fluid social arrangement, self-regulating, with hierarchies that are provisional and contingent is very much the antithesis of the rigidly structured, status-led, individuated and 'granular' system exemplified by Hospital Y. It is the arrangement that seems to arise of itself when the evolving intelligence of the ReRide mechanics – people experiencing relief from emotional tension through the engagement in manual training and technical

art – is allowed free rein. Over the following chapters the practices of actor-network theory, 'bicycle mechanics' and the idea of an 'enhanded' affective awareness of the 'mechanics of things' will be coaxed alongside one another with the aim of proposing a new approach to resolving issues of emotional distress, conflict and tension.

8. Next steps

This chapter has deployed actor-network theory in the first instance with a consideration of what constitutes a 'clinic' in terms of how its 'location' is generated. The ways in which the location of a local NHS psychiatric hospital is made stable and durable were contrasted with the more mutable and fluid technologies of location which characterise the generation of the ReRide workshop, which was introduced here. A parallel was then drawn between the differential natures of this 'locatedness' and the ways in which the people who attend either site are performed as differential effects of the sites. The 'clinic' was approached as a site brought into being as an effect by its 'staff' and its 'patients'. The emerging contrast between the ways in which staff and patients were themselves performed as effects across the two sites suggests the availability or otherwise of certain conceptions of 'recovery'. The chapter concluded that a 'social' recovery is more readily accessible at a fluidly located site that hosts people and things whose relationally generated enactments are comparatively unprescribed, in a 'tacit' clinic that performs the operations of a 'clinic' and demonstrates 'clinical' outcomes without ever considering itself as anything other than, in this case, a 'bicycle workshop'. The next chapter employs the same actor-network tools, but adopts a different perspective to explore the ways in which ReRide is configured to establish and maintain it as a site where, notwithstanding it's carefully maintained fluidity, it can exist as a sustainable 'business' in a 'marketplace', offering 'employment' and generating 'production'. While a 'social recovery' – a sense of incorporation and a feeling of belonging and wanting to belong - is contingent upon the staff (as the ReRide volunteers will subsequently be called) feeling that they are doing something that is actually useful, the ability to carry on doing something useful depends upon the economic sustainability of ReRide as a business entity. The local confluences of business and so-called 'recovery' actors pose particular problems for ReRide management – Don and Chas - as they seek to make them work together: while recoveries are being allowed to happen fluidly, all by themselves, 'business', including the hosting of people from referring organisations, must answer to multiple external demands that cannot be simply ignored. I will show how Don and Chas were able to not only satisfy the rigid demands of business in the face of the necessity for

fluidity, but how the authenticity of working within a 'real' business was made to contribute to an atmosphere of work and of industry, which in turn generated another facet of what might be called 'recovery' - that of feeling useful not only as a 'bicycle mechanic', but as an economically productive 'citizen' with a 'job', acting as an externally recognised component of an economic network.

Chapter Five: analysis part two – 'Social employment'

1. Background: the social firm as a 'recovery' setting:

In terms of the settings for recovery, the literature suggests that interactions that take place in a 'normal' environment, with little or no relation to the mental health system, convey to a person that they are being viewed as 'normal'. In these settings, where recovery is seen as an ongoing, interpersonal and social process that is not necessarily clinical in nature and does not distinguish between the 'healthy' and the 'ill', the mental health professional may well be absent (Terkelsen, 2009; Walker et al, 2015). If social behaviours are as important as health behaviours for promoting 'wellbeing' (Gryzwacz and Keyes 2004), it requires an entire social context, furnished with genuine meanings; a 'social-ecological' intervention (Stokols, 1992) suits the multi-dimensional nature of wellbeing alluded to by the user/survivor movement.

Productive employment as a way of investing life with meaning may be an important factor in promoting this feeling of recovery or wellbeing (Andresen et al, 2003). Benefits to mental health have been found to include a positive impact on self-esteem (Lehman, Rachuba & Postrado, 1995), partly through enabling people to access positive roles that are recognised by the broader community (Repper, 2000). One type of vehicle for entry into employment is the social business, a 'real' company operating in the 'real' marketplace but with a mandate to promote the physical, social and mental health of its members (Savio, 1993). Social firms seek to operate in the marketplace whilst shielding their employees from its stresses, providing a bridge between structured mental health programmes and the more exploitative chaos of the broader employment market. While there is a risk that these settings can simply become mental health 'ghettoes' (Davidson et al, 2004), successful social firms can, conversely, present to mainstream competitive industry practical models of the relationship between staff welfare and productivity.

2. The ReRide bicycle restoration business

ReRide did not spring up out of nowhere, fully formed with tools, bicycles, premises and people. The first attempt at training took place in 2012 in the living room of one of the Charity A hostels, and bikes were being worked on out in the garden, but by 2013 a recognised workshop of sorts had been established at the back of one of their retail outlets. The staff were enthusiastic but the management was overbearing and the quality of work was poor. After two years of operation Charity A decided to get rid of the incumbent manager, move the project to its main storage warehouse on an industrial estate, and employ Don and Chas as paid staff to oversee its development as a social business. From 2015, where this study begins, Don, a 'business man with a business plan', as he puts it, takes charge of generating the ReRide 'economic' entity while Chas concerns himself with equipping the workshop to produce bicycles and instructing the new trainees in bicycle restoration. Their aim, as they confide to me fairly early on, is to make ReRide financially independent from the charity. This is partly driven by a desire to run a business that can be shown to be financially viable, partly in order to give the trainees an authentic working experience devoid of connotations of charity or external financial support (and hence some form of control) of any kind, and partly so that they can operate independently of the charity management and trustees, whom they consider to be both ineffectual and interfering:

> 'I don't think they get it. There's one or two of the trustees who really get it, and when they come down here they get really excited and talk to all the guys and want to really learn about stuff, but there's the fundraising team, they won't let us apply for, you know, all those little pots of money that would really help us to get properly set up, and I think there's a bit of confusion at board level about what we're actually doing. I mean we're trying to get people off the books if you like, back out there and into work, living independently, and the charity's business model doesn't work like that. They put people up and put them through their recovery programme and use their benefits to support the business, so in a sense it's not what they really need if people come in here and then just leave the project. It's a weird one. So we want to get free of it, operate how we like, do the stuff we're doing, and show that it works. We're not that popular at the office but the council like us and Mind likes us and so we've got a lot of support from elsewhere so we're protected in that sense but it's a bit precarious' (Chas)

The precise machinations of the drawn-out but largely unvoiced conflict between ReRide and Charity A management are not the focus of this study. It is useful to be aware, though, of this motivation on the part of Don and Chas to challenge what they perceived to be a model of support that depended financially upon the continued dependency of its clientele.

Don has identified what he calls 'a gap in the market' for good quality refurbished bicycles, and has organised a steady supply of donations from across the local area: there is a room for a potential 'business' here. Chas, meanwhile, is confident that the trainees will eventually be able to refurbish the bikes to a high enough standard to be sold: some of the trainees are already able to turn out work at this level:

> 'The guys are varied in age, sex, ability, you know, we will take in pretty much anyone because there's something everyone can do, you know we have guys who are at very early stages, learning the ropes, and they're happy maybe just cleaning down frames and they don't want to do stuff too technical. We have guys who will do a full strip-down and rebuild, design their own bikes, really go to town, and it's all learning and progressing and supporting each other' (Chas)

The skills, trainees, premises, raw materials, and the 'gap in the market' all 'exist' as meaningful components of a potential 'business' that are brought into relation with each other when Don, a man with 'business experience', a 'business man', arrives to create the configuration and alignment of meanings known as 'ReRide'. 'ReRide', as the creative work of a 'business man', will be replete with business-like things, words, and practices; Chas' involvement, meanwhile, with his varied background as a live-in carer for his disabled parents and Formula 1 design engineer, will overlay interpretations of 'ReRide' with values of 'care', 'empathy', 'patience', 'workmanship', and an seeming affinity with humans and non-humans alike. Don's 'business' will come to be enacted as a configuration of commercial meanings that are tempered and softened, made accommodating and flexible in co-operation with Chas' close attention to those details which concern the wellbeing of the trainees and the bicycles. The overall idea will be to draw the trainees into this business and engage them in practices of 'employment' and 'production'. This will both produce refurbished bicycles for sale and make up skilled bicycle mechanics; their increasingly idiosyncratic insights into 'the workings of things', meanwhile, will go on to generate further absorbing complexities within their practices, imbibing them with further meanings and generating a workshop of increasingly dense affective significance; it is this unnoticeable integration into lattices of significance that

constitutes the subtle recovery effect at ReRide, one that I recognised from the workshop I had run in previous years:

> 'We want people to come along and have a good time, but also to feel like we're all doing something useful, providing a service for our customers, and getting better at it as well, getting into it' (Chas)

An immersion in the practices of bicycle repair and refurbishment will be the practical foundation of the ReRide 'business', while Don will make sure that it can hold its own in the local market, cover its costs, or generate profit. ReRide will be a catalytic alignment of meanings that will wind locally-generated ideas of 'production', 'profit', 'learning', 'quality' and 'skills' together into a skein of shared understandings that can also operate as a viable economic entity, resulting in a 'company' that can sustainably support its 'companions'.

What does this configuration look like, and how does it work? In the next section I will start by examining how the practices which make up the 'office', the 'business plan' and elements of 'administration' are arranged in such a way as to perform ReRide as a business. As will become clear, ReRide depends for its commercial viability on the wellbeing of its workforce, and must therefore make the two not only compatible, but synergetic. Making ReRide up as a 'real' business that is 'good to be part of' also offers practical, instructive lessons in employee welfare.

3. The office

The 'office' can be considered as a place where information about a business is collated, inscribed, stabilised and worked on, where things become 'official'. The information that is collected and brought there can be arranged in numerous ways to dress it with various meanings, generating sales or production figures, employee attendance records, contracts, official registration certificates, audit logs, market projections, project management data template spreadsheets, and so on. In using one or other of these technologies of organisational arrangement or monitoring and not others the office brings the business into being in certain ways, decides what this 'business' is doing, how well it is doing it, and works out on what basis it can make decisions about what it is going to try to do next. The 'office' reflects and refreshes the values of the business in the way it assembles information and in the way it makes calculations about it.

What's in the (local, provisional) ReRide office? Don has set up and run a number of small businesses in his time, and is used to setting up shop in whichever space is made available to him. He has gradually refined his idea of what an 'office' should be, what it should do, and the kind of business that it represents. Don's office is small, and the three desks have been arranged to maximise the use of the space. Don, Chas and Tony – the three paid staff - each have a desk in there: Don's is clear, with only a laptop on it; Chas' desk looks like more of a place to store invoices and bike parts, and this sense of a 'desk' as simply a flat space where things can be put until they are filed or otherwise dealt with seems to have crept across to Tony's desk too, which is usually taken up with piles of toys. Don disapproves of Chas and Tony's desks - 'those boys…' - but since his desk faces away from them he can ignore the mess. He sort of knows, though, that the mess is part of the business, perhaps that 'business' itself is messy, or maybe he likes a bit of the workshop to have crept into the office to remind everyone what they're dealing with. Don has had Chas put whiteboards up on the three available walls, and these boards are covered in figures and diagrams, none of which are readily decipherable. Chas tells me that these are the various business projections that he and Don are perennially engaged in reconfiguring, trying out different approaches and formulae that might be able to take ReRide towards financial sustainability. Chas dismisses the figures and charts with a wave, and Don doesn't seem to think much of them either, but I think they're just being modest – these two really want to make ReRide work.

The ReRide office is a site of various practices: of calculation, thinking and re-thinking, evaluating, puzzling over, fettling; these practices provisionally generate all sorts of things, but 'patients' and 'treatment' do not figure amongst them. For the staff, who occasionally put their heads round the door to find Don or Chas, the things that are found in the office are business things that have nothing to do with 'mental illness', 'treatment' or 'recovery', but this is hardly surprising: as we saw in the previous chapter, the trainees are not in a 'clinic', they are in a 'bicycle repair workshop'. The office does in fact hold 'clinical' information about the trainees, but these files were never mentioned and if I asked about them I was given an evasive answer:

> 'I think Don's got them in a drawer somewhere. Not something I'm directly involved with' (Chas)

The figures, charts, diagrams and numbers that adorn the walls are all related to a ReRide that operates as a bicycle restoration and resale facility, not to a ReRide that is some kind of service for clients. The best service that ReRide can provide is by being a business.

In the case of sites of sheltered employment, which can rely upon a steady flow of statutory funding, financial sustainability is of no concern – the business doesn't need to make any money in order to stay afloat. This is the case at the Bakeribygget in Mo i Rana in Norway, a bakery which superficially looks and feels like a bakery but is in fact an arm of the Norwegian Health Service (Lysaght et al, 2012). The problem is that with this financial shelter or protection comes an obligation to operate within the parameters of the 'parent' organisation. The Bakeribygget, as part of the Norwegian Health Service, must subscribe to the rules, protocols and procedures that govern that organisation. Guaranteed funding from any source, though, will fatally impinge upon the meanings generated within the 'business': a token business is not a business as such, it's just something for people to do, to keep them occupied. This is the 'ghetto' of sheltered employment that Davison et al (2004) refer to: in sheltered employment settings, practices of 'work', 'employment' and 'production' have relevance only at those sheltered sites, and any attendant emotions to do with the job – pride, satisfaction, even camaraderie – will have an ersatz flavour: they are tethered to the site and will fail to translate into other domains.

ReRide, for these very reasons, seeks to be independent of external funding, to 'stand on its own two feet' and 'to wash its own face' (Don) as a bona fide 'business'. This ambition seemed to me to stem partly from professional pride on Don's part – he's a businessman who wants to be running a business – and partly from a concern that the volunteers feel part of a real business, that they are workers in an authentic industrial enterprise that is replete with authentic meanings. ReRide was also subject an expectation by the parent charity, Charity A, to prepare people to re-enter the employment market, and Don's response was that making the business 'real' – aligning its meanings with those of other employers – would aid the trainees' eventual move into paid employment. In this way Don does the job which the parent charity has employed him to do, as a professional subject to a job description. Making the business 'real', however, for Don mainly means turning a profit so that they can get rid of Charity A and operate independently. They key to making a profit, in Don's mind, does not lie in 'sweating your assets', cost cutting or aggressive marketing, but in planning.

4. Planning

Planning can be thought to project a business into a number of possible theoretical futures. So, for example, planning must think about how markets might look, what trading conditions might be like, or whether there might be changes in regulations.

Planning also brings these potential futures into temporary, hypothetical but no less performative being in the present – 'performative' because these different futures confer a variety of meanings upon the business' actual, current practices. The relative flexibility of a plan, or the level to which it is provisional, admits the extent to which the future is unknowable or unpredictable, and keeps these ascribed meanings fluid: the business, meanwhile, kept in a state of regulated ambiguity, can adapt more easily to changing events because there are no fixed plans that are aligning it towards any particular future.

Don likes to have a plan – he couldn't be a 'business man with a business plan' without one. It is doubtful whether ReRide could be a business without one either, because having a business plan confers a wealth of meanings attributed to 'business' upon almost any undertaking, whether it is written down in a document or not. Don's iterative business plans, as we have seen, are roughly calculated and costed and written up over and over again all over the walls of his office. They are comprised of lists of figures about bicycles and the bicycle business. Sitting in the office, interviewing Don around three months into the project, I ask him what the current plan is. He sits back in his executive chair, steeples his fingers, and starts reeling off figures:

> 'I mean we're lucky enough to have six bays now, fully equipped, ready to go so, we can take six people per day, all day, so to upscale yes we could…I think we've worked out that we can produce 1.5 bikes per stand per day, so if you're looking at 1.5 bikes per day that's about ten bikes per day isn't it, give or take, ten bikes a day over a five day week that's fifty bikes a week, so we could recycle fifty bikes a week, comfortably, if we had all of those stands all occupied and they were working to the full potential of the five day week, so that's quite an interesting… because you're then looking at then that would be 200 bikes a month, which is, what, 2400 bikes in a year. So if you can imagine then you're selling a bike at £65 or £70 if you can imagine it's quite good £80 you're doubling your money, £120 you're more…so it works but there is a £35 to £40 price per build, per build, now that will vary because obviously some of the bikes we build are quite specialised, so we've gone into signature type bikes which will cost anywhere between £120 and £160 but might sell for £350 or £400 so of course it scales up, but concentrating on the lower price bikes, let's put it that way, the standard bikes, the standard recycled bikes, and probably mostly on parts they cost less, I would say probably you looking at around £25 to £30 on parts because they're not as expensive parts, so there's a good margin

> on that. The problem is that everybody assumes that every bike you are selling you are selling you're making £50 or £60 on, and you're not, obviously, we tend to sort of work it out at around £50 a bike. So you've then got to think to yourself 'ok so I'm employing a bike mechanic that might cost you £18,000 a year, then you've got your running costs of your unit etcetera, so you've got to sell an awful lot of bikes' (Don)

Don's plans are unusual in that they seem to enact the future in a curiously insular way: they reckon upon internal potential production outputs but make no assumptions about external factors. Don does not make predictions about how anything is going to turn out, seeming instead to assume that the future will just adapt to whatever ReRide is doing. This appears absurd; Don is keeping anticipated futures and the meanings they confer upon the present entirely fluid, and instead is just concentrating on what, internally, might be achieved. The business is thus, from Don's perspective, simply an organisation built around the accomplishment of potential levels of production, with 'the accomplishment of potential' perhaps the central, guiding value to the enterprise. The plans that he comes out with through incessant re-juggling of numbers are anagrammatic - just reshufflings of the same components – but this is both inevitable and perhaps no bad thing: perhaps by simply not acknowledging any possible futures outside the workshop they can be made to conform to what ReRide is doing – the more bikes they produce, the greater demand will become.

> 'Yes it's unusual, but Chas and I are pretty confident that it's going to work. We've been in business a long time, and on some occasions you can get away with just doing your own thing, in fact sometimes that's the best thing to do, and both Chas and I feel that this is one of those times' (Don)

Chas also takes part in the development and running of the plans. Like Don he is interested in maximising potential production levels, but takes the practice of 'staff-centred planning' a stage further: he is not concerned about how high or low these levels of production might be. He is more interested in conferring broader meaning upon ReRide's activities by aligning it with the activities, values and meanings of similarly oriented organisations:

> 'We've shaken it [ReRide] up a lot, we're taking it much more in a social enterprise direction if you could call it that, it's all about sustainability, viability, involvement with other organisations, involvement with all the sort of areas of

> bike work, servicing, education, community work, therapeutic value….there's so much it could offer and, you know, my vision for it in the future is that we're going to become a hub to all of this, we will become the backbone to a lot of operations, we'll provide people, man hours, back office support, admin support, HR support, technical knowledge, and we'll make all the stuff that can happen run, and in turn that will become part of our project and our project will grow through that' (Chas).

Central to all of these plans, though, are the staff. Chas and Don are aware that their respective visions depend for their realisation almost completely upon the willingness and ability of a 'mentally ill' workforce to implement them. If the staff aren't feeling engaged and integrated they will simply stop coming in to repair the bicycles, and ReRide will fail.

> 'What I can tell you is if you do the mathematics you can make it work. But as I said earlier the difficulty is….the practicalities perhaps get in the way of making it work. For a business this is the problem we have, is because of the nature of our help and our clients who are involved….obviously keeping a level, even amount of production is really tricky because obviously if we have clients drop out through relapse etcetera etcetera then our production goes down. Because I mean obviously if it was your own business and you were paying staff to turn up every day it's only through sickness and whatever, you keep production going up, but in this situation it's completely and utterly different, you're at the mercy of basically your team turning up, whoever's going to be fit enough to make bikes. So it's very challenging to make it sustainable because the business plan…yes the numbers stack up, but the practicalities of doing it are quite hard, or extremely hard, so it's an interesting dilemma. I think we try to run, yes, as a business but actually as a low pressure on the staff and on the clients. The reason is because we couldn't run as a full pressurised business basically because most of the clients are in a fairly fragile state when they come to us' (Don)

The only viable 'plan' then, is going to be based on an ongoing assessment of the developing capabilities of the staff, and focussed on maximising their potential as 'productive workers' by making sure that the pressure exerted on them to actually attain that potential is minimised. They will be allowed to find their own way into 'productivity', and build up speed as they learn. Jacqui Dillon reminds us that 'each person has a deep wisdom and expertise about ways of managing and dealing with

problems' (Dillon, 2011, p.155); ReRide simply trusts that those of its volunteers who want to be part of a ReRide business will eventually guarantee its future. There is no certainty at the outset that any bikes will be produced at all, nor that they will be sold. I suggest to Chas that this is a tremendous gamble but he seems unconcerned:

> 'We just need to get the guys back out there, doing stuff, and giving them the chance to work, to do stuff, make stuff that they're proud of, it doesn't matter if it's not perfect, that's the main step' (Chas)

Under this plan, ReRide – as a 'business' and as a 'recovery intervention' – will merely oversee the doing of 'stuff' and provide training and support that will hopefully turn this 'doing' into directed practices that will result in the production of bicycles that can be sold for money. The impression is of a plan that is directionless, that does not lead anywhere except towards a hoped-for sense of purpose and then shakily on to a balanced balance sheet.

Don and Chas have what might be termed a 'feel for the game', though. They will adapt the plan according to how things are going. The plan of action that will be chosen is the one that at any particular point in time best answers to local and provisional 'business realities':

> 'We've tried a fair few things. We've dropped the servicing as it wasn't practical in the end. We've been running the numbers on various things, and at the moment we're looking at refurbing ex-hire fleets for resale. I think what's going to work in the longer term is the custom builds, getting new parts in and then painting and building bikes up to order because that way you can have a range of jobs that are all at different levels, so everyone can do something, people can learn on the easy stuff then progress on to the finishing, the tuning and testing. There's also a load of post office bikes that we got in that we're going to respray in fancy colours then flog to trendies. Easy job, and it should generate a lot of cash' (Chas).

'Planning' at ReRide embodies a sensitivity to the intertwined needs of the staff and the business, upon whose mutual integration the long-term commercial viability of the business depend. Central to the durability of the 'social business' is the qualities that reside within the practices of production: the bicycles are repositories of pride, workmanship, co-operation, beauty, effort, cunning, luck, or whatever other meanings the trainees choose to attach to them as they themselves become bound up in the production of local significances:

> ‘I like this one [indicates a green mountain bike]. Carly says it’s weird and Mark won’t even look at it, but I know for a fact that there are things I’ve put into it that you won’t find on other bikes, little tricks you know. I’m proud of it anyway, and I know somebody’s going to like it, at some point *[laughs]*’ (Matt)

> ‘When you build a bike it's like a proud feeling, you see all the bits come together and all of a sudden it's something big that people might want to pay some money for’ (Carly)

Within the practices of planning the potential for hypothetical ReRide futures to intrude upon the ReRide present and start organising it is limited by making the plan nothing to do with the ‘future’. The ‘plan’ is never stabilised as a ‘thing’ - instead it is a developed sensibility to events that are constantly unfolding in ReRide to constitute the ‘present’: Chas and Don’s plan is to be always ‘running the numbers’ (Chas) in order to maximise profit from any given set of practices. The practices of planning, once opened up and examined, present themselves as a set of values: adaptability, humility, resilience, inventiveness, optimism, embodying Radman’s notion of the embodied, situated mind: ‘environmental and emotional, social and symbolic, intentional and historic, active and participating, flexible and capable of fictional leaps, adaptive and anticipatory’ (Radman, 2012).

Within the amorphous future that this approach to planning brings into being the trainees are being made up more directly through the practices that they are engaged in from day to day: there are no trajectories of ascribed, pre-planned meaning that they need to follow and will possibly be measured against (as would be the case at Hospital Y). The trainees are free to produce as much or as little as they like: Chas and Don are primarily concerned with facilitating a set of practices which allow the trainees to find relevance in what they are doing, to in a sense construct their own schemata of understanding, and out of that will come the tangible production of solid metal bicycles which the ReRide business needs in order to be a ‘proper’ business and keep the factory going without the interference of external support.

> ‘We work to small projects generally. Chas doesn’t have targets but we get a small batch of bikes in, say, and do them up to be sold on, but it’s like it’s ‘those post office bikes’ or ‘those bmx’s’ or ‘that tricycle’ – because there was one we did up once and took us ages – and it works like that, and we’re all slowly getting better at it, very slowly in my case’ (Ben)

ReRide seeks to provide a shelter, a safe space, where both bicycles and Pilgrim's amorphous social-existential states can be put together, torn down, and then reconstructed, over and over again, until they attain a shape that seems right, that 'works'. The approach that informs the oversight and maintenance of this space is what constitutes the ReRide 'plan': a finely tuned awareness of the ReRide actor-network. The plan monitors how things are interacting which each other to produce certain coalescences of meaning or significance – 'profit', 'satisfaction', a good atmosphere', 'work rate', 'banter', 'a good job', 'sales', 'tea break', 'bicycles', and so on – within which the trainees can find themselves welcomed and accommodated. The litmus test of this approach is ReRide's economic viability, and after two years of operation it is making a profit.

5. Measurement and evaluation

If they are supposedly running a recovery clinic of some kind, how can Don and Chas know what, if anything, needs to be done from day to day? How is the level or extent of 'contentment' or 'wellbeing' or 'recovery' amongst the staff being measured? Is 'measurement' the best way of gauging the extent or level of something as amorphous and evasive as affective states? The practices of measurement require tools of one kind or another – rulers, charts, gauges and tables, and numbers and words to record them - that can monitor outputs and levels of various kinds and give readings that suggest that adjustment is or isn't required. But any tool of measurement starts to interfere with the data it purports to investigate – certain types of reality brought into being and held there by defining things as being of a certain length, weight, density, intensity, ability, disability, vulnerability or emotional instability. Once these things are measured and defined in this way, and given arbitrary indices of measurement such as 'centimetres', 'kilogrammes' or 'Beck Depression Inventory scores' they have difficulty proving that they can be other things too: measurement is an assessment that carries with it particularly sticky meanings that are hard to shake off.

In mainstream health care practices of administration have been a key plank of standardisation since the 1930s: technologies of administration ordain that certain prescribed practices be followed in order that the data necessary to complete the administration can be generated (Berg, 2004). In this way ostensibly innocuous practices of administration can delimit the possible modes of being of a recovery site and the people it attends to. The clinical case management administrative model associated with mainstream mental health service provision (Gilburt & Peck, 2014) requires information

of a particular kind that can be quantified and set against comparable cases from elsewhere. Aligning practices of treatment to the generation of case file data makes 'treatment' a technical exercise in the production of quantifiable recovery outcomes. Quantitative accounts that administrative data recite will supersede the qualitative, rambling, hard to capture stories of patient experience: Fuks (2009) goes as far as to contend that within diagnostics and therapeutics such hegemonic discourses of administration have rendered the patient 'totally transparent, perhaps virtual' (Fuks, 2009).

At ReRide perhaps we expect to see no practices of measurement at all, no performative data spuriously generated, no prejudicial realities created – just apparently 'chaotic', unstructured practices of creative inventiveness out of which 'wellbeing' or something of that nature will magically spring. This is clearly not the case: it should be considered that practices of measurement, of whatever kind and wherever they are carried out, do carry with them the satisfying weight of finality and a performative authority; the measurer is, for the time being, an arbiter, a judge, an inspector whose word is unlikely to be challenged. Measurement and the inscription of data is the work of 'experts', pregnant with turgid but significant meaning; the practice has a heft to it, and there are attractive meanings here which can be used for the trainees' benefit. ReRide thus does engage in practices of measurement, but these have nothing to do with 'patients' or 'treatment'; instead the administrative processes monitor the production of bicycles: data is generated by parts orders, job sheets, invoices, receipts, bicycle weights, tyre pressures, gear ratios, spanner sizings, torque settings, tensile strength, thread pitches, spoke lengths, tube diameters, fork leg spacings, lubricant viscosity, and so on. ReRide is awash with data and indices that calibrate that data (metric and imperial measurements mixed up together - millimetres and inches, foot-pounds and Newton-metres), but it is administrated by the trainees. They handle it in the course of their practices, they move it around through conversations and across bicycles, become emotionally entangled within it in the midst of a mechanical issue, or cite it as the final deciding word on a matter of contention.

> 'The original 1994 Orange P7 actually had STX components, but I'm using Acera here because it's from the same year, it has a finish to the aluminium which I think complements the frame, the ratios are the same or slightly higher in fact which suits the kind of riding I'm going to be doing, so I'm on a 12-26. All the clearances are the same, pull ratios, cage length, Q factor, you know I've checked

> it all out. On the forums they say it's ok, as long as you keep it seven speed, quill stem, and 2.1 tyres maximum on a 32 three cross obviously. And 175s' (Mark, discussing a 'period-correct' refurbishment)

> 'So I spent twenty quid on the transmission, another twenty on the tyres, about fifteen on bits and bobs like bar tape, saddle, and then there's the cabling that I reckon comes in at about five or six quid, new tubes, that rear mech which was second hand but probably about a tenner's worth. So all in that's about seventy so you probably want to sell it for a hundred and forty, because you know you've got to think about the workshop costs and time and all that but you know who's going to pay that for a bike from a charity shop?' (Carly)

In bandying data about – 'administering' it in one way or another - the staff can become involved in negotiating its meaning as either information or trivia. This makes them into better mechanics – not necessarily better at fixing bikes, but better at being mechanics in the social setting of the bicycle workshop, where the ability to administer data equates to being able to talk about stuff you consider important in rich detail. At ReRide the practices of measurement - the acquisition of data both close up to the bikes and away from them – has its own role within feelings of 'craft' and indeed of 'beauty'. 'Data' here – about the necessary specifications of a refurbished bike or the market value of another one – has a value to it: it helps to tell stories and to encapsulate feelings of bewilderment or punctiliousness or perplexity without having to name them as such. The staff are also better at being useful agents within an economic entity as they are able to calculate how much a bike needs to be sold for in order to cover the full costs of its production.

> 'I'm getting pretty good at the valuing. Chas I think undervalues and Don goes the other way but he's the business man and you know he knows about bikes but I think I'm getting a feel for what stuff will go for. It's partly from experience or probably all from experience actually, you kind of stick a bike out there for a hundred and it stays in the shop for ages and then you drop it to eighty and off it goes and you think ah *[laughs]* and so you get better at reading the market. I like it' (Ben)

But behind all this Chas is also involved in continual, dynamic practices of measurement and evaluation in the form of monitoring - listening in to see - or perhaps more accurately to feel - how the staff are getting on from day to day:

> ‘Some days you know there’s raucous laughter coming out of the workshop and you know it’s all going well, and then you get days when people are stuck, and you think ‘how can I change that?’…it takes a…I think you need an awareness of the atmosphere of the workshop from one day to the next, feeling what’s going on, having a look here and there, asking one or two questions, not getting in anyone’s face but definitely paying attention to how well they’re doing. Then Don and I will get together and look at the business again and look at how the guys are and then we go from there’ (Chas)

Chas talks about ‘getting a feel’ for how things are, and while this feeling might be included into a conversation with Don, it will not be inscribed as a stabilised ‘fact’; dynamic monitoring is simply a facet of the perceptive intelligence that characterises ReRide ‘management’.

In reference to Law (2008), one can say that at ReRide organisational calculation is not attempted; the heterogeneous bits and pieces that make up the organisation do not generate an asymmetrical relationship between periphery and centre. By contrast, external referring organisations invariably require ‘hard’ data about the people they refer to ReRide. WorkAid, for example, who refer people with Special Educational Needs (SEN) to ReRide, insist that their ‘clients’ are monitored as ‘cases’, and regularly measured against certain quantifiable indices of ‘progress’: ‘teamwork’, ‘initiative’, or ‘self-management’. They sometimes require work plans to be typed up for the referred trainee to follow, in order to measure ‘compliance’, and ‘ability to plan’.

> ‘I’ll do the paperwork for them if that’s what they want, and it is often what they want but I don’t as a rule look at anybody’s files unless it’s a clear risk assessment issue, and if that’s the case then I’ll take a look but after that the file stays closed. I’m not doing daily reports, it’s not what we’re about but we do want to accommodate people and unfortunately that also means going along with what the host organisation wants, awful as it sometimes is’ (Chas).

Chas does not want to pay this kind of performative attention to the workshop staff: they are not clients and he does not expect anything definite from them. This does not generate the sorts of data that WorkAid requires for its own administrative purposes. Chas, in another example, sees his anecdotal ‘data’ discounted as irrelevant:

> ‘We had the Community Payback people in the other day, talking about Carly. I showed them some of the bikes that she built, told them about the lecture she did

> at the school, all her bike plans, the women's bike club, all that, and to be honest with you I don't think it really registered because all they wanted to know about was the likelihood that she'd reoffend, they weren't going to make any connections between what she was up to here and what she was like. They didn't even want to talk to her' (Chas)

So as well as dismissing those practical elements of work most closely aligned to an 'integrative' or 'social' conception of some kind of affective recovery, the practices of administrative objectification carried out by WorkAid and Community Payback seek to create an artificial distance between Chas and the staff – 'a centre and a periphery' (Law, 2008, p.390) which does not exist in the daily workshop activities. The technologies of measurement and evaluation that are deployed by the external agencies perform the activities of ReRide within their own professional regimes of knowledge, presupposing, and hence provisionally creating, stratifications of 'staff' and 'client', attempting to invest them with a fixed status that leaves very little room for negotiation:

> 'I think these people mean well, I mean on the whole they're quite pleasant to deal with, but they're always putting questions to me from a form and you know not really listening. The form comes first and you can forget about Stephen or Carly' (Chas)

6. Summary

At this level of examination, we can see that ReRide operates as a 'business' by carrying out 'planning' practices in a space that has been furnished and equipped as an 'office'. The office is full of furniture and machines, numbers and graphs, collecting and recording data about bicycles. Business 'planning' foregrounds a tactical sensibility to the current wellbeing of the ReRide staff, hoping that this will increase productivity. These practices have nothing directly to do with making up the staff in any prescribed way, but seek instead to provide contexts in which they can become involved and integrated on their own terms, attributing meanings here and there as and when they feel ready to do so. Explicit technologies of measurement and evaluation, where they are encountered, are deployed by the staff and are concerned only with bicycles, positioning the staff as the arbiters and administrators of unlimited amounts – a freely given wealth - of technical data containing strong affective undercurrents that are then woven into stories, or simply used to calculate profit. Don and Chas monitor constantly, absorbing

data about the staff in the form of observations and impressions, in ways that do not interfere. They act upon what they think they have found out by *fettling*: tinkering, re-calibrating, re-planning, re-adjusting or otherwise rebalancing the activities of the workshop to keep the practical production of 'mechanics' and 'bicycles' constant. Chas finds it difficult and even upsetting to provide objective, quantifiable data about the staff that external agencies require because the generation of that data threatens to disrupts the fluid, un-organised 'structure' of the ReRide setting.

In the following section I will look at the site of practical work – the oily, cosy, animated workshop that the office abuts, that the business plan frets over. When I heard visitors to ReRide say upon entering the workshop - so often that it became uncanny - '*so this is where the magic happens'*, it was clear that they were not referring to the cryptic figures on Don's whiteboards or Chas' sleight-of-hand monitoring techniques. 'The magic' - experienced as a vague but unmistakeable feeling – was transmitted partly by the things that could be seen - all the unusual tools and unblackboxed bits, but more directly by the suggested practices of a mechanical alchemy: it was the sense of 'happening' that drew the phrase together – a sense of movement and perhaps improvement too, a *telos* or purposiveness – perhaps even the detectable 'mindfulness' that characterises sites of involved, creative industry. An 'actor-network'-inflected unblackboxing of how the workshop setting 'works' will examine the mechanics of this energising and motivating sense of 'happening' and 'emergence', where bicycles and people come into being in relation to one another.

7. In the workshop - generating a site of employment

While the actors that generate the planning and administrative practices of the ReRide business could be said to most obviously reside in Don's office, the workshop area is where the most noticeable work gets done. As we have seen, the integration of the staff into the ReRide business practices of 'planning' and 'evaluation' is key to its practices. This integration requires the provision of 'an entire social context, furnished with genuine meanings' (Stokols, 1992); just like the business, the workshop needs to not only look like a workshop, but to actually be a 'workshop', feeling like a place where people - 'craftspeople' perhaps - work to produce beautiful things, usually with their hands or using hand tools, in a sedate but considered collective orchestration of meanings and associations.

For its business model to work ReRide needs a stable team of unpaid staff, so at the most elementary level the physical objects that will combine to generate the 'workshop' effect must be chosen and configured in a way that really says 'you are now in a workshop' in order to exert the maximum possible *interessement* upon the people it wishes to draw in and keep enrolled as mechanics. Feelings of 'employment' and 'industry', or simply the possibility of 'being busy', 'sorting stuff out' or 'getting on with stuff' must be suggested at every turn.

> 'Basically Don and I went out and bought all the best stuff we could afford and it's probably one of the best equipped workshops in the south-east, which for us is ideal because ok a lot of the guys coming in will be novices, but we can say 'look, you see all these tools, well they're made for jobs that you'll be able to do', and that's the draw, firstly having a nice site like this but then also having it set up for people to grow into, to show them what they can do' (Chas)

The first impression that visitors (including myself) get of the workshop is of a well-planned, well-ordered space, full of tools, equipment, and suggestions of things that could be done there, of potential employment and production. It looks and feels, and indeed smells, like a 'proper' workshop. There is a central aisle of workstands, each workstand denoting a 'work station', with its own tall toolbox on wheels, each toolbox with several drawers full of clean, organised tools. The floor of the work area is covered in high density grey foam matting ('fatigue matting') which feels unusual to walk on but is also in some way 'professional' – it means that people are going to be here for long hours, experiencing something akin to 'commitment', or 'involvement', and also that somebody is thinking about the state of their knees as they spend the day on their feet – this feels like 'care', 'attention to detail', and suggests some feeling of 'quality'. For people who have come as trainees the immersion in this field of strong associations leaves them in no doubt that the work will be demanding in some way, will expect their engagement with the unusual tools ranged along the far wall, or the strange jig set up in the corner, or the bright red metal boxes with bendy nozzles set up along one of the side benches. This workshop is 'workshop-like', which was Chas' intention:

> 'It's important to have a good work space if you're expecting people to do good work, or even if you're just expecting them to turn up day in day out' (Chas)

The imputed sense of 'work' is then modified into a suggestion of officially sanctioned and recognised 'employment': the standard UK Government Health and Safety Law

poster on the wall by the entrance door informs its readers about their rights as employees; next to it is an Employers' Liability Insurance certificate from Zurich Insurance. These are official documents issued by large external institutions; they indicate that people here are not simply engaged in 'work' that has been arbitrarily ascribed to them – they are part of a larger group, a 'workforce' perhaps, with things to be getting on with.

> 'I don't really read the stuff on the wall but it does give the place a bit of a work flavour I suppose. I think it's good for the customers that do come to the warehouse and it's good to know that we do have rights or at least that we're being thought about in that kind of way, as workers. It'd be nice if we got paid too and I think Chas is looking at that but as it is it's got a good solid feel and you know it is like turning up for work' (Mark)

'Being employed' as opposed to 'being given work', suggests being taken on to carry out a particular task that is both implicitly suited to one's skills and directly related to the goals of the organisation; 'employment' also implies that there is an 'employer' with whom, as an 'employee', one has made an agreement to carry out 'work' in exchange for some kind of compensation (Heathfield, 2018). Local discourses of employment – configurations of its different meanings - bring in skills, people, agreements, relationships, mutual obligations, and a quasi-contractual 'belonging': this is how ReRide draws its novice trainees in and begins a process of integration. But since no contracts are signed, and Chas keeps the nature of the work open to negotiation, these discourses, and the subjects within them, remain provisional, local, and subject to constant revision by all parties. There is a clear implication of purpose, but it is left to the staff to decide through which practices that purpose will be expressed – the conditions for 'the magic' 'happening' are amply provided for, but the actual bringing into being of the magic is left in the hands of the staff. They have to decide for themselves what is 'beautiful'.

8. A 'branded' employee

The final overt tactic that ReRide employs to keep its staff engaged with feelings of employment is the provision of ReRide-branded t-shirts and overalls, uniforms that the mechanics can wear over their clothes while they are at work. Van Knippenberg and Van Schie (2000) proposes, within the context of social identity theory, that uniforms are a means of organisational identification that has a positive effect on work motivation and

performance (Van Knippenberg & Van Schie, 2000). Timmons and East (2011), meanwhile, highlight the role of uniforms in delineating occupational boundaries and ascribing hierarchies (Timmons & East, 2011). Chas' thinking behind the branded clothing incorporates elements of both of these perspectives:

> 'It's nice to have a brand. We've got it on the Facebook page, on the gazebo we take out to events, it's on the stickers we put on the bikes once they're done to show they came from us, and I think having it on the overalls ties it all up, the guys know they're part of ReRide, you know it has all sorts of benefits. Not all of the guys wear them, I don't wear them day-to-day. I'm not about corporate identity but it's good to be recognised and especially when we're out I think some of the guys feel it gives them a bit of safety, a bit of safety in numbers' (Chas)

At ReRide the uniforms do of course hint at 'uniformity', but since they are bicycle mechanic 'workwear' the uniforms feel like a badge of adherence to the particular skills and aptitudes that bicycle repair develops, and the values that the craft is considered to enshrine. These skills and their attendant values will be examined in detail in the following chapter – their relevance here is in their ability to further enact the mechanics as a loose but stable corpus of staff. There are other elements of uniform that the mechanics unwittingly parade - permanently oily hands, a certain way of picking things up and tugging at them to see if they'll come apart, and a particular scar on the forefinger of the right hand from a very specific job that invariably goes wrong on one occasion – and the branded clothing perhaps is a shorthand for those collective attributes, consolidating a collection of individuals – novice and expert alike – into a community of shared experiences that some have had (the frustration, skinned knuckles, successful bodges, honed skills) and some, as yet, have not. Chas has an instrumental interest in organisational identification in as far as motivation to work is a stimulus towards becoming involved in the activities of ReRide as a business, but rather than considering it as a tool to motivate the trainees to perform better as workers, he sees it as a means for integrating the trainees into ReRide as employees and providing a sense of belonging, which will in turn lead to better performance:

> 'I don't like the jumpsuits, I call them jumpsuits but the boys look good in them and when customers come in they'll find one of us, you know especially if we've got other volunteers in, like from other companies, and they know we're the ones who know about stuff, well…' (Carly)

> ‘Yeah I mean as I say it’s not obligatory by any means but the overalls have been very popular, not just to protect people’s clothes but it keeps people together. Some of the guys have come from all over the place and this is part of the safe space idea’ (Chas)

The ReRide employment site brings together a collection of significant meanings around tools, equipment, smells, floor matting, official documents, ‘the office’ and branded clothing to generate a site of employment that authentically enacts the volunteers as employees, and then as a staff collectivity. The ReRide staff are unpaid volunteers whose employment at ReRide will be on their terms; one way that Don and Chas can attract volunteers and keep them there is by making sure that the setting in which they undertake to work for the business feels like a proper workplace with a sense of purpose, where ‘magic’ can ‘happen’. It is also important, however, that the practices which will generate ongoing feelings of ‘employment’ – ‘usefulness’ as opposed to ‘redundancy’ - also have a purpose. This is what ultimately ignites and sustains the atmosphere of industriousness that permeates the ReRide workshop.

9. Generating a site of industry

One of the criticisms of the social business as a site for the employment of people who are dealing with emotional issues is that while it might offer a certain occupation in the form of activities, the usefulness of the things which are produced is not considered of primary importance; the result is a ‘ghetto’ of pseudo-employment (Davidson et al, 2004):

> ‘There was this LD (learning disabilities) set-up once, you had guys counting out screws into little plastic bags all day, stapling them up, I think they were doing it for Screwfix or somebody, but once the guys had all gone home the staff used to just cut the bags open and empty the screws back into the big sort of bucket or whatever it was, and the next day it would all start all over again’ (Chas)

‘Industry’ and ‘production’ need to be adapted to the needs and capabilities of the ReRide volunteers, yet remain ‘furnished with authentic meaning’ (Stokols, 1992).

> ‘The guys are varied in age, sex, ability, you know, we will take in pretty much anyone because there’s something everyone can do, you know we have guys who are at very early stages, learning the ropes, and they’re happy maybe just cleaning down frames and they don’t want to do stuff too technical. We have guys who

> will do a full strip-down and rebuild, design their own bikes, really go to town, and it's all learning and progressing and supporting each other' (Chas)

> 'I'm happy at the moment just stripping the older bikes down, making a mess. Mark's going to show me what to do next when he gets the time, but I think it's a help, I hope it's a help. A lot of the prep work is tearing stuff off the old clunkers that get donated and we stick that in the boxes for later or you know if it's something good we'll keep it all together and then it's just clean clean clean so I'm at the early stages' (Ben)

'Industry' at ReRide takes on a wide variety of forms, as the tasks associated with bicycle restoration at ReRide can cover a range of practices, and there is always something that needs doing – straightforward or complex. The affective values that underlie 'industry' – feelings of conscientiousness, for example, or 'focus', 'purpose', or 'achievement' - can be accumulated around a range of workshop tasks that everybody can feel involved in. Even those practices which are not overtly 'productive' can embody the meanings, values and emotions of 'industry':

> 'Spent a great day here yesterday just tidying up, and got the idea for my next project' (Ben)

In the 'craft' industries – those associated with complex and skilled manual work – the pauses in between tasks are a key part of the production process, giving time for reflection and consolidation (Sennett, 2008, p.199). Thus even the lulls in work, which at ReRide sometimes can last for days at a time, are not experienced as 'unemployment', but as simple slow periods which allow the mechanics to sort out their toolboxes and take stock of what they are doing.

> 'In theory, I mean in theory your toolbox is like your business card, someone said to me once, so you want to keep it not in too bad a state, and that helps if you want to get to stuff quickly, but you don't always have the time for that but anyway I try to keep mine so it's not too much havoc. Can't remember the last time I did it though' (Matt)

Brian, the CEO of Charity A, envisages ReRide as simply 'something for the volunteers to do'; it should be clear that Don and Chas see the work that the trainees carry out as considerably more involved than that, but as the example of Reg in Chapter Three demonstrated, at the outset just giving the volunteers 'something to do' that is relevant

to the business of bicycle restoration is precisely what stimulates the initial relationships with 'industriousness' - the 'getting things done' that will eventually feed into the collective project of turning out refurbished bicycles. The multiple points of entry into the practices – they are varied and graded to suit the trainees' aptitudes - allow the trainees to engage on their own terms, to find their own way into the collective enterprise, and hence to start to fashion their own ways of fitting in. Even the staff who are 'industrious' without ever being ostensibly 'productive' remain engaged, enrolled as 'mechanics', so even if bikes aren't produced, people still are. Reg's practice bears testimony to this: Reg is probably the most ostensibly 'unproductive' mechanic in the workshop - he spends most of the day wandering around with a drip on the end of his nose, picking things up and putting them down again, or perusing the bikes in the stockpile, or peering into his toolbox, and only very occasionally 'working' on a bike. He probably turns out one bike a month. But this is his thing: he just putters about. His wife Susan says he loves it here – the smell, the sounds, the little rituals. He is unmistakeably industrious, and while he may not be producing much in terms of bikes that can be sold, Reg himself is still being produced, day in and day out, as a mechanic.

> 'What Reg likes is the quiet I think, and the routine. He's got his toolbox here which Chas provided very kindly, and yes it's been a very happy time for him because, well you know about his time at the hospital and this is much more to do with what he's interested in, and everybody here is very nice so yes it's been excellent' (Susan)

In the tacit 'clinic', out of tacit 'industry', 'production' occurs, somehow or other. Perhaps it is inevitable that if there are enough people around employed as mechanics, attending to the values and associations that seem to stream into and around the manifestations of 'employment', 'workshop', and 'mechanic', bicycles cannot help but be built. The general 'industriousness' excited by the *interessement* of the workshop – its strong suggestiveness that it is a place where work takes place - will, given the bicycles and bicycle tools lying around, eventually coalesce into 'bicycles-as-effect', as repositories of this industriousness and its associated meanings and values. At ReRide 'industriousness' is a generator of 'output', but the relationship between them is unclear – it is simply assumed that one will grow out of the other, not through some Taylorist strategic ordering but rather through what Richard Sennett terms 'an innate and enduring, basic human impulse, the desire to do a job well for its own sake' (Sennett, 2008, p.9). So by simply providing a space where jobs can be done well, jobs will be

done well. The approach seemed to work: by the end of 2015 ReRide was producing a surplus of bicycles and selling them on to another charity, and its roster of mechanics, productive or otherwise, was steadily growing.

10. Summary

ReRide is a site of employment where the staff are able to find themselves enacted within accessible and affectively meaningful micro-discourses around 'work', 'the workshop', 'being useful', and 'having skills'. The practices that the staff engage in are more or less open-ended: the setting's only imputed stipulation is that they are vaguely 'bike-related'. If ReRide does not appear to be taking itself seriously as a 'workshop' it is because it limits its organising activities to providing a workshop and a suite of practices optimally configured for 'industry' without including any firm ideas about whether it is primarily interested in producing bicycles or mechanics. There is a ludic quality to the work that Chas alludes to when he talks about the tools as 'toys'; production arises from play just as things will inevitably be built from a box of Lego pieces. Without any imperative to actually produce anything to any particular specification or design, 'industriousness' finds expression through creativity, invention, experimentation, and the development of technique, as well as in the lively debate that surrounds these activities:

'Is Dave's new colour scheme any good?' (Matt)

'Yeah but can you really set up a gear system like that?' (Ben)

'What do you think of my new way of measuring spoke length?' (Chas)

The industrious engagement with employment keeps production going. The trainees are agreeably pinioned to their tasks, and this is also what makes them come in, day in, day out – not to build bikes *per se* but to re-engage in the constantly unfolding process of meaning-making that practices of 'craft' entail. This is not a 'fake' set-up, designed to trick the trainees into feeling some kind of confected 'pride in their work' or to somehow 'boost their self-esteem' against some kind of incremental index of 'wellbeing': ReRide is an organisation set up with the principal aim of collecting unwanted bicycles, refurbishing them and re-selling them for a profit. It is no different from any other business other than in the way that it puts the wellbeing, or 'social recovery' of its employees at the centre of its business planning; indeed it is obliged to do so, since without its volunteer workforce the 'low-pressure social business' model could not work. Don and Chas must somehow make their employees productive without exerting any

pressure on them: they need to impel production rather than compel it, and they do this by simply furnishing an authentic 'workshop' with an authentic 'office' attached to it, then allowing everything else to happen of itself.

Klee et al (2014) cite one of the key principles of asset-based community development as being the willingness on the part of those nominally in charge to simply provide a space for a community to decide for itself how it will organise itself and what it wants to do. In this sense the ReRide 'business' can also be considered as simply a setting that allows 'development' of whatever kind to happen without any need for strategically ordering the path or objective of even the form of that development. Don and Chas did nothing more than to assemble specific material things inside the physical space - an 'office', and a fully equipped 'workshop'- then add in 'insurance', 'employee rights', and a 'brand'. The specific discourses of 'business', 'employment', 'production' and 'industry' were allowed to take their own shape. There was no guarantee that it would work, and no way of making it work, but it did work.

> 'In all honesty, I can't tell you where it's going to go, in all honesty, as this stage but as a business person and a business plan, what I can tell you is if you do the mathematics you can make it work. But as I said earlier the difficulty is….the practicalities perhaps get in the way of making it work. So, an interesting journey' (Don)

11. Next steps

This chapter has explored the fluid ways in which ReRide is perennially configured and reconfigured to maintain its existence as a sustainable business that offers employment and can generate production. Within the office and workshop that, together with the brand, constitute a business, local discourses of 'employment', 'production' and 'industry' are allowed to take their own shape around the predilections of the volunteers. The local confluences of 'business' and 'recovery' actors produce tensions that are overcome by a highly adaptive low-pressure business model that goes beyond that of the normal social firm. The authenticity of working within a real business contributes to an atmosphere of work and of industry, which in turn generates another facet of a possible 'recovery', that of feeling useful not only as a 'bicycle mechanic', but as an economically productive 'citizen' acting as a recognised component of an economic network. Across Chapters Four and Five it has been demonstrated how ReRide can deliver both 'clinical' outcomes in terms of some form of affective 'recovery' and 'business' outcomes in terms

of sustainable and profitable levels of production. It does this by being both a clinic and a business, but allowing the provisional discourses that shape these institutions to come and go – some days ReRide feels like more of a clinic and some days it feels like more of a business, and in its totality it moves around between them. Subtle 'clinical' and 'business' practices are employed, but they follow no precise theory and can perhaps best be described as a keenly perceptive awareness of 'how things are going'. This awareness is coupled with an interest in continually tinkering with and fettling all aspects of the site and its practices in order for it to work better for its staff, and so to encourage them to work better for the business which supports them.

Chapter Six will first seek to unblackbox the ReRide workshop that operates as a social space where people enjoy getting together and doing similar things together. Its value as a non-hierarchical setting where mainstream indices of 'status' are negated will be considered. It will also be described as a place to recount narratives and take part in informal learning. The central purpose of Chapter Six, however, is to look at what people are actually doing with the bicycles and how they are doing it. In order to relate the close-up and involved tinkering with machines with observed alleviations of experiences of emotional distress I will be providing detailed descriptions of some of the discrete practices involved in the repair and refurbishment of bicycles, and proposing a provisional theory of experience that unravels 'things' into confluences of affective association. Following Radman (2013) my contention will be that 'training' in bicycle mechanics is a cognitive training in 'the unravelling of things' to the level of pre-cognitive affect, followed by their subsequent repackaging and re-translation into 'new things' – new propositional arrangements which take the form of beautifully refurbished bicycles as expressions of particular social-existential states. This seeks then to prepare the ground for Chapter Seven, in which the multiple unravellings and repackagings - at the level of bicycles, affective recovery experiences and the production of this actor-network analysis - will be brought together to provide a guide for therapeutic practice.

Chapter Six: analysis part three – In the bicycle workshop

1. Introduction

In this final chapter of analysis I will return to the central questions that this research seeks to answer, namely:

> With regard to experiences of 'recoveries', what are the effects of social interaction in the context of meaningful work?
>
> How does technical proficiency in the repair and maintenance of mechanical objects contribute to 'recoveries'?

In response to the first question – Part One - I will describe the fluidly accommodating social spaces that the ReRide workshop provides, allowing it to bring people of many different backgrounds comfortably together. I will look at how instrumental learning about bicycle mechanics, which takes place in the context of idle 'consumatory' conversation, results in a shared know-how about bicycle mechanics – a tacit knowledge - that is social in nature. I will then go on to describe how the staff find meanings in the routine that the work gives, the skills that they pick up, and the praise they receive. I will conclude that the ReRide workshop provides a vague and undefined social space within which social identities are blurred and de-categorised. This makes it a safe and inclusive space where people do not feel judged, where they can simply 'be' volunteer mechanics, working on whichever bicycles they choose, at whatever pace, according to their own schedule. For people who find bicycles beautiful the bicycle workshop is a rich source of practices which provide comfort, support and enjoyment.

In Part Two, in order to familiarise the reader with the feeling of fixing bicycles, and as a prelude to the second question, I will provide a detailed description of a mundane repair task. I will then provisionally propose a theory of experience that seeks to illustrate why getting more proficient at the practices of tinkering, fettling and repairing bicycles might have an alleviating effect on emotional tension - a 'relational-affective' approach to thinking about the local generation of things as continually evolving confluences of meanings, values, associations, and half-formed, barely-nameable feelings that exist or take shape in local, subjective affective fields. I will then suggest a mechanism to explain how the studied and precise practice of bicycle mending might operate to promote recovery by inducing a meditative sense of 'stepping outside space and time' and allowing

‘things’ to disintegrate into confluences of feelings – a form of unguided and non-prescriptive mindfulness.

Within the parameters of this theory, a short recovery case study will illustrate the observed effects of the gentle manipulation of the affective field by a novice. This is followed by another recovery case study that follows an expert mechanic as he plays with meanings in a more fluid affective field of his own delineation and makes observations about his own cognitive and emotional experience of ‘starting from scratch’. This is a patient-generated formulation emerging through manual practice that links recovery with a mindful enhandedness.

The idea of tinkering at the level of affect will then be carried into an examination of how the practices of cleaning reduce stress and provide topics of conversation. Attention will be paid to the role that tools play in the practices of ‘maintenance’, citing in particular Kaplan’s law of the instrument to show how evolving mechanics learn to use an all-purpose toolbox to unblackbox the bicycle and operate within its affective field in different ways. Within the welcoming and supportive learning setting the development of a mindful actor-network approach to the practice of bicycle repair is the keystone of the reported and observed ReRide ‘recovery’ experience.

Part One

1. Social interaction

Ian, Colin, Mark and Matt G, January 2016

> ‘Since I’ve come in we’ve told everybody we could think of that we have an open door. You know we’re there Monday to Friday nine still five. If anyone’s interested you know call me, e-mail me, rock up to the workshop. I think there’s a lot to be said for having some of the guys acting as trainers in the workshop. And getting people who’ve been there and done it you know out in the community and saying ‘you know this is what we do isn’t it great isn’t it fantastic?’ But it’s all about finding their skills and abilities to know what’s what’ (Chas).

One of the most striking facets of the ReRide workshop is the mix of people who can be found there at any one time. There are, on the one hand, to categorise them temporarily: long-term unemployed people, ex-homeless people, people experiencing emotional distress with a diagnosed mental illness, people serving Community Payback sentences, children who have fallen out of the mainstream education system, people with autism or identified as being within the autism spectrum, and young people diagnosed with ADHD. Ages range from fourteen to seventy five. These might be people you would expect from experience to find on a traditional community engagement/rehabilitation project, but even so the variety is very broad. But then, on the other hand, working alongside them there are retired engineers, professionals filling time between jobs, groups of volunteers on Corporate Social Responsibility programmes (generally mid-to-high level professionals), and the occasional foreign student who wants to use English in a functional context. While many of these people might be ‘in recovery’ in some sense, a great deal of them are not. From the outset there is a de-categorising, levelling effect – nobody is sure who each other really ‘is’ other than a person looking at a bike and wondering what it wrong with it, or rummaging around in a box looking for a particular bolt or bracket, or just standing around apparently doing nothing. If they ‘are’ anything, they are all just trainee mechanics. The workshop is a social space that ignores discursive social norms and draws attention instead to bicycles and the practices of maintenance and mending. Within the uncertain social behaviours that these practices might imply the identities of people who gather there can only be constructed locally:

> ‘We’ve got really high end business clients who would not interact with our clients, they wouldn’t even usually see our clients, but you know you can get

together in the workshop and there's a social dynamic that would not happen anywhere else in either of their lives, but then it's like actually 'this is quite cool he's a nice fella', you know, and likewise our clients would sort of go 'oh he's a posh hoi polloi business bloke' and then they meet him around some bikes and say 'he's a nice bloke, he's got a really nice bike - I wouldn't buy a bike like that, I'd have something like this' and you know it completely breaks down boundaries, it's great fun, it's really cool' (Chas).

'It's true that you don't know who's going to be here from one day to the next besides the usual faces, and I've met all sorts, and yes it's good to be a mechanic first and foremost if you could call it that. I'm still quite wary, I'm still a bit…you know I don't just talk to anyone but I'm here to help and I'll set people straight if they ask me' (Matt)

As with the unemployed families' centre in Walker et al's (2015) study, the workshop space seeks merely to accommodate people; Chas is ready to take people as they are in the workshop, as trainee mechanics, and even to turn their past experience to their own advantage:

'Funnily enough some of the kids who come in, you know, if they see a bike with a lock round it they don't have too much trouble taking it off which is pretty handy. They are quite open about it they know how to do this stuff because they've been nicking bikes for years to survive on the streets. So if we can take that little seed of knowledge and turn it into something useful instead of them still thinking nicking bikes is a good way to sort of get some income, you know, it benefits everybody' (Chas).

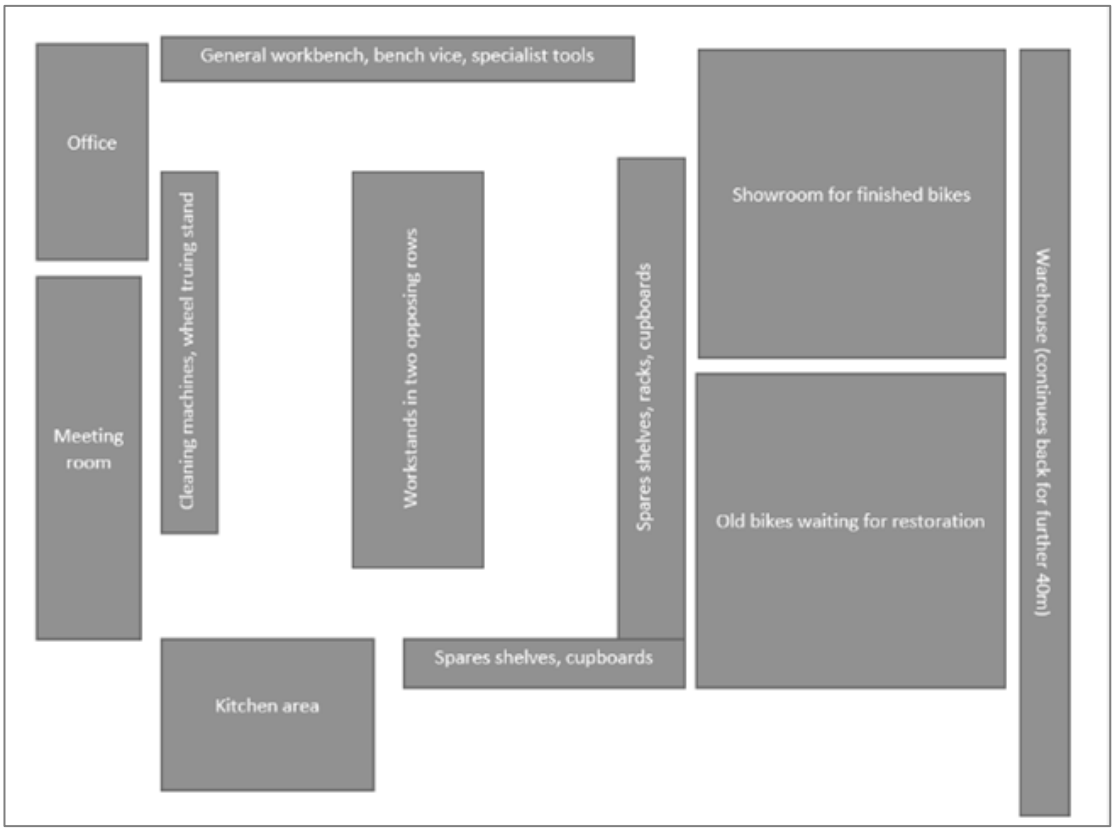
Amongst these 'not-bike-nickers-here', 'not-homeless-people-right-now' and 'not-high-end-business-clients-today' the overtly 'social' interactions that ensue in the ReRide bicycle workshop are varied and unpredictable. There is a continual to-and-fro between talk and silence, people coming in and out of the jobs they are doing, engaging in sporadic conversations:

'Yeah I've nicked a few bikes in the past but this is different. Mark's showed me how to do the gears and I've met him before actually somewhere but I'm not going to piss about here there's stuff…it's different' (Rob, occasional visitor)

ReRide presents an open door into a setting which does not resist the allocation of identities but allows them instead to emerge from within practice. The physical layout of the workshop is an important factor in maintaining this 'performative fluidity', and will be considered next.

2. Creating a space

Lefebvre argues for an understanding of space as a form of practice; that spaces are defined through their specific use and correspond to a practice that they both express, constitute and make possible (Lefebvre, 1991). In the previous chapter the workshop furnishings and fittings were mentioned as being part of an effort to generate an 'authentic' workshop – both to engender feelings of 'employment' and 'industry' and to actually enable bicycles to be worked on. In this section it is the precise arrangement of the space which is important:



Chas has planned the positions of the workstands to strike a balance between giving each mechanic enough space to work in and affording sufficient proximity to enable casual conversations to take place. The six workstands, around which the toolboxes are clustered, are placed in two opposing rows of three along a central aisle. There is a space of approximately two metres around each workstand – to both sides and across the aisle. This distance in practice seems to represent a neutral proximity, neither too close for the

workspaces to intrude upon one another, nor too far away as to feel isolating: it is possible to be engaged in a feeling of working alongside somebody without necessarily engaging in conversation - the layout of the space favours neither privacy nor forced conviviality, but can accommodate both.

> ‘I like chatting don’t get me wrong but sometimes you’ve just got to get your head down, if you’ve got something tricky you don’t want to be disturbed but you still want a cup of tea now and again and Carly’s pretty good at that. Don’t think much of her teas but it’s still…you’re still with people even if you’re slaving away in your own head’ (Mark)

3. Talking and learning

Chas tinkers with the space from time to time, shifting things around a little. His main priority is to spur the informal conversations and exchanges of information that constitute the main body of the more obvious ‘learning’ that takes place amongst the staff. As Chris, the van driver, recalls:

> ‘I’ve had a couple of days when I've been at the bike workshop for various reasons, either the van has broken down, or the volunteering has gone wonky and I’ve had nothing else to do, so I've ended up in the bike workshop. I said to Matt ‘look what do you want me to do?’ one day, and he said ‘anything just pick a bike, strip it down, clean it’ and I’d stripped the thing down before I’d actually gone ‘hang on I didn't know I knew this’, and it's just amazing what you pick up just by walking past every day for, like 18 months…
>
> [NM: So it’s Carly and Mark and the other volunteers who’ve kind of helped you, taught you…?]
>
> Yes you know it's just picking stuff up from them, chatting idly about bikes, ‘how's it going?’ things like that’ (Chris)

In *Banana Time*, Donald Roy describes jokes, banter and stories as ‘consumatory’ communication: ‘the enjoyment of communication ‘for its own sake’ as ‘mere sociabilities’, as ‘free, aimless social intercourse’ [that] brings job satisfaction, or at least job endurance, to work situations largely bereft of creative experience’ (Roy, 1959, p. 9). This is in contrast to ‘instrumental’ communication that would have direct relation to the job in hand. At ReRide social interaction and learning are bound up together in idle chat, and Chris has incidentally picked up some workshop slang alongside his manual

skills: ‘stripping down’ a bike rather than ‘taking off the bits that don’t work’. This is the easy conflation of the instrumental and the consumatory; as Chris chats idly to the staff about how things are going he is also picking up bits and pieces of knowledge that will enable him to ‘strip down a bike’, using the right tools and techniques and also the right words.

When the ReRide mechanics venture out to a public event the blend of instrumental and consumatory communication seems to be particularly rewarding:

> ‘We were all down at the Velodrome events and the guys were there with the stands and tools and the public were coming up with their bikes and you know loads of questions and the guys were amazing because they knew the answers and they were just chatting away. I don’t think they’d ever had that before. They were flattered’ (Chris)

4. Telling stories

Lewis Mehl-Madrona (2007) contends that narratives provide ‘storied, rather than categorical understandings’ of life experiences: ‘storytelling gives people access to an alternative knowledge, or a re-authored account, of their lives’ (p.12). At ReRide - in the tea breaks, at lunch time, or maybe on days when there aren’t any bikes to fix - there is time for stories. All of the staff I meet at ReRide are able to ride a bike and all have owned at least one bike prior to coming to the workshop; this means that irrespective of their level of expertise as mechanics, as soon as they arrive at Workshop X they are able to share bicycle-related stories.

Mark stands in the workshop holding a cup of tea and relates a story to Matt, Carly and Ben:

> ‘I was coming down across the golf course and I must have been doing about forty when of course I come over a sort of crest and go straight into a bunker. Bike goes flying, I go flying, there’s golfers running up shouting, it was mayhem!’

The others laugh. ‘I rode straight into a river once’ says Ben, and attention turns to him.

The general prevalence of bicycles in the trainees’ lives also means that most can remember having carried out basic repairs and adjustments many years before, and the act of approaching a bicycle with a spanner once more can prompt stories about

childhood. But perhaps the most common stories told in the workshop are contemporary repair stories that feature amusing mistakes:

> '…I wasn't paying attention and I cut the wrong cables. Had to start all over again' (Matt G)

> '…I thought it would look cool but it was just rubbish' (Chas)

> '…I was in a hurry and dropped the thing into a drain' (Carly)

The ReRide workshop allows a bicycle repair 'workshop' and a therapeutic 'talking shop' to emerge alongside each other. This benefits the informal transmission of the tacit, experiential knowledge that informs the mechanics' craft, while in the meantime - within the idle chit-chat - 'storied understandings' and 're-authorings' of past affective experiences can be explored. Unstructured, undirected storytelling may not touch directly upon feelings of distress but the practice opens the possibility for informal and indirect practices of formulation - 'a process of ongoing collaborative sense-making' (Harper and Moss, 2003, p.8) – that is lacking in more structured encounters:

> 'CRI [Crime Reduction Initiatives] are going to organise an interview with Tina [mental health nurse] but I'm not really into that talking business. I find it quite draining. I don't think about stuff too much. It's when you sit down with key workers they try to get that stuff out of you. A lot of people have been trying to make me think what started my depression off…Here [in the workshop] it's quite good because we've all gone through something bad' (Carly)

Stories cannot be got out of people no more than people can be made to learn. The ReRide setting and the practices that take place within it seem to allow 'learning' and 'storytelling' to take place in an unforced and spontaneous way. In the year I spent observing and listening I do not recall ever hearing any accounts of 'what started my depression off' or 'how I ended up in hospital', nor indeed any stories related to 'mental illness' or 'recovery', and yet these stories were being recounted and reformulated and indeed communicated in a subtly abstract way as affective 'shapes' - in slight asides and angled remarks and small gestures that were almost unnoticeable. Mark would sigh at certain points, Carly would bridle at a suggestion, Ben would laugh perhaps – it's difficult to say what exactly was being expressed or what formulations were being made, but the storytelling practice seemed to provide for a freedom of expression, however

covert, that hinted in turn at certain small epiphanies – ‘mini-recoveries’ perhaps - that each of the mechanics seemed to periodically experience.

> ‘Yeah there’s a lot of chit chat and we’re not talking about depression and all that we’re bickering about who’s got this or that right or what we’re working on or stuff like that. It’s nice, it’s a conversation. Pretty boring if you’re not into bikes but we’re all here and chatting away’ (Carly)

5. Doing a useful job well

In this example a volunteer finds a break from his normal work routine and gains skills to help him at home with his family:

> ‘We get volunteers to come to us….we had a gent in the other day from Southern Water who spent a day with us on corporate release from Southern Water to work for a charity for day. Loved it - absolutely loved it - purely for the fact that he spends all day sitting in front of a computer monitoring valves or switches, all kinds of weird stuff like that, and just the chance for him to get his hands dirty, do some hands on stuff, some mechanic-ing you know, some laughing, he really really loved it, and it’s skills that he can then apply to other things, you know he’s got kids and you know the chain comes off his kid’s bike he can go ‘oh hang on a minute I’ll just pop that back on’ – it’s stuff that can be implemented throughout what he’s doing’ (Chas)

While being able to fix a puncture and make sure a bike is safe is a skill that most adults would claim to have, ‘officially certified’, ‘professionally validated’ ReRide certificates of attainment are an inscription of that skill, stabilising it as a fact:

The certificate also serves to certify the staff as having demonstrated certain broader aptitudes or even to have embodied certain 'work'-related values:

> 'I said to Chas if you're going for a job that's nothing to do completely nothing to do with bikes it looks good that you've done this experience with voluntary work and that you've got a certificate in something else and it just shows that you can learn new things' (Ben).

> 'Any employer will look at it [certificate in bicycle mechanics] and say well this person's been bothered to take themselves on a journey to learn, to get themselves back into society, this person's worth something, you know they've done something that's really actually quite challenging, you know to take yourself back off the streets and get back into work. Myself as an employer I'd actually think that's quite impressive really, I'm not sure that everybody can do that' (Don).

The certificates are something that some of the staff work towards and some don't, depending on whether they want to or not. Irrespective of whether or not their skills are certified, however, the work is always useful – bikes are being restored and sold - and the staff receive genuine thanks for their efforts:

> 'They come away feeling that they, they have had some recognition for their input and that they have been valued for it and, you know, they…compliments! This is so important to them, you know they're not ignored, they go and do a really good job and then it is commented on, positively, that is just so brilliant for someone who's struggling with depression or anxiety, or low self-worth, really really valuable' (Tina, Charity A mental health nurse).

> 'Anything you can do to give people a feel….to give them independence, to give them pride, you know pride in their work getting a rusty old pile of junk off the scrap heap, doing it up, cleaning it up, finishing the bike and having someone go 'that looks really brilliant'. You know the boost that gives someone is immeasurable. The more stuff you can do with that in so many situations the better everyone's going to feel about it. It's what it's all about' (Chas).

Going to a workplace to perform satisfying tasks that have a clear outcome, that are recognised as being useful, and for which one receives regular compliments is a rare

privilege. When this becomes routine it seems that the pleasant feelings attached to ‘going to work’ start to have a modifying effect on one’s outlook:

> ‘I do feel since I've been coming in here I do feel a lot..... happier! I feel like I've got this routine back in my life now, I feel so much better for it and I feel like I'm preparing for when I get the kids back and I get life back to normal’ (Carly).

But even if it is ‘just something to do’, as Brian, the CEO of Charity A initially envisaged the purpose of the project, it is still something experienced as vaguely ‘good’, which for people who are feeling lost, excluded, directionless or otherwise ‘redundant’ can act as a useful anchor:

> ‘It gets you into routines of getting up in the morning, going somewhere, and then coming home in the evening, instead of wandering around and scratching your head and your mind’s going this that and the other. Getting up, getting ready, work all day, it’s filling the day with good stuff instead of negative stuff’ (Mark)

6. Bicycles are sociable too

In the 130 years since John Kemp Starley of the Rover company produced the first chain driven model with the ‘diamond’ frame – the ‘safety’ that is the basis for the majority of the bicycles produced to this day - ‘bicycles’ have fanned out into a plethora of social, industrial and cultural domains. They have brought companies such as Rover, Peugeot, Dunlop, Michelin and Triumph into initial being as manufacturers of bicycles and bicycle parts, and they have spurred the development of the chain, the spoked wheel, the pneumatic tyre and the tarmac road, all of which were developed specifically for the bicycle. When the first coalition of bicycle riders, the Cyclists’ Touring Club, was formed

in 1878 it was the first national membership organisation in Britain, while the annual three-week Tour de France professional bicycle race, with twelve million roadside spectators in 2018, remains the world's most-watched single sporting event (www.time.com). Bicycles have played pivotal roles in war (Fitzpatrick, 1998), featured in Picasso's 'found object' art (Penrose, 1957), assembled the characters and steered the narrative of O'Nolan's 'first great masterpiece of post-modern literature' (Hopper, 1995), and acted as a technology of colonialism (Arnold & DeWald, 2011). They have been held up as paragons of energy efficiency (Illich, 1973), used as emblems of 'sustainable' behaviours (Meschik, 2012), and cited by Steve Jobs as a metaphor for exponential advances in human capacity (computerhistory.org). They have gathered subcultures around them (Fincham, 2008), had ballets written for them (bicycleballet.com) and songs written about them by the likes of Pink Floyd (*Bike*, 1967), Yves Montand (*A Bicyclette*, 1968), and Queen (*Bicycle Race*, 1978), while in the case of *Tour de France Soundtracks* (Kraftwerk, 2003), an entire album. Finally, without bicycles there could be no 'Bicycle Repair Man':

Michael Palin as '*Bicycle Repair Man',*

> 'What, is my bike my friend? I've done up that KHS now and yes I do love it, and some of the lads at the hostel have made some comments, nice comments. I suppose, yes it's nice to pick it up in the morning and we come here together, like, I don't know if I'd say it was like a friend but there's something there, I feel warm. That sounds stupid doesn't it? *[laughs]'*(Carly)

The 'social' aspect to working on bicycles has a lot to do with the machines themselves. Bicycles that work as they are meant to are cheerful, friendly and compliant – they are a fluid technology, acting as 'non-modern subjects, willing to serve and observe, able to listen, not seeking control, but rather daring to give themselves over to circumstances'

(De Laet and Mol, 2001, p.30, referring to the inventor of the Zimbabwean Bush Pump). The reader may think of their own broken contraption sitting in the garage, sullen and recalcitrant; this is where the role of the mechanic comes to the fore – to make that 'bicycle-shaped object' or 'BSO' in the shop jargon a 'bicycle' once more, to re-establish friendly relations with its user. The mechanic is in that sense a diplomat, a counsellor, or a therapist. This theme will be enlarged upon in Part Two.

7. Summary

ReRide provides a specific space to bring people of all ages and backgrounds together to participate in practices of informal learning. This learning takes place experientially – through the actual practice of repair and in the sharing of anecdotes. Storytelling also has the incidental or tacit function of 're-authoring' or 're-formulating' prior experiences that may be at the root of their emotional tensions. The work of repair is useful, and can provide a recognised transposable disposition in the form of a 'work ethic'. The staff receive praise for their efforts and the pleasant nature of the job makes the routine of going to work a comforting one. The sociable nature of the bicycles themselves makes them entertaining colleagues, and working on them a task that is as much to do with relationships as with nuts and bolts. The nuts and bolts of relationships is indeed what the practice of bicycle mechanics is all about, as will be explored below.

Part Two

1. Introduction

What does 'being' a bicycle mechanic – engaging in the aesthetically-informed manual practices of maintenance and repair – actually feel like? While it is impossible to place tools in the reader's hands and ask them to fix something with them, a text can perhaps convey to some extent the combination of manual dexterity and attention to detail that is required, as well as lulling the reader into a state of pleasantly mindless boredom. As I will explain over the course of this section, it is this a-cognitive absent-mindedness in combination with sensory precision that seems to open up a particular kind of therapeutic empty space – a virtual (textual and hence simulated) immersion in one example of the practice is presented below, a procedure that I have carried out myself countless times over the last twenty years, set out in words here as it might be found in an instruction

manual. It is important to point out, though, that while such manuals do exist, they are rarely, if ever, consulted in the course of practice. The purpose of the following text is to try to give an impression of the choreography of a precise technical procedure: the manual dexterity involved, the required attention to detail, the 'texture' of the bits and pieces of knowledge that come into play, the sense of achievement and satisfaction that arises when the task is completed, and the aesthetic value of the finished, 'repaired' artefact. While no structured, linear text can accurately convey the machinations of the enhanded mind, I hope to be able to convey some sense of how consciousness moves back and forth within the task, manipulating or processing multiple forms of data (haptic, tactile, kinaesthetic, and so on) simultaneously in what amounts to an affective practice.

> 'You can get lost in this stuff. I mean really lost. It's like when I draw, your hand is moving and stuff is appearing on the page but your head is somewhere else completely, you're half there but you're miles away, like you're wandering in the desert' (Ben)

How to change a chain

You'll need one of these

Chains stretch. It's sounds strange but it's true. Over the course of a year or so the force of your pedalling will actually stretch the thin metal plates that hold the links – the 'roller links' - of a chain together. Only 0.75% stretch will mean that the chain doesn't 'sit' properly on the rest of the transmission, and the slightly elongated links will start to wear down the teeth on the chainrings and cassette. So it's important to check your chain regularly with a chain gauge (£8 from your Local Bike Shop) and change it when you notice it's over the limit. The job is straightforward but has to be done in a particular way:

First bring the chain tool (see picture above) up to the chain and sit it within the two outer plates of one of the links. If the chain's not sitting properly you'll snap the teeth off the tool, so pay attention to its precise placement. Turn the small handle that pushes the rivet pin forwards until the pin is in contact with the chain rivet itself, making sure that the pin sits at the very centre of the rivet. Once you are fairly sure that the rivet pin is correctly centred turn the handle, pushing the rivet all the way out of the other side of the chain. The chain is now split and you can remove it. Take the new chain out of its packet and check its width against the old one, firstly by eye, then with a digital Vernier caliper (if you've got one - £3 from ebay), because if the chain width is wrong either the chain won't sit on the cassette teeth or it'll get jammed between them and tear the whole transmission to bits. You then have to decide on the length: if it's too long the chain can drag against the gear cage, and if it is too short it's going to pull the rear mech too far forwards or damage the gear lever. Measure the new chain against the old one by holding them up alongside each other: the old rusty chain and the new shiny one will swing and twist together in an interesting way. To make doubly sure the chain is the right length - the previous mechanic who decided on the correct length of the chain may have made a mistake - thread it round the smallest of the front chainrings and the smallest of the rear sprockets, then through the rear derailleur, making sure to go under the cage tab (have a look). Bring the ends together and then across each other until the chain is no longer dragging on the rear derailleur cage. This provides an indication of optimal chain length. There are usually four excess links.

Then use the chain tool again to remove the excess links, pushing out the rivet as before. Keep the excess links in your box of random bits and bobs. Finally, using the third and fourth fingers of both hands to hold the chain and the thumb, first and second fingers to manipulate it, join the chain together, forcing the semi-exposed, factory-set rivet on the outer link to connect with its adjoining inner link by forcing the outer plates apart with a twisting movement until the rivet slips into the inner plate assembly. Release the chain, which will hold together, just. Sometimes it springs open and the whole chain whizzes round the transmission and ends up on the floor, and you'll have to start again.

Bring the chain tool up to the chain once more, using it this time to carefully push the 'factory' rivet into the chain inner link and out through the outer plate until it is exposed an equal amount on either side. Then grasp the chain in two hands on either side of the recently inserted 'stiff link' and force the chain laterally back and forth to ease the outer and inner plates apart very slightly and hence loosen up the link. A stiff link will bump

as it goes round the transmission and it can jam the rear derailleur. The final step is to wipe off the thin layer of factory grease on the new chain (with a rag made from a torn up old t-shirt and some degreaser - £5 from your 'LBS') and to apply a little chain oil on the inside face of the chain to protect against corrosion and to facilitate gear changes. Not too much oil – just enough to make it catch the light.

How does technical proficiency in this kind of thing - the repair and maintenance of mechanical objects - contribute to any kind of recovery? While being in a friendly, safe and accepting social space can contribute to recovery in one form or another, the practices of bicycle refurbishment and repair seem to have a particularly direct effect upon experiences of emotional distress, tension, or disturbance. It is easy to say that the link between the two is simply metaphorical, that refurbishment and mending happen to people and bicycles at the same time, and indeed it has already been said:

> *'[The volunteer] thought that the way bikes are put together, recycled bikes from waste materials was a metaphor for the way people come through the project, people who are kind of wasted by society are brought back on line, reintegrated back into doing something meaningful and useful. Just like materials are discarded, people are discarded. And people go from that state into a state of feeling meaningful and purposeful in life again' (from Svanberg, Gumley & Wilson, 2010).*

An actor-network analysis, however, seeks to unblackbox the appositeness of metaphors themselves. This might be considered unnecessary, but the conjectural identification of the mechanisms that make metaphors 'work' in a way that seems to elude straightforwardly propositional thought is a useful exercise in analysis. In the following sections I will propose a mechanism that can explain how people and bicycles get fixed alongside each other, almost within each other, as symbiotic expressions of 'change' and 'integration' that together come to engender feelings of understanding and equanimity, and ultimately to embody aesthetic 'beauty' – 'not a mere fancy of a decadent mind but a profound capacity of all cognitive organisms to deal with the world in a way that is not propositional or logical' (Radman, 2012, p.44).

2. 'Things'

The vague and undifferentiated nature of things stalks several key 'actor-network'-inflected texts: Law and Lien's (2013) study of 'slippery' Norwegian salmon, for

example, or De Laet and Mol's (2001) study of the 'cheerful' Zimbabwean bush pump. Colliding and conflicting things provide a narrative backdrop to Latour's (1996) study of 'Aramis', a doomed mass transit system, but the fundamentally emotive or affective character of things finds its initial and perhaps clearest expression in Jennings' (1963) satirical Report on Resistentialism, wherein French resistentialist philosopher 'Pierre-Marie Ventre' proclaims 'Les choses sont contre nous!' – 'The things are against us!' (p.11)

Actor-network theory suggests that the physical objects that surround us, plus all the thoughts, memories, ideas, and hopes that we have, and then all the laws, religions, customs and other texts that we can know of by name – exist from moment to moment as fluid 'events', things that are happening – coming into being locally and provisionally, and solely in relation to one another. A 'thing' – object, text, idea or 'fact' can be seen as a metaphorical standing wave or 'stopper wave', such as can be found in the rapids on a river, a wave that is stationary. The wave appears to be there as a thing, but its form is being consistently fed by a never-ending flow of its constituent material. The rush of water keeps it suspended there, constantly happening as a 'stopper wave'. 'Things' are given shape and kept in shape, for milliseconds or centuries, by the constant flow of implications ascribed to them, siphoned into existence by the inexhaustible creative energy of consciousness. These connotations can come from anywhere: laws, texts, proverbs, trauma, memories, rumours, fears, reputations, prejudices, forebodings, books, films, and so forth. People and things ascribe shape, function and purpose to other people and other things and this is how these 'other' people and things are brought into being and kept as things which are 'happening', or 'alive' in some sense. But of course it is the inexorable and inexhaustible practice of ascription that is the energetic core to all this – this springing u or flowering of significance in the fertile relational ground between 'object' and 'subject', between 'observer' and 'observed', is creating both parties, and indeed all 'parties' – there is no 'object' or 'subject', and no 'other' - there are just events that arise in the course of practices – seeing, thinking, touching, or moving.

An actor-network approach that takes ambivalent and amorphous affect as the materials for a heterogeneously engineered local reality arrives at the conclusion that this is the way that things 'are', or rather, 'are always being' – a constant stream of associations, meanings, values, and deep, not-quite-nameable feelings. Objects come to be 'things' in a relational, multiple, fluid, and more or less unordered and indeterminate set of specific and provisional, local practices. The 'actors' in the 'network', are not-quite-nameable

feelings, and the 'network' is a field of influence; 'practices' are like the tactile plucking of a guitar string which has a sonic effect – they 'are' (to take examples from the papers cited above) salmon farming, or water pumping, or industrial engineering, but what they accomplish from moment to moment is a constant re-ordering of affective dimensions through the medium of 'things'.

3. 'Mental' 'illness' as 'feelings about things'

'Mental' 'illness' has been described in all sorts of ways. Neurologists and biomedical psychiatrists will talk about it in terms of certain physical things happening inside the brain, the fatty organ that sits inside the skull. Psychiatrists and psychologists might add that there are 'conflicts', 'syndromes' or 'disorders' happening at various levels of the 'mind', or in various parts of it, and trace its etiology out across all levels of 'society'. First-hand accounts, however, are grounded in emotional experience:

> 'When I think back to beforehand there was just this mounting fear, like a sort of terror. Everything was just too much. I was drowning, you know things were just coming on faster and faster and I couldn't make sense of what was happening, and I was paralysed, going under, going down, and really helpless. Then when it first hit me I was just knocked out. I was just lying in bed, and I remember looking around and things had just lost their meaning. Nothing meant anything to me. Not my kids, not my wife, none of my favourite films, books, nothing. I was just in a void. I had no motivation to do anything because what was the point? I thought I might as well just be dead' (Stan)

To take just Stan's example, the experience of this 'mental illness' (later diagnosed as a 'personality disorder') doesn't appear to have anything immediately to do with the brain or a mind that is situated in or near the body, or to be a response some facet of society; it is more to do with his aesthetic-affective relationship with the things that are surrounding him and the way that they are coming into being– first they take on too many connotations, too fast to be processed, and then there is a switching off or withdrawal. Things-as-feelings simply stop flowing, and so these things cease to exist in the same way as they have done before. They are still physically 'there', but they have stopped 'being'. So in relation to this case study in the practical alleviation of emotional distress or tension it is useful to think of the ReRide workshop and the things, people and practices that fill it as fluid, affectively generated components of a 'relational-affective semiotic' field, a multiply-networked lattice of feelings expressing themselves as 'people' and 'things' of

shifting affective-aesthetic form. In the following sections I will explore how the practices of bicycle mechanics entail a slowing down of affective events as a prelude to some form of idiosyncratic tinkering and fettling and the slow reconstruction of an affective narrative – an account or a formulation that makes sense at a pre-cognitive, non-propositional level.

4. Immobilisation and stillness

Not going anywhere for the time being…

The bicycle on a workstand in a workshop has been stopped, lifted off the ground and clamped into an apparatus for examination. It is clearly broken in some way, or not working properly, a not-quite-bicycle. Brandishing perhaps just a rag and a bottle of degreaser the novice can get in there and start to clean the bike, and in doing so start to restore an aspect of its aesthetic bicycle-ness. In the case study below I follow the progress of Reg, first encountered in Chapter Four, who joins ReRide from the local psychiatric clinic where he has been an inpatient. His observed experiences exemplify the kinds of things I saw happening to a range of people at ReRide, and indeed have observed in volunteers in previous bike workshops that I have co-ordinated. The main sensation I think is one of a gradual waking up, an emerging clarity that seems to take people by surprise as 'things'- starting with the bicycles they attend to - seem to start making sense. It might also be pictured as a vial of silty water that settles and becomes clear as it is allowed to remain still. From an emotional point of view it is a move from terror and panic to something akin to 'courage', or 'mettle'.

5. The case of Reg

‘Would you be interested in coming to the workshop to work on some bikes?’ I ask Reg. We’re in the psychiatric clinic up on the hill above town, on a rainy Monday, being watched by John, the OT. Reg looks at me blankly. ‘Do you like bicycles?’ I ask hopefully. He nods. ‘Dawes. I had a Dawes’ he says, so quietly that I can barely hear him. I leave wondering if he’ll ever make it down to the workshop.

Then it’s a month later and Reg is here – it’s his first day in the workshop. It’s something of an occasion. John seems in a bit of a hurry to get the paperwork done. Reg’s wife is there too and she asks about the tea and coffee facilities and the toilet, and whether Reg will be OK here. Everyone is very polite to her and she is assured that Reg will be fine – he’s just going to get on with a few basic things, sorting out his toolbox maybe, and looking over the bikes to see what he reckons. Then John leaves and so does Reg’s wife. It’s hard to work out what Reg is making of all this because he doesn’t say anything. Half an hour later he’s at his workstand and he’s got a bike in front of him, and he’s looking at it intently. I’m not sure what he’s thinking or feeling, or what he’s going to do.

The following Wednesday Reg is in the workshop, with a toolbox, at a workstand, looking at a bicycle. While the Reg I met at the psychiatric clinic was clearly a patient under the care and supervision of John in a psychiatric institution, now that he’s here things are opaque again, uncertain and undetermined. Reg has been lifted out of his prior enactment as a patient but he’s not a mechanic either. Will Reg pick up a spanner? The only thing to do is wait. Chas goes off and does something else. Very slowly Reg lifts a hand and gives the bicycle’s brake lever an exploratory squeeze.

Over the following few months Reg slowly comes alive. It happens in tiny increments. He spends a lot of time standing at the workstand, working away very slowly with a drip on the end of his nose, and it’s hard to see anything actually happening, but he’s not just fiddling aimlessly with the things on the stands, he’s actually mending them. As he starts spending more and more time at the workshop, Reg’s work starts to take on a very vague design. He seems to gravitate towards old 1980s Raleighs, and I find out that they date from the era when he used to ride a lot – all over Europe, apparently; his wife used to take the train down to Spain and he’d ride the thousand mile journey to join her there. He takes these old Raleighs and restores them, and I fancy that I can tell by the way that Reg is

addressing the bikes – with a wry kind of caring tenderness - that he's feeling something too. Whatever is happening, it's having an effect:

> 'Reg does a great job at cleaning the bikes and a great job at building them. You know he's in here two or three days a week and he's extended his time. He's really opened up….I remember when he started coming, you know, he barely said a word to Chas I think, and Chas was his link, you know and now he comes in and he says hello to me, makes himself a cup of tea… in the last few months we've really seen him just come out of his shell and just relax, and you know he enjoys coming. He used to be going on bang on twelve now it's more like one: you notice it's extending each time. And he's getting here a bit earlier as well, I've noticed the last few weeks as well. But you know when he came in after Christmas, when I asked how Christmas was I think before we wouldn't have had that conversation, you know, I was chatting to Chas and he turned up and he just joined the conversation' (Chris).

One day I sit down with Reg for an 'interview', as I am obliged to term it. The demands of research have crept in – I know that the interview will be uncomfortable and counterproductive, but data is required. Reg agrees readily enough to talk to me but he takes a long time to answer any of my questions, if he even gives an answer, and the hour we spend locked together in interview conditions does not take either of us anywhere, except when I ask him about his experiences at the psychiatric clinic and he immediately replies that he'd rather not talk about it. He does, however, at one moment find some words to tell me what he likes best about being at ReRide:

> 'The best thing is not really knowing what you'll be working on when you come in in the morning' (Reg)

He even smiles as he says this, and I get the impression that he is enjoying himself more and more. There's something about the slow, methodical work that he carries out, a tiny bit more adeptly and dexterously every day as the weeks and months go past that is bringing him up to some kind of speed; his customary harried look is turning into a slyly bemused one. As the quote above suggests, he's even starting to enjoy a little unpredictability.

Reg's first friend in the workshop is a huge man, a colossus, called Steven. Steven, according to his referral agency, has 'Special Educational Needs'. He, better than anyone else, seems to get where Reg 'is':

> ‘Yeah so Steven arrived a while ago and to be honest I didn’t really know what to do with him. He’s SEN, or at least that’s what the referral agency says, and yes he has needs but I don’t have the time to give him one to one tuition and I told them that. They said he’d be accompanied but they just dumped him here. So he was spending a lot of time just kicking about the workshop and making a nuisance of himself and then one day I saw him helping Reg and I’m like what a relief but the way they were working together was great because Reg has got the experience and Steven’s got the strength and they were just working together, Steven’s taking wheels off, going and getting stuff, pulling off bits, lifting the bikes and Reg is watching and giving him guidance’ (Chas)

Steven and Reg combine to form a slow, unstoppable, largely silent repair team. They never seem to get frustrated, or carried away by big ideas, and although the results of their work are sometimes bicycles and sometimes not-quite-bicycles (brakes that don’t quite work, handlebars that aren’t quite straight), their growing pride is evident.

> ‘I always wanted to make electric go karts and so I’m getting the skills together to do that. At the moment me and Reg are doing some basic stuff on bikes and he’s showing me how it all works. He’s like my dad, obviously he’s not my dad but he knows a lot of stuff that I don’t know and soon I’ll be able to make the stuff I want to make’ (Steven)

By the time I leave ReRide I’ve been observing Reg for eight months and the change in Reg is small but unmistakeable. It’s as if he has arrived back in himself in some way, from having been somewhere else. I’m still not able to ask him how he is feeling, or what ReRide means to him – all I have been able to do is to watch him carefully: the main thing I have seen over the weeks is a growing sense of purpose in his movements and in the order of the things he does over the course of a morning. He moves more precisely, he walks with less and less of a shuffle, and I can tell from the things he now amasses at his workstand that he is planning his restoration projects, elaborating small strategies and thinking ahead – ideating. From within the stillness of his practice he seemed to see things come alive again, and with them, himself. From within stillness comes slow, directed, purposeful movement. Dexterity and proprioception improve, and the mechanic starts to look around for new things to do – to repair, or simply to maintain, but in either case to make beautiful again.

6. Maintenance

While 'mending' fixes things that are broken, maintenance seeks to make sure they don't break in the first place. '*Maintenant*' – 'now', or, literally, 'held in hand', paints the practice of 'maintenance' as a continual bringing of things to heel, up to date, in line with some perception of their intended function or *telos* – both technical and aesthetic. 'Good maintenance skills' means having a finely tuned awareness of how 'things' are doing, an ability to spot the particular relations that are inhibiting optimal function and causing mechanical or aesthetic distress or tension, and the skills to adjust them precisely. The practice of bicycle maintenance makes people feel good:

> 'You get that great feeling when you fix something, it's like a 'yes I've done it!' That's got to be good - that's got to release some kind of chemical in your brain. A happy chemical' (Carly).

From day to day in the ReRide workshop, the maintenance, the 'tweaking', that gets carried out is an steady stream of small 'yes, I've done it' moments.

'Ninety percent of bike maintenance is just cleaning'. I've heard it before from other mechanics, so when Chas says it too it's like hearing a proverb. So much of the refurbishment process is dependent upon having the components clean – firstly so that they can be properly looked at to make sure they're working properly, and secondly so that when the finished bike comes together it looks and feels like a bike should – as perfect as possible in as many senses as possible. The practice of holding things in the hand and cleaning them – the drudgery of '*main-tenance'* - engenders a much slower but no less profound 'yes, I've done it' feeling that emerges from the stillness and silence of scouring and polishing:

> Reg spends over an hour on cleaning the chainset. It's chromed underneath but to start off with it's smeared with black grease and general muck, and speckled with little rust spots. It has the famous Raleigh heron emblem cast into its design and as Reg works with rags and degreaser and then with 000 grade wire wool it starts to appear; the chrome is good quality and has held, and Reg goes round each of the teeth on the chainring as well, cleaning off forty three years' worth of grime. He hands it back to Mark with a nod, and Mark turns it so that it catches the light, then holds it up to the bike frame. 'This is going to look great', he says, and Reg smiles and nods his thanks (Observation notes, January 2016).

The cleaning process can be seen to set off certain transformations. The glinting chrome has been freed of old rust, and the Raleigh heron emblem, becoming apparent, starts to draw in all of the associations attached to the Raleigh brand – Grifters, Burners, Nottingham, childhood, ice cream, or whatever – I don't know what Mark and Reg are thinking but there's certainly something going on – they are anything but indifferent to the old chainset – quite apart from anything it just looks lovely. Cleaning it up has also brought it into new relations with the bike frame, which may itself now require polishing too. A reconfiguration is occurring at an aesthetic level – things are getting shinier and making other things look dirty. At the same time an affective reconfiguration is also occurring – a regeneration or transformation. Things feel subtly different – there is a sense of purpose that arises from the polished chainset, now so much more of a 'chainset', that starts to infuse the other things to hand. How can other nearby things also be brought more sharply into proper, attractive 'being', besides being cleaned? That saddle looks a bit wonky - the mechanic reaches for a (13mm) spanner.

> 'You get into cleaning, yes. I don't like cleaning my house or doing the washing up but when you start cleaning something up that's different because you know it's going to build into something that's going to look great and someone else is going to come along and maybe buy it, so we're cleaning for someone else, or for the bike maybe, maybe we're doing it for the bike?' (Ben)

7. Tools and toolboxes

Part of the feeling of maintenance, the technical-aesthetic ameliorative tweaking of stuff, has to do with the using hand tools. The mechanic's hands are her primary tool of communication with the bicycle, and the relevance of this will be explored below; hand tools, in the meantime, have the effect of making these hands stronger (pliers, spanners, Allen keys), harder and faster (hammer), sharper (cable cutters), or more abrasive (sandpaper); they enhance or magnify the 'gestures' – functional, purposeful movements – that the mechanic can make with the bare hand (Dant, 2010). The tools better enable the mechanic to open up and unravel the bicycle black box, to peer at its innards and make their own judgements and draw their own conclusions about it. Tools allow mechanics to move about more freely within things as affective fields, and as things themselves the tools are generated by strong meanings and associations which help to enrol the staff as 'bicycle mechanics', or 'spanner monkeys' as they call themselves with mock derision.

> ‘Nobody touches my tools! *[laughs]*. A lot of them I’ve brought from home actually, and I’ve made some bits myself, stuff you can’t really get. Brushes, I’ve got a lot of brushes for that thing I do with the tyres’ (Mark)

> ‘Chas won’t let us use the alignment gauge whatever thing it is. He’s promised to show us how to use it, and now it’s got to the point where we’re pestering him to show us. I think it’s because it’s new. Don’t tell Chas this but Mark had it out the other day *[winks]*. Naughty naughty!’ (Carly)

The ReRide mechanics each have their own toolbox which is central to their workstation. The toolboxes are really large tool chests with sliding drawers, each drawer lined with high density foam so that the tools make no noise when the mechanics put them back - the hand tools are instruments that like to operate quietly. The first thing that Chas does when he introduces a new mechanic to the workshop is to lead them to one of these tool chests and talk them through their contents. Some of the tools, like spanners and screwdrivers, are familiar and will remind the new member of staff of other jobs they have carried out in the past – jobs that involved nuts and screws. Other tools are completely unfamiliar, and the new mechanic will often pick up a chain tool, for example, and turn it over in their hands. The ReRide tools are high quality, finely machined objects that are clearly made to do something in particular, and even if that something is not immediately clear their ‘tool-ness’ is prompts an engagement with ideas of ‘tool use’, and whatever associations that practice might have.

> ‘Yes my favourite tool is I think probably the ratchet spanners. You sound like someone in a car workshop, like you’re really fixing something, and that’s even if you’re just doing up a brake or something you know, you make that sound and it’s skrit skrit skrit [makes ratchet noise] it’s serious’ (Ben)

Kaplan (1964) introduced ‘the law of the instrument’: ‘Give a small boy a hammer, and he will find that everything he encounters needs pounding’ (Kaplan, 1964, p.28). In a situation where the ‘instrument’ is unfamiliar – in the case of the chain-breaker, for example - the pleasing heft of the thing, the way it sits in the hand, and its unmistakeable implied *telos*, nevertheless sets up a feeling of anticipation of things to come, of future encounters that remain as-yet undefined. There is a quiet excitement here:

> ‘I ordered a toolkit it and it came through on Saturday and I was looking at the bits and pieces and wondering what they do and I thought cor I must be really into bicycle fixing because look I've ordered myself a toolkit!’ (Carly)

A neatly ordered and fully stocked tool chest sets the tone for the work that is to be carried out; it implies a methodical approach to repair and maintenance, so that no matter how the mechanic feels as they walk in to the workshop in the morning the tools greet them with an implacable calm that will inform the work. This was Chas' position at the outset; Kaplan's law of the instruments would be applied here under the aegis of craft, because 'the tools send the message of clarity, of knowing which act should be done with which thing' (Sennett, 2008, p.194). The novice mechanics at ReRide do seem to respond in this way to the ranks of new and shiny tools before them, handling then delicately – even the screwdrivers and spanners that they will have seen before in other contexts. But as the mechanics become more experienced, and deploy their vocabulary of tools with increasing dexterity, the toolboxes start to take on the predilections and idiosyncrasies of their owners:

Mark's toolbox, May 2016

Mark's toolbox looks like a mess, but he knows more or less what's in it from memory. He can reach for and pluck out any item from amongst its frenetically jumbled contents without much hesitation, and sometimes without even looking. The tools have become mixed up with bits as well, perhaps understandably: all of these objects are there to help Mark to get into the bike and do what he wants with it in order to bring it into alignment with his idea of what is beautiful. In a sense the entire tool chest has become a single, all-purpose bike-hacking tool, what Sennett calls a 'sublime' tool that 'suggests a limitless horizon' (ibid, p.209).

> 'I know it looks like chaos and that's because it is *[laughs]*. But it's *organised* chaos you see. I've got all my stuff here, I can get into the bikes, this is the stuff I need. All my little stash of parts is in there too. I don't know there's always people trying to pinch them off me so I…I don't keep it locked but I have to keep an eye. Especially that Carly' (Mark)

The primacy here of the mechanic's imagination in the delineation of what can be done and what can't with this all-purpose tool elevates, in Sennett's view, the fiddling and adjusting, the *fettling*, to the level of symbolic art (ibid, p.206) – this will be returned to in the following chapter. Tools are things which allow the mechanic to amplify or otherwise accentuate the effect of his or her practices of tinkering and fettling and thus generate sharper and more intense feelings of 'craft', 'expertise', 'renovation', or whatever associations arise over the course of a job. Tools allow the mechanic to enter more deeply into a creative field; feelings are magnified and intensified, but what those feelings are, of course, is beyond the reach of the analyst or therapist – all that ReRide does is to provide a full set of skeleton keys for accessing whatever it is that each individual mechanic needs to get at, for the practice of burrowing in, fixing stuff, and thinking about stuff, and sometimes for showing off:

> 'Chuck us the fifteen will you?' Mark shouts, and Carly flings a fifteen millimetre open ended spanner at him from across the workshop, which Mark catches and twirls in one hand before slipping it onto the wheel nut of the bike in front of him. They're clearly both showing off and I wait for Mark to look up and acknowledge it, but he doesn't. Maybe they aren't showing off' (Observation notes, May 2016).

8. 'Outside of space and time'

The practices of bicycle maintenance invoke a particular kind of distracted concentration that, whilst concerning the mechanic with the precision of the 'right here' and the 'right now', at the same time take him or her far away from both:

> 'When I come here and I start working on a bike, now that I know what I'm doing I can get into that kind of Zen like state, I can just work and work and work on something and hours will go by and it will seem like minutes. It's like you're outside of space and time if you know what I mean' (Ben)

Once a certain level of manual aptitude has been reached, even complex jobs become routine and feel mundane, in that they absorb the attention without actually requiring one to actually pay attention. The repetition inherent in bicycle maintenance seems to provide a means to stop thinking in a rational or propositional way for extended periods of time by engaging what might be called the 'body-mind' with complex and intriguing technical-aesthetic problem-solving dilemmas that must be solved by hand:

> ‘There is social interaction if he (Mark) wants it, but if he doesn’t want it he’s also got the choice, he can just put his head down and get totally absorbed in what he’s doing, so then it gives his mind a rest from all those worries and anxieties that he has, when he goes home again, when he’s sitting in his room on his own and…and all his personal stuff comes and he’s had a break..of..all of that while he’s at…at the bike shop’ (Tina)

If ‘social, economic and political phenomena are the product of spatial-temporal locality’ (Hubbard & Lilley, 2004, p.2), with ‘time’ and ‘space’ temporarily ‘unlocated’, we can say that Mark, Ben and the other staff, with their heads buried in a perplexing job, are existing in a space that is free of the social, economic or political– an empty space, where things can come into being of their own volition, in interrelations that are apt and peculiar and accord more with subjective concerns for beauty. I have no idea what is running through the mechanics’ heads as they spend hours and hours polishing small components, or carefully aligning brake blocks, or making the final adjustments to their machines; all that I can tentatively suggest as a careful and experienced observer is that when they come back from wherever they have been their expressions have changed – they seem to have worked something out, or moved on a little in their relationship with ‘things’. Things have become more intelligible, which is way of saying that the mechanics have become more ‘intelligent’, but this is not a rational, computational intelligence – instead it seems to be more of a dynamic understanding and appreciation of aesthetics, the physical-affective shape of things.

I meet Matt in the workshop. He’s wiping his brow.

> NM: ‘How’s that one coming on?’
>
> ‘What, this one? [indicates a bike] It’s been hell to be honest with you, a right nightmare, I’ve been in it all day, since before lunch. First it was this, then it was that, you know I was like…no but it’s done now’
>
> NM: ‘Have you done the test ride yet?’
>
> ‘Don’t think she’s quite right yet. Something. You know when it’s not quite done, just not quite there. It’s something. Got to find out what though’ (Matt)

ReRide, meanwhile, does not venture to impose ‘space’ or ‘time’ upon these practices. No information is recorded, nobody is monitored against any metrics or indices, and there are no discrete outcomes besides finished bicycles. Do they work and do they look nice?

Chas' job is not to 'do' anything besides maintain the conditions in which stepping 'outside space and time' can occur:

> 'I'm interested in people coming back. We need the mechanics and we're obviously not just helping them to get trained up although that's primary to what we're doing but it's got to be a calm space' (Chas)

The reflective space or zone of contemplation that the practice of absorbed mending opens up seems to enable the volunteers to embark upon a process of aesthetic-affective meditation that is experienced as therapeutic. They are perhaps led to consider the (possibly traumatic) shapes or pictures of experiences that may in part inform their current states of emotional distress or tension, but these can be placed in relation to feelings that they encounter as mechanics – the satisfaction, accomplishment, pride, or 'yes, I've done it' feelings that have been described above. Importantly, though, the mechanics also have the bicycles to hold, to stand near to or far away from, and to talk about, and there exists the possibility that the bicycles are communicating with them in some way, as guides - again, as ever, on an affective level. This theme is enlarged upon below.

9. Entraining relational citizenship

In the unusual field that exists 'outside of space and time', at the level of pre-cognitive affect, the political configuration of the bicycle suggests ways of being a 'relational citizen'. Bicycles have a 'script' – a governing ethos, an ideal shape to their particular configuration that informs the mechanics in both their technical work and deeper aesthetic-affective tinkering. At one level it can be seen that all of the bicycles' components are designed to fit each other, to work together, to bring each other into fuller being. Any component that dominate, a frame that is too heavy or tyres that are too fragile, or any components that do not fit together, like a chain that is too wide (as in the instructional text above) or a seatpost that is too narrow, will impede the 'bicycle-ness' of the bicycle. 'Fitting together' is also an aesthetic concern:

> 'Slick tyres on a mountain bike. You know it's just wrong. Some people think it's fine but I'm not having it' (Matt)

> 'Yeah so Mark was looking at putting some town cruiser bars on a mountain bike and I thought he was just winding me up but you know, he was serious' (Chas)

…or can even turn into a cultural issue:

> ‘There’s no way you can have Shimano [Japanese] and Campagnolo [Italian] parts on the same bike. It’s just not done. It’s like…putting soy sauce on, I don’t know, in your cappuccino’ (Chas)

Any components that are particularly well designed and manufactured, meanwhile, are admired and talked about:

> ‘Campagnolo stuff is just quality. It looks good, it works perfectly, it lasts for ages. You know it’s just working and there isn’t much you have to do about it except admire it. You know what they say – Shimano wears out and Campag [Campagnolo] wears in’ (John)

At this level, enworlded indices of ‘design’, ‘quality’ and ‘function’ – arising from the technical, cultural, aesthetic and symbolic - are the most obvious key values that determine whether a bicycle is ‘good’ or not. It is felt in the hand as a click, a smooth engagement of screw threads, a certain heft to a thing, or a sheen to polished aluminium, or a nod to classical design, which manages to communicate a thing’s ‘morality’. The bicycle has a ‘choreography’ and a ‘texture’ which the mechanics grow to appreciate; the bicycle is in a sense a ‘practice’ in itself.

Within the construction of heterogeneous bits and pieces that we call a ‘bicycle’ it is an ethos of sympathetic co-operation – technical, cultural, aesthetic and symbolic - that not only brings the entire machine together, guiding its design, construction and function, but also indicates the way in which it should be ridden by its rider and the feelings that should accompany its ‘maintenance’ – the way it should be held in the hand as it is worked upon. The entirety of these components, people and practices are apprehended or otherwise ‘seen’ or ‘known’ as hanging together intelligibly by working together, co-operating in respect to one another in a carefully engineered and then maintained ‘togetherness’.

> ‘It’s like, I’ve done about three hours on this one but it took me a while to get my head together this morning and you know you’re never going to sort a bike unless you’re on it but I think we’re getting there….it’s all coming into line now, well I think it is’ (Matt)

From a political perspective this is a flexible, non-hierarchical, dynamic consensus that is continually refreshed through action, ‘anarchic’ in the sense that the stabilised operation of power can only impede its actualisation.

The communication of this political arrangement is, I think, central to helping the 'recovering' mechanic to make greater sense of the broader world. It is something which can be felt and seen but eludes static definition. It may be communicated directly to the mechanic – via the hands or the eyes - through an exhibition of 'good design', 'quality' or a certain intangible 'beauty', and also via another mechanism of communication that may also be operating in the more uncertain zone that the mechanics enter into in states of deep concentration, that of 'entrainment'.

Entrainment is a term used to suggest the process by which two or more active devices or organisms that are in any way 'coupled' or brought into relations with one another tend to 'feel sympathy for each other' (Ramirez, Olvera, Nijmeijer, & Alvarez, 2016). Entrainment was initially observed as the synchronisation of two pendulum clocks hanging from the same wooden rail; in the case of the mechanic and the bicycle the 'wooden rail' that connects the two is the contemplative and meditative practice of bicycle mechanics. The bicycle is an active device that suggests sympathetic co-operation as the driver of its bicycle-ness, while the mechanic brings their own values and associations to the work of repair. The result is that the reconfigurations and re-narrations of affect that are performed in the course of practice are informed and guided by the ethos of sympathetic co-operation that the bicycles espouse. This is a microcosmic 'relational society':

> *'[In the relational society] there are no fixed positions, with one person imposing norms on another. Rather, there is give and take, which is influenced by moods and changes over time. There is no clear strategy that always works in dealing with other people… the essential thing is to be sensitive to the contingencies and particularities brought by every new day.' (Pols, 2006: 94).*

If successful relational citizenship requires sensitivity, humility, adaptation, submission, empathy, the admission of weakness, failure, doubt, and vulnerability, entrainment with the bicycle though the practice of mechanics can feel like an instruction in being a 'successful' citizen: 'mastery' of mechanics 'seems to be built up through submission…to the possibility that you may be mistaken in your understanding of problems' (Crawford, 2011, p.29), and involves 'learning to act with skill…coping with unpredictability, overcoming obstacles and bringing embodied capacities together to achieve a desired outcome in a given situation' (Dant, 2010, p.8). Mark gives a good example of how this awareness of the mechanics of relationality finds itself deployed away from the workshop:

> ‘My perception of life has been altered. Here it’s completely different because…you’re thinking along everybody else’s lines; you slot into a different category which…personally it makes me feel better. You’re looking at the world slightly different. So if you’re not working on bikes...I’m out shopping and I’ll be looking at stuff different. It’s not like ‘oh I need that, bang, bang’, it’ll be ‘ah, but if I got that then I could create that and I could make a meal out of that, you know, it’s silly stuff, and people think it’s silly but you know it shows that your mind’s actually starting to work on a different level’ (Mark)

10. Summary

What is happening at ReRide? It is clear that any volunteer from any walk of life can come to the workshop whenever they like and spend time fixing up bikes. They can join the group as ‘who’-ever they like, talk as much or as little as they like, do as much or as little work as they like, and leave when they like. They can tinker, fettle, mend, maintain, dismantle, custom build, or just make the tea. They learn on the job in the course of idle conversation. They can earn praise, which feels nice; they can use all sorts of fancy tools, and learn to flick them around with expertise; they can brandish strong opinions about bicycle-related issues; and whenever they like, in the middle of a conversation even, they can step outside of space and time and immerse themselves in the tiny, engrossing worlds of grub screws, rivets, chrome and kevlar in search of their idea of beauty.

Walker et al (2019), following Cromby, Harper and Reavey (2013), suggest that ‘it is not necessarily distress but being unable to account for distress, sadness or worry that marks some out as potentially appropriate for mental health interventions’ (Walker et al, 2019, p.151). ‘Distress’, I would argue, is cognitively incomprehensible, but when the sufferer is allowed to travel amongst ‘things’ as coalescences of affective association – unknown and vague, ‘outside of space and time’, solely in search of aesthetic beauty, it seems to fade. ReRide is set up to provide the conditions for this and nothing more.

> ‘I like working on the bikes because I do like to know how things work. I can understand things a lot easier and better if I understand how they work. With the bikes it can seem really daunting but it's simple when you know how. It's fear of the unknown. It always seems more complicated but once you understand it, it seems a lot more straightforward. And a great way of learning is taking something to bits and put it back together again’ (Carly)

The volunteers are set in place and left to it, overseen from a distance by experienced mechanics like Chas who understand all too well the feeling – not always pleasant – of casting oneself adrift to the deep places where 'mending' and 'maintenance' happen. In these silent, abstracted microcosms the person who is feeling distressed, tense, or upset can perhaps find solace, and the person who is feeling 'disaffected' – stripped of the ability to actually 'feel' - can possibly find some kind of foothold in the contemplation of beauty. Tinkering with things lets people into their own minds and their own feelings, as thinkers, tinkerers, or fettlers, and each person experiences this letting in very differently and will have a different story to tell, if they ever tell it at all. Indeed it is the not-telling, the non-definition, the indeterminate vagueness that is key to how ReRide works - the social recovery process takes place inside a wandering, distributed, enworlded mind that shifts experiences and attitudes around to create an idiosyncratic and perhaps wordless narrative. ReRide makes no mention of 'treating' 'mental illness' or 'emotional distress', or of attending to 'mental health', or indeed of helping any particular person in any particular way. ReRide does nothing more than present people with the opportunity to apprehend for themselves, in their own time and in their own way, the vague mechanics of their own aesthetic-affective reality, and then to slowly build a framework, a 'socio-existential state', or 'recovery vehicle' which suits them – something they can ride around on. Casually working on the bicycles can simply engender a respect for good design and good quality, but working with them, within them, in the deeply connected manner that they demand, offers an instruction in, teaching of, or training towards a certain set of 'things': resilience, co-operation, patience, and humility. The 'master' mechanic's technically 'anarchic' consideration of 'power' as an impediment to the emergence of 'good' would place her in an interesting position within more explicit socio-political movements, were she ever to leave the workshop.

11. Next steps

This chapter has sought to describe the mechanisms that drive the development of what might be described as 'social recoveries', provisionally understood in crudely propositional terms as the fostering, by whatever means, of 'a set of unique social-existential states preferred by each particular person with a particular mental health problem they are enduring, or even using creatively, in their lives' (Pilgrim, 2008, p.297). It was shown that the ReRide workshop provides a vague and undefined social space within which social identities are blurred and de-categorised. Instrumental 'learning' about bicycle mechanics, meanwhile, taking place in the context of idle 'consumatory'

workshop conversation, results in a shared know-how about bicycle mechanics that is social in nature and held differently by each mechanic as an idiosyncratic sensibility rather than a set of 'facts'. On another, less easily-discerned level, detailed descriptions of the mechanics' practices suggested an experience that unravels 'things' into coalescences of affective association. 'Training' in bicycle mechanics was thus presented as a pre-cognitive training in the unravelling of things to the level of affect, followed by their subsequent repackaging and re-translation into 'new things' - refurbished bicycles as aesthetic expressions of new ways of understanding and coping with the world.

The following chapter presents a review of the ground that this thesis has covered and a further examination of the actor-network theory tools that it has used to open up its chosen black boxes. It offers up the practices and approaches of bicycle mechanics to those of actor-network theory, to propose that not only are they similar, but that they are one and the same thing, both engendering a travel-bag positivism, and ultimately (although simple mastery of actor-network theory is insufficient here) an enhanded way of navigating the natural, social, and cultural world without engaging propositional thought, consciousness, or deliberation. The mechanics of this world are pointed towards through the 'emancipatory engagement' notion of 'engrenage' and its concrete expression in the refurbished, 'beautiful', functioning bicycle. Bicycle mechanics is then proposed as an example of an 'actor-network therapy' which, whilst aligned with the PTM Framework's therapeutic and political objectives, is more effective for remaining largely formless, and not itself seeking to be deliberately or consciously 'therapeutic' in any way. The paradoxes inherent in designing, delivering, monitoring and evaluating something so necessarily formless are then discussed.

Chapter Seven

[Note: In the course of this chapter I will be making further use of selected observation and interview data. I acknowledge that this is contrary to convention in the context of a PhD thesis; data is used here not to introduce new themes or forward new hypotheses but to aid in the elaboration of ideas presented in previous chapters, which will be referred back to at the appropriate points. In almost all cases the quotes presented have been used in previous passages.]

1. Review

> *'Now we are in the age of the hegemony of biological psychiatry, which seems a perfect fit with an American health care system that has replaced quality with efficiency and cost-cutting and has turned the broad competencies of psychiatrists into the narrowest framing as psychopharmacologists. Like a flood tide, it has washed away much of psychosocial and clinical research, replacing both with a romantic quest for a neuroscientific utopia as its holy grail, which has little relevance to the work of practitioners' (Kirmayer, 2015, p. xvii).*

Kirmayer notes elsewhere that 'it is important to recognize that psychiatry itself is part of an international subculture that imposes certain categories on the world that may not fit equally well everywhere and that never completely captures the illness experience and concerns of patients' (Kirmayer, 2012, cited in Watters, 2012). Within the 'psy subculture' as a provisionally identifiable whole the term 'mental health' currently denotes a discrete and somehow knowable thing; the therapeutic encounter remains an attempt on the part of the professional to modulate the patients' subjectivity towards a certain 'ideal' 'healthy' form or design whose aesthetic – what it considers to be 'beautiful' - has been determined by that subculture.

Chapter Two of this thesis sought to cover the range of approaches to the diagnosis and treatment of 'mental health' conditions that lie between biological psychiatry and community psychology, as well as pointing towards some approaches that seem to transcend or elude these disciplines altogether. Chapter Three outlined an 'actor-network' approach to the understanding of social interactions amongst people and things, as well as detailing the methods used and problems encountered in collecting data for this study.

In Chapter Four, the first part of the analysis, I examined ReRide as a tacit 'clinic' that had no precise location or 'staff', no timetables, and no overt mission to 'heal', 'cure', 'treat', or indeed 'do' anything in particular to anybody besides providing a space for learning to be a bicycle mechanic. It is not held to be an overtly 'therapeutic' space by anybody at ReRide*:* there are no mental health professionals present, and when such badged and uniformed, qualified people do show up they tend to get in the way. ReRide nevertheless manages to deliver 'clinical outcomes' – people report 'getting better' in one way or another.

Chapter Five explored the fluid ways in which ReRide is configured and reconfigured to maintain its existence as a sustainable 'business' that offers 'employment' and can generate 'production'. Within the 'office' and 'workshop' that, together with the 'brand', constitute a 'business', the discourses of 'employment', 'production' and 'industry' are allowed to take their own shape around the predilections of the staff. The local confluences of 'business' and 'recovery' actors produce tensions that are overcome by a highly adaptive 'low-pressure' business model that goes beyond that of the normal social firm. The authenticity of working within a 'real' business contributes to an atmosphere of work and of industry, which in turn generates another facet of a possible 'recovery', that of feeling useful not only as a 'bicycle mechanic', but as an economically productive 'citizen' acting as a recognised component of an economic network.

In Chapter Six I closed in on the precise practices that 'bicycle mechanics' involves, the skills that it develops in its practitioners, and the awarenesses that the acquisition of those skills seem to cultivate. While I described how the workshop provided a safe social space in which pejorative social categorisations were blurred and extant hierarchies jumbled up, I also proposed that training in bicycle mechanics gave an insight by way of allusion into the way that things in general are being made up - as confluences of vaguely discernible affect. I suggested in this context that for people whose emotions had been halted, as they reported, an exposure to affective artefacts could act as a reintroduction to the affective flows and negotiations of everyday life, and I depicted the case of Reg as an example of this process in action. I also pointed towards a strange slipping out of standard physical and temporal dimensions that the staff experienced when ensconced within a very specific task, which could afford an entirely new perspective on the local construction of aesthetic experience.

2. This chapter

What I intend to do in this final chapter is to offer up the practices and sensibilities of bicycle mechanics to those of actor-network theory, to propose that not only are they similar, but that they are one and the same thing. In 'actual', 'physical' space they are of course very different: bicycle mechanics spend very little of their working time reading or writing, and actor-network researchers rarely work on actual machines, but I will argue that the way they walk around looking at things, the conclusions they reach about those things, and their aesthetic appreciation of choreographies and texture are indistinguishable from one another.

I will then propose that this productive and fruitful perspective on things, a fluid, contingent, aesthetically-informed positivism, arrived at through the immersion in actor-network research or bicycle mechanics, might be considered therapeutic in itself, and provisionally call the entrainment of this perspective 'actor-network therapy'. The idea of 'engrenage' as the social-mechanical concept behind actor-network therapy will be described. I will suggest that bicycles might perform the role of therapist, allowing the resident 'professional' to provide ancillary support that is largely invisible, and all the more effective for being so (Bolger, Zuckerman & Kessler, 2000). Finally I will outline what actor-network therapy 'treatment' might look like in practice – where it could take place, the practices it might consider suitable, and the unusual types of clinicians who might step forward to undertake the work.

3. Actor-network theorists and mechanics

To reiterate, actor network theory suggests a reality of 'things' – people, objects, values, and 'actor network theory' itself of course - coming into constant local, provisional being in relation to one another. In amongst this contingent state of affairs, knowledge as a stable set of facts that mediate experience is replaced by a nascent aesthetic awareness of the intricately patterned unfolding nature of things, deeply intertwined on all levels, from the physical to the affective. The connection between actor network theory and mechanics rests primarily in this almost naïve awareness: both practices concern themselves with an inquisitive taxonomy of the generative interrelationships between component parts of an integrated system. The actor network theory 'network', 'rhizome', 'field', 'lattice', or however the heterogeneous, seething jumble of assorted actors within the delineated field of study is characterised, appears as moving and active – it does something, and has results and effects, but the 'outputs' of any 'inputs', while having a 'form', follow a local, provisional 'logic' that can only be understood on an aesthetic level that is felt rather than known in any discrete way. Actor-network theory practitioners are encouraged to inspect 'the social' in the same manner as a mechanic who walks around some huge, clanking machine that he has built or has been made responsible for in some way – looking at dials and gauges, running a finger over the rivets, and listening to the whooshing of the sumps, 'feeling' for shapes and modes. Whatever the machine, all of its constituent parts (identifiable or not) have come into being with respect to the function of the others, in the light of how the others will be working in relation to one another. Its design and the way

it does what it is supposed to do is governed or directed by a certain local 'subcultural' philosophy:

> *'The Bike-Hod* [bicycle trailer] *is a strange mixture of gawky practicality and elegant design. The frame is deceptively simple, but thought through with great care, so as to put the load in a stable position between the wheels, yet occupy as small a space as possible. At the bicycle end, the hitch consists of a small exhaust clamp (owners of early Minis may recognise this), welded to a short tube. The flexible part is a piece of automotive heater hose, fixed firmly to the trailer shaft, but able to pop on and off the exhaust bracket thing, secured by a quick-release pin. Crude, or a masterstroke of design? There's something very English about finding a solution amongst such humble components. The Japanese would spend long hours hammering away at their Computer Aided Design packages, then build something much too complex, the Americans would prefer a delightfully tactile but rather expensive light alloy casting, and the Chinese would produce an overweight monstrosity. The Englishman, on the other hand, makes a trip to the motor factors and it's all sorted' (Henshaw, 2003)*

Henshaw casts the Bike Hod trailer hitch as a thing which is as much 'social' as it is 'technical' – the two are enfolded within one another. What we might think of as ostensibly 'social' can reside in 'technical' things as much as it can in 'people' – or even more so perhaps, since the things can have their intrinsic morality imputed and contested in many ways, and all at the same time, without any emotional trouble or conflict on the part of the things being contested. As described in Chapter One, Annemarie Mol explores this concept in *The Body Multiple* (Mol, 2002), showing how the artery condition 'atherosclerosis' becomes different things when it is encountered in different places - under a microscope, in a waiting room, or on the operating table. Conflicts arise when the people who are concerned with it come into opposition, but these conflicts, as with the Bike Hod, are traced back to the differential awarenesses and knowledges that gave rise to the conflicting interpretations. At an abstracted level the movements of the interpretations of 'things' are traced as a provisional pattern which has broader aesthetic reflections or echoes across other social structures, but these reflections are shifting and refracted, and can never be quite said to be 'this' or 'that'. Bicycles can behave in the same way, and eventually it becomes apparent that this might be how all 'things' ultimately 'are'.

The emergence in actor-network theory writing of this unsophisticated empirical ontology, where things come into being differently from place to place, or differentially in the same place, translates to the level of practice in the bicycle workshop as a certain practical wisdom. All jobs are new and should be approached with a caution that respects the precise and unique circumstances that surround it. Then there are the locally determined notions of 'good', 'nice', 'ugly', and 'wrong' that fuel endlessly inconclusive workshop debates. The mechanics are builders and they want to see results, but by immersing themselves in this moral arbitrage, and realising (finally) that any certainties reached are indeed purely arbitrary, they arrive at the same conclusion as the actor-network theory researchers – that this 'persistent tinkering in a world full of complex ambivalence and shifting tensions' (Mol, Moser & Pols, 2010) has no real conclusion. Indeed it is the acceptance of the interminable inconclusiveness of 'things' – their intriguing and ultimately emancipatory fluidity – that might constitute a provisionally 'recovered' ontological position. The sense amongst both mechanics and actor-network theory writers is that holding on to certainties – marching into a setting with 'knowledge' - will blind you to what might actually be going on. The humility of the master mechanic sits well with the deference of actor-network theory writers to their objects of interest; salmon, washing, or a Zimbabwean bush pump. There is a sense that, just like the bicycle mechanics, in order to understand the objects of their attention the writers must submit totally to them, allowing the things to talk about 'who they are' and 'what they want'.

4. Letting things talk

Where all this begins to be of interest in a therapeutic sense is at the point where letting things speak for themselves allows a therapeutic intervention to operate in a more fluid manner that can embrace an aesthetic dimension. 'Reality is not independent of the apparatuses that produce reports of reality' (Law, 2010, p.31): the ability of somebody to experience a purely lexical mental health intervention as 'therapeutic' is dependent upon their own personal ability to select those words which not only precisely express their distressing emotional state but also convey it unerringly to the 'therapist'. Anybody who has tried to put even the most stable and mundane of feelings precisely into words will understand the impossibility of the task, faced in particular with the innately equivocal meanings of contextualised 'words' themselves. The grammar of speech also starts to interfere and constrict, and then there are the vagaries of cadence, tone, and so on. Any account of anything is a risky account, and when therapeutic outcomes, treatment

decisions or even incarceration depend upon interpretations of this account, the risks seem to multiply. And yet there seems to be an insistence for 'things' to be made to give a word-based account of themselves, and 'mental illnesses' thus to be stabilised in a reductive, ossified reality.

Carly became known at the ReRide workshop for her beautifully designed and painted bikes, built specifically for women, but she was quite reticent about talking about them. I would ask her to go over all the details and she would skip over them a bit dismissively, as if to say 'this is the bike, either you get it or you don't'. They carried a set of meanings and embodied a set of emotional expressions that I was never able to get to the bottom of: she would get very angry if any of them were accidentally damaged; if one was sold to the 'wrong' person she would be upset. The bicycles seemed to be repositories of meanings, but she wouldn't or couldn't tell us what the precise meanings were. Perhaps that didn't matter; she was able to place a hand on them and say 'that is what I mean', and the bicycles were a proxy, a coded public expression of quite intense private feelings that she was both unwilling and unable to put into words, only into bicycles.

In the hands of a bikesmith the bicycles can produce aesthetic reports of a reality that is more complex, nuanced and satisfying than the one captured by words. In the course of trying to write up this thesis I have been continually confronted by the same tendency on the part of words (and the grammar which orders them for the purposes of communication) to adulterate, corrupt, or otherwise warp some subtlety of affective sense that I am trying to convey. The difference between a wordsmith and a bikesmith of any level of expertise is the range of aesthetic expression available to them: while there are only a certain number of ways in which to compose and arrange a sentence, the number of minute technical and aesthetic adjustments that can be made to a bicycle is infinite. Furthermore, the debates – aesthetic debates in particular – that are sparked by the particular arrangement of a particular bicycle are from the very outset more democratic – nobody starts with any kind of advantage and there is no final word on what looks 'good'. How well something is working technically is arguably more susceptible to debates based on more hierarchical knowledges and acquired skills, but even then the feel of a gearshift or a brake system - the way they are set up to perform - is a matter of personal taste. As a vehicle for the direct communication of complex and sometimes conflicting affective subtleties the bicycle speaks fluently and articulately on behalf of the person who built it, and the verbal discussions that inevitably arise from the joint contemplation of a bicycle are delicate and hesitant in the words that they select to perform the task, often drawing

upon a mixture of very precise technical terms and very vague adjectives. Thus 'sweet indexing' (Matt) is used to show an appreciation of the functioning of an 'indexed' or semi-automatic gear system – not just that it works well, and that it feels pleasurable to be incorporated into as a user of that system, but that it has obviously been fettled gently to that state of 'sweetness', and that 'sweetness' is a thing that the mechanic was keen to embody into the bicycle, to 'talk about' without being pinioned into words and sentences. 'Yeah, it was rough to start with' would be a typical response. Both mechanics know both the technical and affective dimensions of 'rough' – 'not working right' and so 'not feeling right'. The depth at which the committed mechanic works means that words like 'rough' and 'sweet' are principally emotional states, with the technical considerations coming later. Thus the bicycle comes to speak on behalf of its creator in a vernacular that incorporates colours and geometries, technical designations and a somewhat dreamy slang which, when deployed in relation to the practices of bicycle repair, and at the site of the machine itself, seems able to adequately express multiple fluctuating emotional states, to get to the bottom of things. And so, to use Wittgenstein's example, if the mechanic wishes to attempt to communicate 'how a clarinet sounds' (Wittgenstein, 1958, §78) – to help someone else to 'know' (or in fact, leaving Wittgenstein behind, to actually 'feel') how she is feeling – the bicycle is an able and adaptable interlocutor. Indeed, if the mechanic's task 'consists [of]…having to describe the phenomena that are hard to get hold of, the present experience that slips quickly by' (ibid, §436) – then the bicycle can provide the means to help her. Wittgenstein referred to this task as the 'that dead end of philosophising', turning his back on the machinery of affect in favour of that of grammar. Carly would perhaps find more support in Whitehead's appreciation of the affective dynamics of symbolism:

> *'In every effective symbolism there are certain aesthetic features shared in common. The meaning acquires emotion and feeling directly excited by the symbol. This is the whole basis of the art of literature, namely that emotions and feeling directly excited by the words should fitly intensify our emotions and feelings directly arising from our contemplation of meaning' (Whitehead, 1927, p.83-84)*

The bicycle is in this sense a work of literature, but the work of interpretation and discussion –the 'analysis' - of this thing that is not comprised of words but of colours, shapes, textures and tuned systems is more affective in nature, more 'multimodal' and 'semiotic discursive' (as Cromby, 2012, p.94 requests it), and in its playful vagueness is

more able – if required - to shed an oblique light upon the pain and terror of the subjective experience of 'severe mental illness'. It is a gentle therapy that asks little of its subject.

Ton Meijknecht and Hans Van Drongelen, two campus chaplains at Delft University of Technology in the Netherlands note amongst their students a similar 'inability to express in words what symbols can show in a much better way' (Meijknecht & Van Drongelen, 2004, p.448):

> *'In constructing and creating their products, mechanisms and procedures, engineers learn to use other means of communication and understanding. For them, the results of their work area means of communication. Aesthetics is another means of communication by which engineers exchange their thoughts and emotions. They will try to articulate what they consider beautiful and good, but it is obvious that this exercise is not easy for them. Words are hard to find. And how can you describe accurately the feeling of lovely, well-welded material? You need to have this feeling, otherwise you will fail to understand engineers' (ibid, p.448).*

It can be inferred that the first identifiable therapeutic benefit of working on bicycles is that the 'bicycle-things' are given a nuanced voice that is able to speak on behalf of the mechanic as an affective gesture; in the ReRide workshop people can create things that express certain feelings that a standard, lexically constrained interpersonal talking therapy would not be able to access. actor-network theory performs the same task of drawing of our attention to the ability and indeed the desire of things to act as repositories of affect, as in this example where Bruno Latour gives a voice to 'Aramis' - a prototype mass transit system: '*I am the deep well into which they are tossing their wishes, their hopes, and their curses*' (Latour, 1996, p.201). A bicycle can speak on behalf of somebody for whom words feel too performative or too clumsy, or too explicit, or remain out of reach. Working on bicycles, designing and painting and building, can thus be considered a form of 'art as gesture', and indeed is experienced as such:

> 'I want to see it [a gold-painted BMX] being ridden around town. I want people to see it and go 'wow'. It's completely impractical but it looks cool' (Matt)

Where the ReRide 'therapy' and standard 'art therapy' diverge is in the purpose of the art that is created. As free-ranging conceptual kinetic artists the mechanics could put together whatever they like, whatever looks good, and whatever really expresses how they feel, and this might be a pile of rusted wheels in a field. But as 'proper' bicycle mechanics they must make machines that also work, that have utility to other people, that they can explain

and maintain, and fix when they break. If the bike doesn't work then their 'art' is pointless – it might express something but it also needs to move in order to make that expression mobile. As Joan Miró said:

> '*I am not interested in a painting that just stays on a wall. What excites me is its radiance, its message, and what it can do to transform people's minds in some small way' (cited in Salvador, 2011)*

When the art does actually move off down the street and round the corner, and does so reliably and smoothly, Miró would applaud the mechanics' bringing together of aesthetic expression and utility – their ability to craft an emotional message into a tightly structured and constrained mechanical device. The technical requirements of bicycles provide a frame for an expressive, 'mobile', 'durable' art. But it is most appositely the kinetic art of Miró's friend and collaborator Jean Tingueley's mechanical sculptures, constructed to draw pictures and sometimes self-destruct, which draw attention to the feelings that can be enlivened by machines and the contemplation of the machine-ness of machines – the way they wriggle out of the hands of their ostensible creators to go off and behave in novel and unpredictable ways, seemingly of their own accord. The mechanics work also highlights the bicycle-ness of bicycles, but it is a disciplined creativity that seems to enhance its therapeutic potential. The bicycles need to be an inscription of a certain feeling that the mechanic wishes to express, and strategically ordered in order to remain translated as a bicycle for as long as possible. To achieve all of this they need to be designed well and built well, but also with *interessement* in mind, since the bike needs to enrol a rider; the bicycle must be an assemblage that works both technically and aesthetically if it wants to be a proper bicycle that can attract a rider and then be ridden around the town - enjoyed as a companion as well as being used as a tool. While the mechanic is obviously not thinking about the actual terms 'inscription' or 'durability'; he or she is, however, sensitised to the ideas, or rather to how they feel.

To summarise, one of the therapeutic aspects of bicycle mechanics lies in the fact that a mechanic can use the bicycle as a proxy to express feelings that he or she is unable or unwilling to put into words. The bicycle is thus a piece of art, but an unusual one in that it must rely upon mechanical durability as well as aesthetic appeal in order to remain in existence, to carry on talking on behalf of its creator. The sensibilities that equip the mechanic to create a machine that fulfils these functions are most fully expressed in the lexicon of actor-network theory, but again these sensibilities are never reduced to mere

words – they are allowed to float freely as feelings of craft, of ‘good’, ‘proper’ and of ‘sorted’:

‘I got the Cannondale sorted, and I mean sorted’ (Matt)

‘Sorted’

5. ‘Engrenage’

My friend and colleague Andy Ogilvie was, by his own admission, a ‘naughty kid’ while he was growing up, which made him the ideal supervisor in a bike workshop session set up for naughty kids who had been excluded from school for one reason or another. Andy told me how one particular young person showed up one day at the workshop with his key worker. ‘Good luck with him’ said the key worker, ‘He’s got pretty intense ADHD issues so don’t expect to get much work out of him. He’ll be bouncing off the walls in about fifteen minutes! Anyway see you in a couple of hours.’ When the key worker came back he said ‘hi’ to Andy, chuckled sardonically and asked how the kid had been getting on. ‘He’s been sitting in the corner over there for the last hour or so’, said Andy, just as sardonically, ‘I gave him a really dirty old bottom bracket to clean and I haven’t had a peep out of him’.

Time flies when you’re having fun, and also when you are totally absorbed in a task that has acquired intense meaning from somewhere. This meaning can be dictated to you by somebody in authority – ‘this thing needs doing’ - but such extrinsic motivation will only take you so far. A much stronger and more sustainable motivation to keep your head and hands buried in some complex task is provided by meanings that arise from within the things with which you are engaged. This is an intrinsic motivation that arises within the

worker and the 'thing' at the same time, joining them together in practice. In the case of bicycle mechanics the 'things' which attach themselves to the worker through this bonding motivation largely comprise individual bicycle parts made out of stainless steel or aluminium, and sometimes carbon fibre. What makes them so engaging? They are precision-machined, sometimes chromed or lacquered, shot-peened or anodised, tempered, heat-treated, vulcanised, cold-forged: the mechanic is invited to see and feel the textures and colours that these processes impart and also to consider the technical and aesthetic reasons for which they were carried out. The bicycle mechanic wants to bring out these parts' intrinsic utility, their *telos*, be that mechanical efficiency or aesthetic beauty, or a complex combination of the two. The things need to be brought into relation to one another with respect to broader issues of mechanical compatibility and colour schemes, as well as the overall concept – shopper bike, mountain bike, mountain-shopper hybrid, and so on. And then the machine needs to be tuned, test ridden, and tuned again: made to work as an actual 'bicycle'. The concentration involved is protracted and exhausting; the whole process may take days or even weeks, but for the time that the mechanic has their head in a project nothing can distract them. They may go off and eat and sleep and read and write, but until the project is finished it will nag at them.

> 'I spent ages thinking about whitewall tyres. Then I realised one day I was just stuck in the eighties, and I mean I wasn't even born in the eighties' (Ben)

> 'I was three hours with that Sturmey Archer [gear system]. When I looked up everyone had gone home' (Chas)

> 'You know when you're dead set on sorting something out? No food, no tea, you don't want anyone to talk to you, and it's like someone has to come and burst your little bubble or you'll be there forever!' (Carly)

'Engrenage' is a word borrowed from French to encapsulate the feelings bound up in ideas of 'gearing' and 'workings', but also an 'involvement' that carries elements of 'entrapment' within it. It relates to actor-network theory in that engrenage is what one finds inside a black box once it has been opened – it is the intriguingly heterogeneous mess that results from unpunctualisation. It also describes what keeps the actor-network theory researcher out in the field, caught up in the mess, scribbling in notebooks, amassing data, and wondering if all this was such a good idea in the first place. In this feeling of regretful bafflement they are joined by the bicycle mechanic: inside the mechanical bicycle there are complex systems of threaded bolts, springs, ballbearings, washers,

things protecting other things from yet other things, things making way for other things, things making sure that other things carry on doing what they were meant to do, and occasional things whose purpose is only revealed by accident, happy or unfortunate. The bicycle is, nevertheless, an eminently traceable lattice of specific 'thinginesses' of things: 'doing' 'bicycle mechanics' means spending any amount of time, from one minute to hours and hours, in this world of co-operative (or un-co-operative) things and the relationships that the things earnestly and patiently perform (or are refusing to), and helping them, cajoling them (or grimly, futilely compelling them) to maintain these relationships. Bicycle mechanics here is a meditation upon engrenage as cunning and only-just-penetrable 'workings'; what propels and sustains the meditation is engrenage as 'entrapment' – the inability on the part of the mechanic to rest until the job is done and the black box closed up again.

This relates to a 'therapeutic' experience in several ways. Firstly there is the experience of time flying when you're having 'fun', in this case when you are drawn inescapably into solving a puzzle which you know you are capable of eventually solving with the insight that the task of puzzle-solving will itself entrain. There is an immediacy to the combination of a live learning process with a concomitant, live, largely improvised implementation that brings the mechanic to the 'here and now'. The mechanic is drawn into a job that he or she has not done before, but looks doable; in the process of the job they learn how to complete it by deploying everything they already know about stuff, on the spot, fluidly and adaptively. It is exciting, and there is no escape once the black box has been opened. The mechanic is willingly caught up in the mechanical engrenage and grapples with it, learning how to improvise.

As the mechanic Mark says (see Chapter Six), after a time 'your mind is starting to work differently' as the skill of technical improvisation starts to become available in different settings – in Mark's case in the supermarket, where a glance at the shelves starts to suggest different combinations of ingredients that he can use to make his evening meal. Bicycle mechanics, just like actor-network theory, provides an insight into the mechanical engrenage of 'things' – how they are made up and how they are interacting with each other – as well as simply making the things themselves more interesting, more worthy of investigation.

The next level to this engagement is one that the mechanic Ben describes as being 'outside of space and time'. This looks like the opposite of the demand to be 'here and now' but seems in fact to be contained within it; it is a certain meditative state that the mechanic

falls into in the midst of concentration, especially on something small and fiddly. It is experienced as an extra dimension in which to think, to turn things over, to contemplate, or perhaps just to allow feelings to run a little more freely into more imaginative and aesthetic domains. Here a 'knowledge' is encountered which is 'haptic, tactile, thermal, kinaesthetic, olfactory, gustatory, [or] visceral…[things] are known immediately, sensually and corporeally, without symbolic or conceptual mediation' (Cromby, 2012, p.91).

> 'I think with the mechanics side of it definitely helps in other areas of...of your life. Like looking at things differently and thinking 'oh I can fix this'. I see what you mean with this project thing that you've got going on. I totally get it. But I can't really pinpoint exactly what it is' (Carly)

The mind that knows here 'emerges as environmental and emotional, social and symbolic, intentional and historic, active and participating, flexible and capable of fictional leaps, adaptive and anticipatory, and also capable of generating beauty' (Radman, 2012, p.45). The 'knowledge' or awareness that is encountered may approximate to Bohm's 'implicate order':

> *'In the enfolded [or implicate] order, space and time are no longer the dominant factors determining the relationships of dependence or independence of different elements. Rather, an entirely different sort of basic connection of elements is possible, from which our ordinary notions of space and time, along with those of separately existent material particles, are abstracted as forms derived from the deeper order' (Bohm, 1980, p.15)*

It is the very large contained within the very small; this is what lies within the 'purely' mechanical engrenage, the silence beyond the clanking gears. It is the slow revelation of a something that need not be made explicit because its value lies in its gentle and soothing lack of 'being' anything certain or specific. Awareness of it seems to give the mind some kind of rest, and while the idea of 'resting' a 'mind' that has been 'injured' may be metaphorical, it is only semantically so; descriptions of affectual processes seem in any case to require metaphors in order to accurately convey something that feels as though it is happening but cannot of course be 'measured', 'proven' or even put into satisfactory words. Tina, the mental health nurse attached to the ReRide project, uses this metaphor when talking about Mark:

‘I think he’s a little bit of a loner, so people are there if he wants it, and there is social interaction if he wants it, but if he doesn’t want it he’s also got the choice, he can just put his head down and get totally absorbed in what he’s doing, so then it gives his mind a rest from all those worries and anxieties that he has, when he goes home again, when he’s sitting in his room on his own and…and all his personal stuff comes and he’s had a break...of…all of that while he’s at…at the bike shop’ (Tina).

6. ‘A science only of the particular’

This ‘nothing’ or ‘no-thing’, or perhaps ‘no fixed thing’ state might be described as being informed by ‘a science only of the particular’ (Latour, 2005, p.137), but what does that mean in practice? In Chapter Six I gave a detailed account of the practices involved in changing a chain, with the intention of illustrating the ‘affective’ nature of the task. The following text seeks to explore the socio-technical engrenage accessible within a tiny and inconsequential bicycle component, both to show the morass of numbing detail into which the mechanic can delve, should they desire, and to once again try to communicate the willing submission to banal local intrigue which characterises the mechanics’ typical practices.

Valve nuts:

A ‘Presta’ valve differs from a ‘Schrader’ valve (such as the ones found on car tyres) by being taller, thinner, and better adapted for the higher pressures required for wheels built for racing, or at least for purposes other than ‘leisure cycling’. When you buy a brand new Presta valve innertube from a shop it comes with a small and shiny knurled nut that fits over the valve once the tube is installed and screws down over the valve thread and up to the rim.

It's pleasantly heavy to hold in the hand and has been precisely machined, and yet its purpose, and indeed its very existence, is the subject of considerable debate in bicycle workshops all over the world. The sole function of this knurled nut is to hold the valve stem vertical relative to the rim, which makes pumping up the tyres easier. If the valve stem leans over one way or the other towards the neighbouring spoke on either side it makes it difficult to attach the pump head, and the problem is exacerbated if an upright 'track pump', with its large pump head locking lever, is being used. The tradition amongst racing cyclists is to throw this nut away as it constitutes a superfluous rotating weight and, it is argued, throws a wheel slightly out of balance. The ('actor-network'-inclined) mechanic sees it in another way: if the inner tube is installed correctly in the first instance the valve will point out perpendicular to the rim without the need for the knurled nut. This is simply a matter of paying sufficient attention to the correct positioning of the tube when it is being put into the wheel. A valve that is not quite lined up (its base being slightly too far to one side or the other of the valve hole) but then brought forcefully into line by the 'strategic ordering' of the knurled nut risks tearing the tube at the point where it is bonded into the valve. Such tearing occurs only very rarely, but the knurled nut, or more precisely the way it behaves within the network of actors that constitute the wheel, is nevertheless felt to be 'wrong'. Granted, it makes pumping up a tyre easier, but this at the expense of increasing the risk of a puncture, and in any case both issues could be easily put to rest by the simple application of technique and attention to detail, values which the knurled nut seems to airily dismiss. 'I always put one on just to be on the safe side', says Ben one day, but on the safe side of what, or of whom? From a technical perspective it is surely less safe to put one on, since the lateral pressure it exerts risks distorting and weakening the valve-tube joint. So this must mean being 'safe' from criticism from other mechanics. But the knurled nut argument has been rehearsed plenty of times and the local consensus is not just that they are unnecessary but that they hold things in place in a forced and arbitrary way that is 'wrong', in the sense or feeling that it is requiring a compensatory effort on the part of other components (in this case the valve-tube joint) that will eventually result in their failure. This is a feeling that stems from compassion but is also tinged with ire. What is so 'safe' about that? And who in any case is this fictive panel of mechanics that still seem to hold sway over local judgement on the issue and trump the considered opinions and indeed the professional instincts and gut feelings of flesh and blood colleagues standing there rubbing their chins? Does this desire of Ben's to 'be on the safe side' stem from a previous experience of something that happened when 'the safe side' was not stayed on?

Do others' opinions count for nothing? Is it a fashion thing? Is it perhaps the fact that these knurled nuts are supplied with every new tube by manufacturers who have been making tubes for decades which somehow implies that they should just be accepted? The knurled nut is a small component sitting in Ben's palm, but it steadies a confluence of conflicting values: skill, patience, convenience, 'wrong', consensus, hierarchy, fear, tradition, design, and function. In factories across the world hundreds of these nuts are being produced every minute, automatically, by machines, as de facto 'actor-network' 'inscriptions' of their functional if not epistemic validity, confronting and undermining continually reasserted local contentions that they are not only useless but 'oppressive'. But what else can be done with them? They are too small to be used as paperweights, and too large to be threaded onto string and worn as jewellery. Could they perhaps be collected and sent back to the manufacturers? Could they be amassed in huge quantities and turned into sculptures? Or should they perhaps be used in spite of their 'uselessness', their jarring presence and the contradictions they embody endlessly and relentlessly present as a reminder of the inflexibility of modern manufacturing systems?

The engagement with bicycle mechanics as a precise 'science of the particular' cannot help but become entangled with matters of excruciating unimportance, and I have tried here to make it generate an emotive text. This sketch of the ruminations and debates that might surround a tiny component that I have chosen more at less at random is really only the entry point into the vast maze of internal technical-affective debate that the practices of bicycle mechanics lays open. The knurled nut is probably the most standardised, boring and inconsequential part of the bicycle; closer inspection reveals the machine to be comprised of a thousand or so of these different little (or big) things, many of which are entirely unique to themselves in the intricacies of their design; each are capable of generating an infinite number of traceable associations from within their tiny microcosms, and each association is in turn capable of ricocheting off in any number of unpredictable directions. actor-network theory-driven free-ranging association narrows the mind down to the intensely local but also lays it wide open, shunting us towards the awareness that 'in our daily lives we are engaged in practices that are thick, fleshy and warm as well as made out of metal, glass and numbers – and that are persistently uncertain' (Mol, 2002, p.31). Both actor-network theory and bicycle mechanics permit a freedom to explore association and conjecture, and inspire a doggedness to see these explorations through to some kind of aesthetically satisfying (yet always tentative) conclusion. Whether these conclusions are 'wrong' or 'right' is irrelevant – it is the restless and enjoyably futile

engagement with the engrenage of associations that constitutes the therapeutic power of actor-network theory-inflected thought. The unbidden emergence and subsequent development of these actor-network theory-inflected patterns of inquiry through the practice of bicycle mechanics leads me to conclude that what this workshop-based manual practice is a viable, effective and easily delivered 'psychotherapeutic' intervention. As I have proposed above, much of its effectiveness may lie in the fact that any developing sense of awareness of the generative relationality of things need never be put into words for the benefit of a mental health professional, and can reside instead, far more usefully, at an abstract and fluid affective level, expressed (on occasion) merely as an increasingly flexible and malleable circumspection towards things in general. It is a therapy that is difficult to see, resists being called a 'therapy' or being defined as 'therapeutic' in any definite kind of way, and counts both humans and non-humans as its 'therapists'. What it might look like and how it might be 'delivered' will be discussed below.

If the aim of any therapy is to help the therapee to unravel and come to terms with his or her experiences of emotional distress, then surely the most effective therapy gives them the tools to enter into the enhanded, enworlded machinery of their own consciousness as an engrenage, to become self-aware or conscientised around how narratives of experience are being constructed for them in particular, to see how 'your mind's actually starting to work on a different level', as Mark expressed it. I suggest that this internal exploration can take place on some visual or affective level, pictures or shapes or sounds or even physical feelings like shudders that indirectly represent past affective experience and are slowly rearranged and fettled in parallel to the somatic experiences of scraping out and cleaning of hub mechanisms, the careful realignment of brake blocks, or the scrupulous choosing of a colour scheme. The tools used on one level are spanners, Allen keys and spoke wrenches, extrospective tools that reconfigure physical reality. The introspective tools that accompany them and are bound up in the embodied practices of bicycle mending are wordless and formless, and are not to be found in any toolbox, nor indeed in any Framework. In the bicycle workshop these tools are observed as the frown of concentration, the hands-on-hips stance, the dubious grimace, the contemplative intake of breath, the appreciative tappety-tap with the fingernails along the length of a Reynolds 531 double butted steel top tube, the raised eyebrow, the cocking of the ear, the slow nod, and the ready cynicism and circumspection. They are perhaps a lens that is gently polished and brings things into focus and perspective, or a gold pan that sorts through experience and brings things to light, something that recognises patterns, or combinations, or

similarities. These tools – precognitive and subscribing to no fixed algorithm – belong to a mind which can bring complex meanings to the fore without lexis or syntax, and help the mechanic to access the conflicts of meanings that may lie at the root of their experiences of distress or tension, and to find and subsequently hone their own provisional solutions to the everythings problem.

‘Many accounts of recovery seem to be about a decolonising process’ of ‘reclaiming their experience in order to take back authorship of their own stories’ (Dillon and May, 2013, p. 16, cited in ibid, 2018, p. 75). The bicycle, then, is that first stab at authorship. ReRide seems to offer the mechanics the opportunity (or, in truth, requires them as the only reason they are there) to write a self-authored personal stor through the medium of the bicycle. Words are, of course, entirely unnecessary in this narrative, but the staff often like to recount it:

> Ben: Well I started with this old Raleigh frame which I got from the pile that Chas was throwing out. It was a bit rusty to I gave it a bit of attention with the wire wool, and so while I was doing that the paint started to flake off, so that was when I decided to strip it back to the bare metal and build a kind of naked bike.
> NM: A naked bike.
> Ben: I think at the time I liked the idea of a naked bike, because you can cover all sorts of things up with paint, and this was meant to show, you know, something, not quite sure. But anyway I was thinking about that and once that was done, all the rubbing down, all the paint gone I thought ‘I’ll need some bits to put on it but you know what tyres, what bars, what’s going to work on this?’
> [continues…]

Bicycle mechanics is in this sense a second-order therapy, producing symbolic stories that are not directly related to past traumatic events, but are instead responses to the Threat Responses (as the PTM Framework identifies them) that past events have triggered. It is in this sense also a type of abstracted formulation, ‘a process of ongoing collaborative sense making’ (Harper and Moss, 2003, p.8). Narratives and ‘formulas’ emerge, but they are not about trauma or distress, they are about bicycles. The therapeutic encounter, such as it is experienced, then takes place in a fluid and largely undefinable space that arises between the mechanic and the bicycle in the course of the repair and refurbishment process. The professional’s role, meanwhile, is simply to provide the physical conditions for the encounter – in the case of ReRide this involved Chas and Don simply being there

every day, paying the bills, making the tea and answering questions, rather than asking them. As explained in Chapter Six, the therapists here are the bicycles, and indeed each one will be asking different questions of the mechanic in the course of the repair job. These 'questions' are technical and aesthetic, but again it is the deeper, more subtle internal questions and puzzles that they pose that are the driver of the 'socio-existential' (to use David Pilgrim's expression) fettling that takes place.

In a purely practical sense the bicycle-therapists are dependent upon the mechanic to make them better, so power apparently rests in the hands of the mechanic. But the mechanic is simultaneously subject to the whims and vagaries of the bicycle he or she is interacting with – as Crawford (2011) points out, in any 'craft' activity the only route to 'mastery' is humility, an acknowledged dependence that is, at root, affective. Asking a mechanic the question 'how is the repair going?' will invariably provoke an answer about how the mechanic is feeling about the repair, and so to what extent they are feeling like a mechanic who is able to create bicycles out of not-quite-bicycles. The practice of bicycle mechanics as a therapy that has something to do with the bicycle as an actor-network operates on levels that are physical (bicycles get mended), affective (people's feelings about things they have experienced are rearranged into 'non-diagnostic, non-blaming, de-mystifying' configurations) and aesthetic (the end results are beautiful). The ReRide approach is aligned with the PTM Framework's therapeutic and political objectives, but its practices are perhaps more effective for some people for not being overtly therapeutic, nor indeed being 'about' anything other than mending bicycles.

It should be acknowledged, of course, that this largely wordless therapeutic practice - in as far as it does little to encourage the verbalisation of distress, nor provide an explicit forum for discussion of emotional issues – will be better suited to those people who feel unwilling or unable to put their feelings into words for the express purpose of making themselves understood. In that sense it is a private and introspective practice that cannot benefit fully from the fresh perspectives that others may bring to any discussion of upsetting events or feelings. Progress towards any sense of 'recovery', or just feeling any better, may be considerably slower, and indeed Chas thought that it took around sixty hours of bicycle-repair 'therapy' before he thought anybody started feeling any differently about things:

> 'Obviously with some people it happens a lot quicker but you're looking at about three weeks in the workshop actually doing stuff, and then there's the chit chat which comes out but if we're talking about just the hands-on stuff

then it works out about, let's say sixty hours give or take because obviously you're not slaving away all day you're maybe doing three, four hours a day' (Chas)

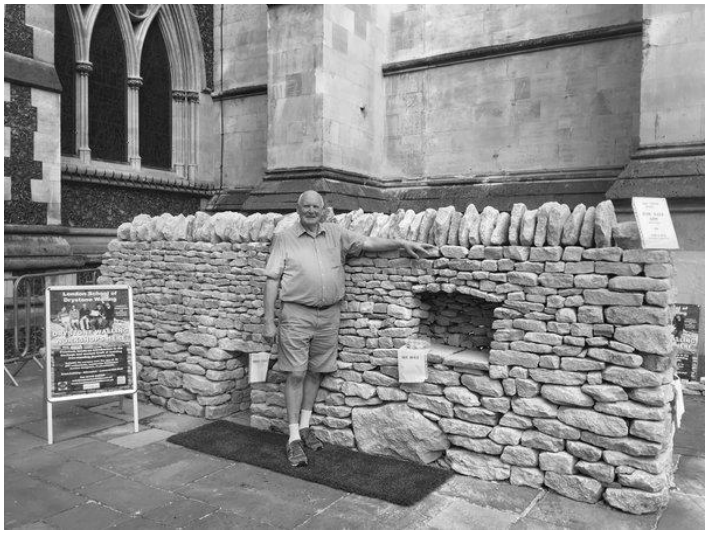
Even then, the ways in which people's feelings about things are being modified or ameliorated in any way is hard to gauge since there is no requirement to talk about anything in particular. But if the 'actor-network'-inflected practice of bicycle mending is nevertheless to be proposed as an explicit therapy, within what framework, or to what design, if any, should ReRide and other volunteer-led bicycle repair workshops operate? How can their activities be planned, measured, recorded and evaluated? Who are the professionals attending to the people taking part and what training do they need? In the next section I will try to outline how 'actor-network therapy' might take shape in mainstream services.

7. 'Actor-network therapy'

> *'It depends on how 'it' is being done in practice. We do without the assumption that there is [actor-network therapy] out there with a definite form, in existence outside the practices in which it is being done. That is the first move. And then, here's the second, it follows that since those practices aren't the same, different and multiple [actor-network therapies] subsist in different and multiple worlds. This, then, follows once we study ontology empirically. There is no ordered ground separate from practices and their relations. If there is order, it is a provisional and specific effect of practices and their ordering relations. There is no [actor-network therapy] behind the various practices that do [actor-network therapy]. There is no gold standard. There are just practices' (Law and Lien, 2013, 'actor-network therapy' substituted for 'salmon').*

Suggesting a therapy as unformed, uninformed and poly-ontological as actor-network therapy implies that it can take place anywhere, and be deployed through a wide range of practices. Bicycle repair and refurbishment has been the focus of this study, and its close alliances or resonances with actor-network theory make it well suited to actor-network therapy. But it should be clear that, apart from bicycle refurbishment, actor-network therapy has the potential to emerge from within any practice that uses the hands and requires an attentiveness towards, and submission to, the local ecology of the generative interrelationships between 'things'. The therapeutic effectiveness of bicycle

refurbishment turns upon the balancing act that is required to make something that both looks beautiful and works well – in this way the bicycle is more than just art, as well as being more than just a thing for getting around on - the mechanic needs to attend to both indices of bicycle-ness at the same time. Most important, though, is the enhandedness imparted by the complex manual practices inherent in bicycle mechanics. Comparable practices that might include clothes-making – where fabric choice, colour choice, measurement, cutting, sewing, fitting, and adjustment require both manual technical skills and an aesthetic sensibility towards shapes and styles to make a piece of clothing that 'works'. Training in haute cuisine, which might be characterised as a kind of aesthetically-informed cookery, brings together technical skills, gustatory finesse and an awareness of how food should look on a plate, and could also be considered an actor-network therapy. The judicious selection of stones and their precise arrangement into a wall that is both attractive and sturdy could be another. The only criteria that need be attended to are that the practices involve the hands in the production of a thing or set of things that have both a practical and an aesthetic utility. Ideally this utility would have a broader 'value' to other people and the 'things' resulting from the practices could be sold or exchanged. But irrespective of whether the activity is 'amateur' or 'professional', a practitioner's practical skill in whichever discipline is chosen will increase in tandem with the level of their 'ecological' awareness – the extent to which they are able to apprehend the ways in which 'clothing', 'food' or 'walls' are coming together in the course of practice.



The role of the ‘professional’ in the provision of actor-network therapy, meanwhile, is principally to maintain the space where the practices take place. In the case of ReRide this meant Chas and Don paying the rent, for example, keeping the place heated and lit, providing tools, tea and biscuits, sourcing unwanted bicycles, and liaising with the parent charity. Ideally these professionals, like Don and Chas, should be experts in their practical fields, but even this expertise needs to be held lightly and disinterestedly. Dr Peter Morgan, an inventor encountered in Zimbabwe by Marianne De Laet and Annemarie Mol in 2000, would seem to embody the qualities that an actor-network therapy ‘co-ordinator’ might exhibit:

> *‘Dr Morgan's carefully sought dissolution, his deliberate abandonment, is not simply an asset in any man, but is especially suited to the dissemination of the Bush Pump. Pleased with what he calls the 'forgiving nature' of the Bush Pump, he has made it after his own image - infused it with a fluidity that he incorporates himself as well. It may be that to shape, reshape and implement fluid*

technologies, a specific kind of people is required: non-modern subjects, willing to serve and observe, able to listen, not seeking control, but rather daring to give themselves over to circumstances' (De Laet and Mol, 2001).

A perhaps more perplexing issue lies in the requirement that actor-network therapy, wherever it is planned to be deployed, cannot, paradoxically, be the named impetus behind any specific operations or projects – that is, it cannot set out to be merely a 'therapeutic' exercise. ReRide only came into being through an identified market demand for good quality refurbished bicycles, rather than being just something for 'people in recovery' to do. An actor-network therapy project, then, must initially only seek something that needs doing, something that requires volunteers to attend to it over an extended period of time. Where the volunteers come from, what they are able to contribute to the project, and what 'therapeutic' benefits they derive from it, cannot be planned in advance. This case study has sought to detail the suitability of bicycles, a workshop and a social enterprise or social firm as mediators of the actor-network therapy process, and in this case the volunteers were enrolled as bicycle mechanics. Future projects might enrol volunteers in other capacities, but should concentrate on the job that needs doing and on attracting people to do that job. And, of course, 'the 'job' must in some way entrain a gradual awareness of the ecology of the 'thinginess of things' through predominantly manual work. Any emphasis on 'therapy', 'recovery' or even 'mental health' will result in volunteers enrolled as de facto 'patients', with the result that the project will struggle to escape ideas and feelings of 'treatment' and its corollary, 'illness'. In short, the term 'actor-network therapy', like actor-network theory, should remain held between imaginary inverted commas.

8. Measurement and evaluation

While there can be no firm rules concerning what actor-network therapy can or can't be, where it can or can't take place, which practices it can or can't embrace, or who its therapists are or aren't, it should nevertheless be possible to decide that an actor-network therapy programme is going to take place and roughly and provisionally delimit its boundaries in terms of 'location', 'timescale', 'practices', and 'clientele', whilst recognising the role that these terminologies play in delimiting the therapeutic possibilities of the programme, if it is indeed a 'programme', a 'course', a 'project', some kind of 'apprenticeship', or simply 'a job that needs doing'. However, for any commissioner of services to even give an actor-network therapy project a second look it must have a proven set of outcomes that are measurable in some way, and this is where

problems may arise. At ReRide the 'clientele' – those accruing benefits from being there - were from all backgrounds: a divorced father of five, an ex-warehouseman, a long term carer, a retired water quality engineer, an accounts executive, a graphic designer. Some of them had been in psychiatric institutions but most hadn't. Some had been living on the streets for weeks or months and had never been in contact with the medical system. Some were living 'normal' lives, with jobs and families and mortgages. Whether or not they had 'ongoing mental health conditions' was never determined because neither Don nor Chas had any knowledge of or indeed interest in the established diagnostic categories of emotional distress. Some of the staff had case files but these were only relevant for initial risk assessments around using power tools. Over the course of weeks and months no measurements were taken, the underlying sense being that the very act of measurement itself would disrupt any incipient changes in emotional states by drawing attention to a fictive 'mental health condition' which would only exist within the terms of reference of the measurement tool. Some volunteers in an actor-network therapy course may be very content to rate themselves against standardised, scientific measures of 'mental wellbeing', but a panoply of tools must be brought to bear upon anything that is to be 'properly' 'measured' if all of its dimensions are to be captured. In actor-network therapy the intricacy of emotional experience, and ongoing changes to the shades and nuances of that experience, should be looked for in places other than charts and tables, outcomes stars and headed forms. At ReRide I principally looked for changes in the bicycles – working better, looking better, and *feeling* better-equipped to be bicycles that could go out there and do things. Then I also asked questions: 'tell us about the bike' or 'how much do you think it should go for?' These are mundane questions that related to the practices of a bicycle mechanic in a bicycle refurbishment workshop, and this is the reality that is being performed by these questions, but the door was casually left wide open for equally casual emotional expression – of the joy or torment, frustration, resignation or satisfaction that I know resided as narratives within the machines we were inspecting together. These emotions are bound up in the bicycle and are attributable to the bicycle, and so this form of monitoring and evaluation tries to evade any feelings of subjectification: affective experiences are considered to arise in conjunction with other things and can be commented upon in a way which can be extremely involved or completely detached. But even then these 'evaluative' conversations are not recorded on paper or on a screen – they are just borne in mind, and then often forgotten about. Some writing is done: there are log notes on the bike – 'tyres changed', 'rear mech hanger realigned', 'front wheel trued' – but these are written down by the 'client', as is expected

of all mechanics in a ‘proper’ workshop. What they are doing, of course, is logging their own incremental progress towards whatever level of mastery they want to achieve, and while this might be considered as having the *effect* of constructing a narrative of ‘advancement’, or ‘consolidation’, ‘discovery’, ‘enhandedness’ or ‘enworldment’, this is not its intention, and these words are unlikely to be spoken, or even conceptualised.

‘Slippery’ evaluation data is to be found strewn all over the network, and different practitioners will look for it in different places away from the obvious focus of work. At ReRide I noticed changes in the tea-making rotas, for example – who was making tea for whom, the care taken over the tea and the types of thanks given. I also noticed some changes in what people were eating for lunch. Sometimes I asked people about their cooking at home and listened to the way they talked about food. From a physiotherapeutic standpoint I sometimes noticed advancements in manual dexterity, ambidexterity, proprioception, flexibility, balance, and articulation. Sometimes I heard certain vocal tones that expressed a particular modulation and colour. Sometimes I would see a mechanic lay out the tools for a job she was *ideating*. My attention was largely passive, and the only reason I ever wrote things down and actually paid any structured attention was for the purposes of this research and its demands for words – otherwise I would have written and remembered very little, instead taking a keen daily interest in the complex intrigues of ‘how people are doing’, and ‘how the bikes are looking’.

The issue remains unresolved: how are funders to be reassured that they have not made career-damaging commissioning mistakes in backing an actor-network therapy programme? The data generated by standardised wellbeing measurement tools is meaningless outside the reductive understandings of wellbeing that the tools work within, so is it permissible perhaps to look downstream at some of the benefits that this therapy can be considered to generate? Where to look? How to look? ‘Downstream’ turns out to be a thousand streams that branch off and out into daily lives:

> ‘My daughter lives in my sister at the moment near one of the shops where they sell the bikes from this workshop, so my daughter’s seen some of the bikes that I've done and now she says ‘Mummy can I help you fix the bikes up?’ so it's great [*laughs delightedly*]’ (Carly)

Mark choosing food the supermarket; Carly telling her daughter about bikes; Ben at his desk writing his first book; Matt getting his hallway replastered. Do these situations have

anything to do with 'improvements' in 'wellbeing'? My general impression, shared I think by Chas and Don and Chris at the end of all this, is that they do – signs of the volunteers 'getting their lives back together' do represent ameliorations in states of affective tension. There are more direct signs too, though:

> 'I know some of the volunteers they have been to things like StreetVelo [a local cycling event] and some of the other things they've done, you know, they come back buzzing after chatting to a customer you know, people perhaps have cycled there, particularly to StreetVelo, and go 'oh it's making a bit of a funny noise', and they are just able to go…give it a quick once over or give them a quick bit of advice, and go 'try this' and they quite like the fact that it was…they have been able to pass their experience on to others' (Chris)

There may well be also some hard 'facts' that can perhaps be taken as 'evidence' that this intervention is working; my experience is that these facts are likely to be found as half-expressed meanings and tentative feelings, invariably voiced through the medium of things:

'Twenty years old this. Bit of elbow grease and it looks good as new' (Mark)

9. Implications for policy and practice

As a relative novice in the field I am hesitant to dole out prescriptions for 'better' policy or practice, but quite apart from illustrating the utility of a 'community' bicycle repair shop, this study has brought to light some possible approaches to the understanding and

treatment of states of emotional distress that may be of use to a variety of people, professional or otherwise.

On a purely practical level first of all, ReRide demonstrates the value of an open and inviting community space where bicycles can be repaired very cheaply and people can come and learn how to fix bikes for themselves. The move to a lower-carbon economy will presumably necessitate, amongst other things, a significant modal shift in transportation towards public transport and bicycles, which will in turn require more local repair workshops to be established throughout the country. These workshops, as in the case of ReRide, could also act as de facto community networking spaces with a concomitant impact on public health (Marmot et al, 2010), as well as facilitating higher levels of cycling, with the well-documented health benefits connected with this activity (see, for example, De Geus et al, 2008).

There are also implications for the future provision – perhaps in an Occupational Therapy context - of non-medicalised therapeutic spaces - the de facto 'clinics' that ReRide can be considered to exemplify. Concurring with Walker et al (2015), it is apparent that these spaces do not require the presence of a psy professional, nor indeed any indication that these are sites that attend to anything other than a vaguely defined 'wellbeing', a term whose apposite fluidity has been discussed above. These spaces might not be explicitly user-led, but the experience of ReRide shows that within workshop spaces brought into being through manual practices the idea of 'leader' can become somewhat ambiguous. In any case the therapeutic practices themselves are decided upon uniquely by the users of the service themselves, albeit within the limitations of - in this example - a bicycle workshop. The attention of policymakers should thus be drawn to the ways in which the therapeutic benefits of these spaces can be understood and measured. In this latter respect the research also suggests that more attention should be paid to the 'anecdotal' evidence of the therapeutic value of instrumental manual practices as it takes shape within the things which are produced in the course of those practices, as well as within other elements of the participants' lives. If the things produced can be taken as expressions of internally held affective states then they can indeed be taken as information, as can incipient 'downstream' changes in life situations. While the NHS – via local Clinical Commissioning Groups - shows a growing appetite for utilising innovative Voluntary and Community Sector (VCS) approaches towards mental health service delivery, its primary contractual Payment by Results (PbR) model needs to be adapted to take account of the slippery nature of the 'recoveries'

that interventions such as ReRide can engender. ‘Downstream data’ and ‘anecdotes in the shape of things’ are largely inaccessible to standardised measuring tools; new tools need to be developed that are sensitive to changes in these recovery indicators and at the same time acceptable to funding bodies.

More broadly, this study points towards the possibility of people attaining an understanding of emerging feelings of distress without recourse to overt healthcare services, which arguably continue to carry with them subjectifying discourses of individuation and the risk of stigma. Public mental health campaigns could move away from encouraging people to admit that they are experiencing emotional distress, or ‘mental health problems’ (as in the Time to Change initiative (2019)) and towards suggestions for daily (or at least regular) activities for the average, non-categorised person in the street who has an interest in ‘wellbeing’, ‘feeling ok’ or just ‘coping with stuff’. Instrumental manual practices such as preparing food by hand, cleaning and repairing things, playing a musical instrument, knitting, painting, sewing or even just writing could easily be incorporated into the existing Five Ways to Wellbeing paradigm (as well as healthy eating, waste reduction and educational initiatives) as a tacit daily preventative measure against encroaching feelings of distress.

There is certainly the potential for professionals from within mainstream mental health services to migrate towards an ‘actor-network’-inflected approach to ‘therapy’ or ‘treatment’, and many interesting developments in therapeutic practice to be carried out as theoretical approaches are gradually unwound into more fluid, contingent awarenesses. Central to this process, however, would be for these professionals to undergo some form of extended enhandedness training, and for regular enhanded practice to remain part of their ongoing professional responsibilities as treatment providers.

10. General review

In the course of researching and writing this thesis over a period of seven years I experienced a number of emotional upheavals. At the very first stage while applying for the research bursary the community bike workshop I was running was closed down as the result of what I characterise in retrospect as a personal vendetta, and I became in many senses redundant. My marriage, meanwhile, fell apart, I separated from my wife, moved into a tiny house and had to take on the responsibilities of being a single father. I was experiencing the world as bewildering, enlightening and depressing by turns, but

as Anne-Marie Mol, Bruno Latour, John Law, Marianne de Laet, Marianne Lien, Jeanette Pols so painstakingly demonstrated through clear and impassioned writing, that is simply the way things are, and daily life, if it is to be lived carefully, with care, devoid of excessive emotional tension, needs to be approached with a metaphorical spanner in the hand and a willingness to engage in 'persistent tinkering in a world full of complex ambivalence and shifting tensions' (Mol, Moser & Pols, 2010, p.9).

My advocacy for immersion in useful practices, by which I mean those which are demanding in terms of manual and cognitive dexterity, of benefit to other people, and have as their result something that engenders feelings of satisfaction and a deeper sense of beauty, feels in some way grounded in personal experience. Bicycle workshops – those that I have set up and run myself and those that I have enjoyed visiting either as a researcher, as a community development worker, or just as an interested mechanic – seem to provide a good setting for just such useful practices, whilst also being intensely sociable settings that seek to include everyone who shows even a passing interest in bicycles or bicycle repair. This is not a revelation brought about by the research process, nor has it necessarily been a personally-held belief that might have moulded the account presented above into any particular shape. It might better be characterised as a tacit knowledge, held collectively with my fellow mechanics of all levels of skill and experience, and enlarged or made more confident of its collective benefit through contact with ever more people and ever more bicycles.

If I were to conduct the research again I doubt that I would do it any differently – I doubt that it could be done any differently in terms of the methodology employed. I could perhaps have started with Radman and Cromby's insights into the mechanics of affect and the enhandedness that it seems to entrain, then worked backwards, so to speak, to try to trace the ramifications of this awareness as it spreads out into physical spaces, organisational arrangements and social interactions. These insights have been slotted into the chapters in retrospect, and without too much difficulty, but I might have been able to use an awareness of affect to inform the direction if not the structure of the interviews I conducted, and it may have steered my observations in a slightly different direction.

Being a novice, though, has its own attributes, amongst them innocence of the research process itself, not knowing how it is going to unfold or which words are going to come to occupy the ninety thousand or so places waiting for them in as yet empty chapters which themselves have no headings. As Rosch (2007) observes:

'The wisdom in not knowing may be even more important than…experiences within knowing. Acknowledging not knowing is what evokes the genuine humbleness prized by every contemplative and healing tradition. It is also the basis of science' (Rosch, 2007, p.263)

The revelatory experience of the initial unravelling of things into actors and networks, not that they ever assumed such discrete forms, is probably unrepeatable. Actor-network theory may perhaps here have become the very thing that it seeks to rail against – a theory, or at least a way of looking at things, that may obscure other more important aspects of the field of study, an epistemological discipline rather than an ontological one. I feel confident, though, that the reflexivity that the discipline demands, of its researchers as well as of itself, can act as a constant refreshment and renewal of the ignorance and attendant humility that places actor-network researchers at the service of their subjects, in thrall to them, and keeps it hesitant in forwarding anything other than the most tentative of conjectures. In this respect I have certainly not been the ideal researcher - guilty of polemic, obfuscation, dismissiveness, selectiveness, hubris and hagiography, whilst also prone to 'self-indulgent rhetorical flourishes', as one of my supervisors put it, and while I don't seek to excuse myself of these faults, my awareness of them hopefully means I will be able to keep them in check in the future.

11. Limitations of the study

The study is limited principally by my own enthusiasm for actor-network theory in combination with a rather ham-fisted use of only some of its tools. There are some things that I failed to dismantle properly, or, lacking the time or mental power to investigate, skimmed over and dismissed as probably irrelevant. But actor-network theory as a practice has its own detractors who point, for example, at how the spatial metaphor of a 'network', used initially to rather ambiguously describe a perceived structure to subjectively experienced relationships, later slips out of being a metaphor and claims to be something that actually exists, that can be used as the starting point for an investigation. Epistemologically, we may point out along with Erickson (2012), that if the 'network' is to be taken as anything less than a metaphor, what about the things that slip through the gaps in the mesh? Erickson goes on to ask whether, by seeing the world as indeed made up of actual nodes and ties we are not just simply buying into an atomised and individuated notion of the world, or simply relabelling it with jargon and sanitising

it, whilst ignoring the messier lived experience of exclusion, discrimination and subordination.

I have thus tried to keep my use of particular actor-network terms to a minimum, but the study has also been limited in other ways. I was able to meet, observe and interview only six volunteers - the people experiencing emotional distress whom this study directly concerns - and the detail in which I was able to examine their recovery trajectories, if they could be called that, was limited by the time frame of the study and by the restrictions of the interview setting. To have built up a clearer and more complete picture of the actual day-to-day operations of the workshop and to have detailed the myriad contributions that all of the people and things were making to each other's recoveries would, however, have required my constant presence, a dogged and ultimately counterproductive quest for ever more detail, and a rugged disregard for people's emotional privacy. The study is thus limited in this respect by the boundaries that it has set itself in terms of how far and how hard it is willing to probe into emotional distress in search of data, a restriction that could only, I think, have been overcome by spending more time there in order to pick up on more of the incidental stories, observations or confidences that came up in the process of repairing bicycles.

In terms of the benefits to wellbeing of employment, the conclusions of this study can be said to concur with those of previous studies in the field. Warner's (2013) observation that 'employment' of this nature can provide transferable skills seems upheld; ReRide provided the sense of belonging that Lanctôt, Durand and Corbière (2012) cite as key to the operation of a social enterprise; the mechanics reported reduced social isolation and increased confidence and motivation, benefits of employment identified by McKeown, O'Brien, and Fitzgerald (1992). The mechanics' sense of being 'productive', and the meaning thus conferred on their broader lives in general, resonates with the observations of Andresen et al (2003), and they also benefitted from accessing positive roles recognised by the wider community (Repper, 2000). Finally, the 'anchoring' effect of steady employment identified by Brown, Lemyre and Bilfulco (1992) seemed to find ready expression in the ReRide workshop.

Whether or not the specific practices of bicycle maintenance and repair 'work' as a recovery intervention, however, does not remain conclusively demonstrated. From the data collected through observation and interview, and its congruence with my previous experience of observing and working alongside some forty or so volunteers in previous projects in Perth and Brighton (whose inclusion here can nevertheless only be considered

ancillary), I can tentatively suggest that the practical work of restoring bicycles in a workshop environment does have the effect of alleviating emotional distress, and this thesis has set out to uncover the mechanisms through which this might be happening. ReRide does not 'work' for everybody – some volunteers arrived and left a few days later, either bored or frustrated by the tasks assigned to them – but those who remained engaged reported 'downstream' changes in their family lives, employment situations, or more simply just their general sense of 'wellbeing'. I have inferred that these changes have come about through their involvement with ReRide, but of course there will be any number of external factors that will have contributed to the development of their social-existential states. While I have made attempts to loosely tether the practice of bicycle repair to Problem Solving Therapy, narrative therapy, and the development of a certain form of mindfulness and enhandedness, more research is clearly required to add empirical weight to my initial observations and the conclusions that I have drawn from them. This preliminary study, it is hoped, has opened up a field of research into the use of instrumental manual practices as a therapeutic intervention, and while it leaves uncertainties in its wake, as befits an actor-network study, this is perhaps to be expected or even welcomed as an invitation for more detailed and focussed work. A body of 'proof' that ReRide - and actor-network therapies more broadly - can facilitate recoveries can only be slowly constructed and stabilised through an iterative series of meticulous praxiographic studies.

12. Summary

Actor-network theory is a tool that has been used here, in the text and in the workshop, to slow things right down, to a frame-by-frame slideshow, to reveal the tricks of animation that translate coalescences of affect into a punctualised 'reality'. Within this continually performed reality there are no discrete actors, and hence no discrete network: there is only an endlessly unfolding drama of meanings that take aesthetic form and dissolve *almost* unnoticeably from one moment to the next. Actor-network therapy is proposed in conclusion as a training in sensitisation to this provisional and local, frame-by-frame generation of realities as coalescences of affective meaning. 'Actors' and 'networks' appear, but these are as effects rather than as discrete things: actor-network therapy draws attention to processes and movements rather than the things that these processes bring into being. Whether or not things like tables, chairs, computers, people, buildings, tools, and bicycles are 'there' is not at issue here - actor-network therapy is

interested in the lambent and transient forms they take as productions or confluences of association and emotion as they move through the relational field.

Bicycle mechanics as applied actor-network therapy is as an approach to coming to terms with what is indisputably happening 'outside' the workshop, in a world that is uncomfortable, unpredictable, precarious, fleshy, disconcerting, distressing and intangible. Actor-network therapy is not of course the solution to anything: it raises innumerable disconcerting questions and sets us off on a search for answers, but it is this search itself which leads the practitioner away from constricting ideas about 'mental health' and towards craft, and care, and beauty and ultimately towards a more immediate sensation of the choreographies and textures involved in simply being alive, amongst, within and through all other people and all other things. What arises from the practices that actor-network therapy suggests – its 'effects' - might be, on the one hand, bicycles or stone walls – things that have been made by hand, slowly, with thought and care, and increasing levels of skill, with an eye always towards making something beautiful.

On the other hand what emerges are enhanded bicycle mechanics and stone wall builders. The enhanded mind, embodied and situated, that is cultivated and refined, and given space and time to develop through their consciously, deliberately trudging practices, knows certain things, holds them as true, as existing, and one of these things is an awareness of the trammelled, situated, cognitively known 'you' that travels around social situations, thinking, deliberating, calculating and weighing up. When Crick and Gregory claimed that '"You", your joys and your sorrows, your memories and your ambitions, your sense of personal identity and free will, are in fact no more than the behaviour of a vast assembly of nerve cells and their associated molecules' (Crick & Gregory, 1994, p.3), perhaps they were right. Perhaps the consciously formulated awareness of a reduced, individuated 'self' does indeed take place in certain parts of the brain that the RDoC project will eventually pinpoint, and so faulty or 'disordered' cognition would then indeed be traceable to certain neuromechanical faults, and thus rectifiable through precision pharmacological intervention. But as Radman (2012) has suggested, this 'you' that can be totted up and evaluated, enumerated and counted and held to account in this way – a 'you' generated as an effect of the subtle 'business' practices of neoliberalism (Smail, 2011; Miller and Rose, 2008; Hall, 2011) is a poor, collapsed substitute for the real thing. A bigger, distributed mind is a 'you' that is perhaps something more like an 'us', or an 'it', or maybe something that is not really a 'thing' at all. Whatever it is or isn't, the dextrous aesthetic fettling involved in the practices of

bicycle maintenance – the fiddling, adjusting and tweaking that takes place within the body-mind-bicycle – seems to open a door to the direct contemplation of a 'beyond-ourselves'.

'The happenings of people's lives and people's human experiences cannot be separated out or put into stable categories, as they interact as part of a continuous stream' (James, 1890). In order to make ordinary life meaningful 'there is no clear strategy…the essential thing is to be sensitive to the contingencies and particularities brought by every new day.' (Pols, 2006, p.94). Drawing upon 'each person's deep wisdom and expertise about ways of managing and dealing with problems' (Dillon, 2011, p.155), 'social interaction in the context of meaningful work' and 'technical proficiency in the repair and maintenance of mechanical objects' gradually affords 'a sort of knowledge of the world, a means of orienting ourselves in the network of natural, social, and cultural relationships – a compass not based on contemplation or calculation …more like a strong background capacity that is at stake before the thinking 'self' knows of it' (Radman, 2012, p.48). The 'self' who is in possession of this enhanded, enworlded knowledge might not be particularly 'happy', 'positive', or 'optimistic', but they have 'recovered' an interest in and an appreciation of the 'fluid' 'mechanics' of 'reality', and in how it might be navigated.

13. Conclusion

The way in which ReRide works, or the way that people experience it, varies from one person to the next. Invariably its benefits seem to be transmitted at an only fleetingly observable affective level, but Matt's following observation captures well the essence of what ReRide is all about:

> 'You take an old bike and you sort of bring it to life, you know clean it up and fix it up and everyone else is doing the same thing. I mean nobody's doing it the same way, you've got people take different ways of getting it all done up and mended but the end result's the same, and we're all working on our own thing …but at the end of the day we're all doing the same thing, making stuff, building stuff, creating stuff and I think if you've got people coming back and doing it day in day out you've got to say they're happy, they're into it'

ReRide seems to have the effect of reigniting certain intense emotions and feelings by subjecting its clients to extensive daily dealings with the irrational and hotly contested technico-aesthetic arguments that constitute the typical bicycle, arguments that play out between mechanics or are grappled with alone at the workstand. The workshop mechanics come to love this and hate that, and sometimes love and hate the same thing at the same time. When people get 'the chance to get [their] hands dirty, do some hands on stuff, some mechanic-ing you know, some laughing' (Chas), and then take pride in their work as mechanics, colour can bleed back into affective experience, life becomes more interesting, and - frustratingly and yet gratifyingly - there's always somebody asking if you could just have a quick look at their brakes. Unravelling, unblackboxing, unpackaging and then dealing with all these heterogeneous, newly colourful affective bits and pieces, meanwhile, whether they are hanging in front of you in a workstand or coursing through your mind in the form of words or pictures or feelings, seems to be usefully approached through manual training in the fettling of things, not to make them perfect, but just so that they're a little better than when you started, a little more to your liking. This is a form of recovery that starts with the practice of taking matters – literally and metaphorically - into one's own hands.

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APPENDIX A

Faculty of Health and Social Science Research
Ethics and Governance Committee

Exploring a bicycle workshop as a community mental health initiative

Journal:	*Faculty of Health and Social Science Research Ethics and Governance Committee*
Manuscript ID:	FREGC-14-008.R1
Manuscript Type:	Ethics Application
Date Submitted by the Author:	n/a
Complete List of Authors:	Marks, Nicholas
Keywords:	mental health, recovery, community, bicycles

SCHOLARONE™
Manuscripts

Faculty of Health and Social Science`
Research Ethics & Governance
Front Sheet

Note: You should allow at least 3 weeks for FREGC to review your proposal and be aware that you may be required to revise your proposal and resubmit for further review.
This form must be completed by the Principal Investigator/Supervisor as indicated below. No signature is required but the form must be submitted from the mailbox of the Principal Investigator/Supervisor. Submission from one's mailbox constitutes the signature, and the application is considered with the understanding that all researchers agree to all the information provided and believe that it is accurate to the best of their knowledge. The FREGC does not accept application directly from students and it is expected that all students' work will be reviewed by the supervisor before submission.

FREGC No:

(For official use only)

Section A

General Information

Title of project: Exploring a bicycle workshop as a community mental health initiative

Is the project a PhD/ProfD/MPhil study ✓ **BSc/MSc study** ☐ **Staff research** ☐
(Check as appropriate)

Name of Principal Investigator / Supervisor: Dr Mark Erickson
(This will be the contact person for all correspondence with FREGC. Please indicate if you are the principal investigator or the supervisor of a student project by crossing out the inappropriate description.)
School/Division: School of Applied Social Sciences
Contact details: Email: M.Erickson@brighton.ac.uk
Telephone: 01273 644525

Name of Student(s) (for student project only): **Nicholas Marks**

Names of All Other Researchers:

Does the project require IRAS/LA application?

Yes ☐ **No** ✓

Does the project require the sponsorship of the University of Brighton?

Yes ☐ **No** ✓

How will this project be funded? List all sources of funds (e.g. research grants, commercial sponsorship, school funds etc). Fees paid by University of Brighton

Has the project been subject to scientific or peer review (e.g. scientific review conducted by research councils or other funding agencies etc)?

Yes ☐ **No** ✓

For Review Only

If Yes, give details

Do any researchers have any financial interests in this research or its outcomes, or any relevant affiliations?
Yes ☐ **No** ✓

If Yes, give details

If you answer "Yes" to the above question, have you included an appropriate comment on the Participant Information and Consent Form? Yes ☐ **No** ☐

Proposed timescale of study
Start Date: March 2014
Completion date: June 2016

For Review Only

Risk Assessment

Please tick the appropriate boxes.

Will the research study involve:

1.	Causing participants physical damage, harm or more than minimal pain?	Yes ☐ No ✓
2.	Manual handling of participants, vigorous physical exercise, or physical activity from which there is a likelihood of accidents occurring?	Yes ☐ No ✓
3.	Intrusive physiological or psychological interventions or procedures? These might include: the administration of drugs or other substances; taking samples (eg blood, saliva or urine) from participants; use of probes or other equipment to measure or monitor bodily performance; techniques such as hypnotherapy.	Yes ☐ No ✓
4.	Exposure of participants to hazardous or toxic materials, such as radioactive materials?	Yes ☐ No ✓
5.	Inducing psychological stress, anxiety or humiliation?	Yes ☐ No ✓
6.	Questioning of participants regarding sensitive topics, such as beliefs, painful reflections or traumas, experience of violence or abuse, illness, sexual behaviour, illegal or political behaviour, or their gender or ethnic status?	Yes ☐ No ✓
7.	Vulnerable groups of people, for example children, people with learning disabilities or mental health problems?	Yes ✓ No ☐
8.	Groups where permission of a gatekeeper is normally required for access to its members, for example ethnic groups?	Yes ☐ No ✓
9.	Access to records of personal or confidential information?	Yes ☐ No ✓

Please describe:

10.	Any other risk not identified above	Yes ☐ No ✓

Sufficient safeguards and monitoring procedures must be put in place in relation to any anticipated risks. If you answer "yes" to any of the above questions, you should describe the safeguards and monitoring procedures in place on a separate sheet of paper and attach it to this application form.

See separate risk assessment sheet with application

For Review Only

Governance Checklist

You are requested to answer the following questions to ensure that you will conduct the study within the Research Governance Framework of the University of Brighton and to fulfil your responsibility as the principal investigator or the supervisor.

1.	I believe that the proposal is scientifically sound and ethical, and I am submitting the work to FREGC for independent expert scientific and ethical review. I agree that the study does not start without the approval of the FREGC and, if applicable, the NHS REC/LA.	Yes ✓ No ☐
2.	I agree that the study will be conducted according to the proposal approved by FREGC, and that the study will comply with all the legal and ethical requirements. I shall ensure that the study will be carried out to the standards described in the Research Governance Framework of the University of Brighton, and if applicable, the Department of Health and any funding body.	Yes ✓ No ☐
3.	I shall report any major changes in research methods or serious adverse events to the FREGC (and if applicable, NHS REC and any funding bodies) during the conduct of the study.	Yes ✓ No ☐
4.	I have prepared and submitted the appropriate participant information sheet and consent form to FREGC. I shall ensure that the research team will give priority at all times to the dignity, rights, safety and well-being of participants.	Yes ✓ No ☐
5.	I shall lead and manage the research work and submit annual progress and completion reports to the FREGC.	Yes ✓ No ☐
6.	I shall ensure that the experience and expertise of all researchers are sufficient to discharge their role in the study. In the case of student project, I shall ensure that students have adequate supervision, support and training.	Yes ✓ No ☐
7.	I confirm that procedures and arrangements are in place for the management of financial and all other resources required for the study, including the management of any intellectual property arising.	Yes ✓ No ☐
8. and	I shall ensure that, where relevant and appropriate, service users consumers are involved in the research process.	Yes ✓ No ☐ N/A ☐
9.	I confirm that there are appropriate procedures for the collection, handling and storage of data. (The university guidelines on data protection are provided in Appendix 1 of this application pack.)	Yes ✓ No ☐
11.	I shall ensure that findings of the research will be open to critical review through the accepted scientific and professional channels and, where appropriate, they will be disseminated promptly and appropriately.	Yes ✓ No ☐
12.	As the principal investigator or the supervisor, I accept a key role in detecting and preventing scientific misconduct.	Yes ✓ No ☐

For Review Only

13.	For applications requiring NHS sponsorship, I confirm that agreement with the relevant Trust has been reached about the provision of compensation in the event of non-negligent harm. I have read the information about the university's indemnity cover (Appendix 3) which is normally sufficient for low-risk research projects. If this is not sufficient, I shall seek advice from the University's Insurance Officers and appropriate arrangement will be made.	Yes ☐ No ☐ N/A ✓

For Review Only

Ethics application:

Abstract

The aim of this research is to examine the effects on wellbeing experienced by mental health service users learning to repair bicycles in a bicycle workshop as part of a group of trainee mechanics. The research will consist of an initial set of interviews with participants and key informants, a period of participant observation in the workshop, a further set of interviews with participants. The total sample size will be 15-20 individuals. Participants will be current service users at [redacted] a charity that works with homeless people in [redacted]. Participants who have already signed up to a bicycle refurbishment training programme will be asked if they wish to participate in the research. The research aims to add to existing literature on the social nature of recovery, and to explore a possible link between technical proficiency in the repair of mechanical objects and mental wellbeing.

For Review Only

Research proposal

Introduction

The post-clinical model in the delivery of mental health services is not a new idea: Basaglia (1987a, 1987b) argued that sociological, rather than scientific tools, are more useful in the understanding and facilitation of recovery. Individual accounts of their experiences of illness and recovery are complex, bound up with childhood, family, work, friends, and all the other aspects of their social environment; while not discounting the successes of the established medical system for the treatment of diagnosed mental disorders, the social approach aims to give the individual access to more unconventional routes to recovery: this ultimately translates as being the provision of a number of different settings in which recovery can take place (Corin and Lauzon, 1992; Davidson, Stayner and Haglund, 1998).

There are currently a number of bike workshops spread across the UK which act as de facto rehabilitation centres for people with mental health problems: Common Wheel in Glasgow, Recycle a Bike in Uxbridge, the Bristol Bike Project, the Bike Station in Edinburgh, Bikeworks in London, the Cycle Chain in Birmingham, the Chalk Pit YMCA workshop in Brighton, and the WCHP bike project in Worthing. These projects attract funding from the European Union, the NHS, the Learning and Skills Council, and the National Lottery, as well as from private trusts and foundations. Centres typically work with small groups of people who carry out the restoration of bicycles which are then sold to provide supplementary funding for the activity.

Research on the effectiveness of the bike workshop as a recovery setting is currently limited to Svanberg's 2010 qualitative study of the Common Wheel workshop in Glasgow (Svanberg 2010). At Common Wheel a recovery process unique to each participant unfolded in the context of structured activity: the building of skills, the feeling of doing something useful, a shared purpose, and an inclusive, supportive atmosphere. Svanberg notes the need for further empirical research into the therapeutic value of meaningful work in similar workshop environments. The Common Wheel study ends with the observation that for one participant the refurbishment of discarded bicycles was a metaphor for his own rehabilitation; this research aims to explore this insight in detail.

Purpose of study

The research will centre around the following questions:

1. With regard to experiences of recoveries, what are the effects of social interaction in the context of meaningful work?
2. How does technical proficiency in the repair and maintenance of mechanical objects contribute to wellbeing?
3. What constructions and transformations of identity are taking place in this setting?

The research will have the following aims:

1. To evaluate the efficacy of the intervention in improving wellbeing
2. To examine people's motivations and attitudes towards the project
3. To add to research on the social model of recovery

Participants and methods

For Review Only

(i) Participants will be predominantly male, age 21-60, and over the course of the research between 15 and 20 participants will take part. All participants will be current service users registered with [redacted], who have also registered an interest in taking part in the bicycle refurbishment training programme. Any service user who expresses an interest in taking part in the research will be able to do so. The majority of [redacted] clients suffer from a range of mental health issues that have led to, or resulted from, their being homeless.

(ii) Participants are at different stages in a 'recovery' process; all will be suffering from mental health issues, and hence could be considered 'vulnerable'. I have ten years' professional experience working with vulnerable adults, and I am aware that participants can feel uncomfortable in a one-to-one interview situation; the presence of a stranger in the familiar surroundings of a workshop can also be upsetting. I am able to use a number of strategies and techniques to set participants at their ease, and sensitive to signs of emotional distress. The nature of this research, and the type of participants involved, does not lead me to believe that the potential vulnerability of participants will be exposed. In case any issues arise, however, participants will be directed to an organisation which can offer support: full details are provided on the separate risk assessment sheet. In the immediate aftermath of any episode of emotional distress, appropriate action will be taken (e.g. clearing space, moving location, talking), and a dynamic risk assessment conducted that aims to determine whether the patient is a risk of harming self or others as a result of their mental state.

(iii) The recruitment process will take place through [redacted] key workers. Once service users have put themselves forward for the bicycle refurbishment training programme, key workers will offer them the option of participating in the research. [see participant information sheet]

(iv) Participants will be identified by codes only. No names will be used in any transcriptions or writing up of the research. Participants will be given the right to refuse to answer questions, and to withdraw from the research at any time, up to the time of publication. All recording devices used during interviews will be kept in a locked cabinet, and memories erased after the data is transferred to computer. Computers used will be password protected. All data will be transferred via private e-mail accounts, with no physical devices used to move data from place to place.

(v) Participants will be required to read and sign a consent form. This will be accompanied by a description of the nature and purpose of the research, as well as the ways in which the results will be written up and disseminated. All information that needs to be read and understood by participants will be reviewed for clarity by [redacted] key workers. To maximise participation these texts may be read aloud to participants who have difficulty reading, or, for people whose first language is not English, either translations will be provided or checking questions established to ensure that the information has been understood correctly. This initial process is key to establishing not only consent but also trust, so particular care will be taken to ensure that all potential participants feel respected and cared for from the outset. It will be made clear that there is neither expectation nor obligation to take part in the research, and that not taking part will in no way affect their entitlement to receive training in the workshop. It will be explained that consent can be withdrawn at any time, even once the data has been collected and the results written up. The participants' capacity to consent will be judged by each individual's key worker.

(vi) The study will consist of three stages. Prior to work starting in the workshop there will be a set of interviews carried out with participants and key informants. This will be followed by a period of participant observation lasting for a year. When participants decide to leave the workshop, or after a period of eight months (whichever is sooner), they will be interviewed again. The content of the second interview will be shaped by the observations made during the period of participant observation.

Participants may choose to opt out of either the interview or observation parts of the research. If a participant decides to leave the project then reasonable attempts will be made to secure their consent for a second interview, but clearly not to the extent that it may cause distress.

The study will take as its guiding paradigm Tew's conception of recovery capital (Tew, 2012). Equating recovery from emotional distress – wellbeing - with social integration in the mainstream community, Tew goes on to suggest that integration, and the empowerment of the individual that is intrinsic to it, can be tracked through the accumulation of various forms of capital – personal and social – that together enable participation in mainstream society.

To understand what participation in society entails, the study will follow Cottone (1992), who proposed that people progress through life 'by connecting with, disconnecting from, and continually negotiating through relationships that reflect communities of understanding' (Cottone, 1992). Weber (1949) described society as operating within a lattice of interrelated ideal-types, or *Gedankenbilder* (thought-pictures). Identities, memories, opinions, habits, tastes, and our stance towards the future may be constructed as individuals negotiate the form and content of Weberian thought-pictures, from within our communities of understanding.

Thus the study will examine to what extent the activity in the bike workshop facilitates the accumulation of recovery capital by examining the nature and quality of participants engagement with communities of understanding, the extent to which they feel they are able to participate in the social construction of reality, and the identities that are constructed as part of this process.

The period of participant observation will consist of the researcher taking notes during, or shortly after, the observed workshop sessions. The interviews preceding and succeeding the period of participant observation will be semi-structured.

The workshop, tools and equipment will be provided by [redacted]. All interviews will take place in the workshop.

Analysis

(i) Given the relatively under-researched nature of this particular recovery setting, the aim will be to provide a rich thematic description of the data set. As far as possible, I will thus try to allow themes to emerge from the data, following an inductive approach similar to Frith and Gleeson (1994), while remaining aware that I will unavoidably bring a certain theoretical and epistemological bias to the analysis. As themes are identified, the interpretation stage will then attempt to find significance in the patterns and their broader meanings. As a general guide, the research will follow the steps outlined by

Braun and Clark (2006). The process of analysis will be carried out under supervision, and if necessary a second researcher will be used to verify the emerging themes.

(ii) The research methods will be qualitative.

(iii) Not applicable – no statistical methods used

(iv) The analysis will generate a detailed account of participants' experience of working in the workshop. It will examine the efficacy of the intervention in improving wellbeing, and provide an insight into participants' motivations and attitudes. More broadly, the analysis will contribute to research on the social model of recovery.

Conclusion

(i) The research will contribute to the efficacy of the design of the intervention, to the benefit of future participants in all similar projects. The project is considered to be low risk for both participants and the researcher.

(ii) The research will be completed when a minimum of fifteen participants, having spent a minimum of three months in the workshop, have completed pre and post course interviews. Transcriptions of all interviews and results of the research will be made available to participants in both electronic and paper format.

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Payment to participants

No payments will be made to participants.

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PARTICIPANT INFORMATION SHEET

Exploring the experience of learning bicycle mechanics in a workshop

You are being invited to take part in a research study. Before you decide whether you take part it is important for you to understand why the research is being done and what it will involve. Please read the following information carefully and discuss it with friends and relatives if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of the study and why is it important?

Over the last few years there have been a several bicycle workshops set up for people experiencing mental health issues. These workshops have benefitted many people, but so far there has been no research that looks at why they seem to work well. This research will look at why people come to the workshop, the experience they have while they are there, and what benefits they feel it brings, in such a way as to provide a comprehensive and detailed analysis of how and why the workshop works to improve wellbeing. The research will help all the bike workshops across the country to improve on what they are doing, and also help mental health service providers to better understand the experiences of service users.

Why have I been asked?

As someone who has expressed an interest in learning to repair bicycles you have been asked to take part in the research.

Do I have to take part?

Not at all. It is up to you to decide whether or not to take part. This study relies on voluntary participation, and its success depends on the goodwill and co-operation of those asked to participate. You will have four weeks to decide whether you wish to take part.

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What if I change my mind about taking part?

You can decide to end your involvement at any time without giving a reason for your withdrawal. This will not affect the service you receive from your organisation in any way. Any data that you have given us in interviews or in the workshop will be destroyed and will not be used in the research.

Is the study confidential?

We take very great care to protect the confidentiality of the information we are given. The study results and dissemination will not be in a form that could reveal your identity or the identity of anybody else involved in the research. All of the anonymised information that we do keep will be stored in a purpose-built, locked room at the University of Brighton. Neither individuals nor organisations will be identifiable in any published or disseminated material.

On very rare occasions, when there may be a risk to you or to other individuals, we may be obliged to pass information on to your WCHP key worker. However, this would not happen without discussing the issue with you first.

What will happen to me if I take part?

You will be asked to undertake an interview of around 30-40 minutes in the bike workshop. The interview will include questions regarding your background, the services you have used in the past, and your interest in working in the workshop. For the next five or six months you will work in the workshop; for one session a month the researcher will be present to make observations of the work that is taking place. If you would rather not be observed, or would not like to be interviewed, you can opt out of this part of the research. After this period you will be asked to undertake a second interview of around 30-40 minutes, again in the bike workshop. This second interview will mainly include questions about your experience of working in the workshop. You will have four weeks to decide whether you wish to take part or not.

Will taking part harm me in any way?

Although some of the questions may ask about personal issues, it is not believed that they should cause any harm to the majority of participants. If you do become distressed you will be able to take a break or discontinue the

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interview at any time you wish without giving a reason. You will not have to answer any question that you do not want to.

Who is organising and funding the research?

This study is part of a PhD degree being undertaken by Nick Marks at the University of Brighton.

Does the research have ethical approval?

The research proposal has been reviewed by the Faculty of Health and Social Science
Research Ethics & Governance Committee at the University of Brighton.

Will I be able to see the results?

Yes. You can request an electronic or paper copy of the results of the research from Nick or from your key worker.

If I am unhappy about the research process who can I complain to?

If you feel uncomfortable or unhappy about being part of the research, you should in the first instance contact [redacted], Volunteer Co-ordinator:

[redacted]

If you feel that you would like to contact a representative of the University of Brighton, you should contact Phil Haynes:

Phil Haynes
Head of School of Applied Social Sciences
Falmer
Brighton
BN1 9PH

Telephone: +44 (0)1273 643465

Email: P.Haynes@brighton.ac.uk

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PARTICIPANT CONSENT FORM

Exploring the experience of learning bicycle mechanics in a workshop

- I agree to take part in this research which aims to understand the experiences of people learning bicycle mechanics in a workshop.
- The researcher has explained the purpose of the study and the possible risks involved.
- I have had the principles and the procedure explained to me in a letter and have had the opportunity to seek further information. I understand the principles and procedures fully.
- I understand that any confidential information will be seen only by the researchers and will not be revealed to anyone else.
- I understand that my interview will be recorded.
- I understand that I am free to withdraw at any time without an explanation.
- I am aware that, in rare cases, if there is a risk to me or any other individual, the researcher may have to pass information on to WCHP staff. This would only happen after a discussion with you.

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Name (please print)
……

Signed
……
……

Date
……
……

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RISK ASSESSMENT

Activity	Hazard	Persons at risk	Control measure
Participation in training	Participation considered a prerequisite of access to training. Pressure to participate.	Participants	Participant information sheet explains no compulsion to take part. Reinforced verbally by key worker and researcher
Interviews	Personal nature of some questions. Emotional distress.	Participants	• Interview questions developed with supervisors. • Reflexive awareness during interview. • Pilot interviews undertaken. • Researcher informed of any sensitive areas. • Participants given details of organisations that provide support (see below). • Interview may be stopped or paused at any time.
Participant observation	Consent not obtained from all members of group. Confidentiality breached.	Participants	No observations to be made of this group
Research as a whole	Distress triggered by an aspect of the research. Affected participant communicates this experience to non-participants	Participants and other members of [redacted]	Effective and reactive support systems in place for all participants. All members of [redacted] made aware of existence and exact nature of research
Participant observation	Presence of researcher will disrupt work. Participants do not feel at ease.	Participants	Good working relationship to be established between researcher, participants and workshop facilitator. Pilot informal visits made to workshop so that researchers' presence is less obtrusive. Note taking to be done away from the workshop.
Interviews, participant observation	Personal risk	Researcher	Internal risk assessment carried out by host organisation

Organisations that participants may contact for support:

Coastal West Sussex MIND

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Worthing Office
Tel: 01903 277000
The Gateway, 8-10 Durrington Lane, Worthing, West Sussex BN13 2QG

NHS Time to Talk Service
South Locality
Tel: 01903 703540

The Corner House Resource Centre
Tel: 01273 871575
45 Southwick Street, Southwick, West Sussex, BN42 4TH

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APPENDIX B

1. Semi-structured interview questions – participants

Did you have any experience of fixing bikes or anything else before you came to ReRide?

What skills have you picked up here?

What is fixing bikes like? Do you always enjoy it?

What's the best job you've done? What's the worst job?

What's your favourite tool?

Who have you met here?

How would you describe the workshop environment as a place to work?

Can you describe the routine of a typical day?

What do you like best about coming here?

Do you think being a bicycle mechanic is useful?

2. Semi-structured interview questions – key informants

What can you tell me about the ReRide project?

Do you think it's a good idea?

What is your involvement with the project?

Do you know of any similar projects elsewhere?

What do you think the benefits of the project might be?

What have you heard about the project from participants or colleagues?

How do you think the project could be developed?