The Production of the Depressed Subject: A Foucauldian analysis of conflict, power, and the discourse of diagnosis in teachers' narratives of their depression

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PhD Thesis

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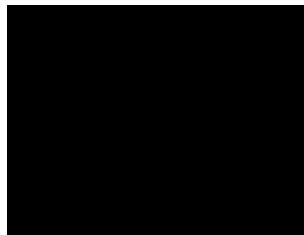
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Abstract

Being classified as depressed raised questions for me about how I had become a mentally ill teacher. Reading Foucault had led me to reflect on the veracity of the psycho/medical model that had classified my emotions as evidence of depression. So, rather than asking 'What is wrong with the person and how can they be healed?', this thesis sought to interrogate the psycho/medical account by deploying Foucault's analytical attitudes of being sceptical, transformational, and experimental, addressing the question of 'How is the subject of the depressed teacher produced within discourses of good teaching and a medicalised model of depression?'.

A narrative method was employed to elicit eight life histories from teachers who identified as being depressed. Viewed through the Foucauldian lenses of truth, discourse, power/knowledge, and subjectivity, three overarching findings were traceable in the narratives. First, there were contradictory accounts of the causes of depression, rendering its diagnosis problematic. Second, the teaching world was described as riven with conflicts over what constitutes good teaching, how to assess good teaching, and how to be a good teacher. Third, the classroom observation stood out as a site amplifying these conflicts, described as one of the most emotionally intense encounters in schools.

The conclusion drawn from this analysis was that the emotions indicative of depression could be considered a normal, if problematic, part of teaching. The accountability practices in contemporary schools, framed by policies that require teachers to view themselves as never good enough, contextualise these expressed emotions within a tyranny of continuous improvement. A psycho/medical diagnosis can be seen as a means of managing these problematic emotions and maintaining a particular discourse of the 'good teacher'. The thesis, therefore, constitutes an argument for de-pathologising teacher emotions and a recognition that it is not necessarily the teacher that is abnormal but work environments.

Impact Statement

Any work's impact depends on who reads it, so the effect of this study will be contingent on the sites through which it is disseminated. There are three groups of people I intend to inform of the work through academic journals, conference presentations, a text for academics, and a text for teachers.

For members of the academic community interested in depression, this work may encourage them to question how they are using the term depression and to consider the work their studies are doing. Having shown that the definition, measurement, and classification of depression are open to question may enable others to reconsider what they mean by depression. Further, it raises the profile of Foucault's thought as an analytical device, opening additional avenues of research using his tools in mental health and other allied contexts. Mimicking Foucault's toolbox, this work provides a set of ideas that others might rummage through to find reflections in their work that might enable them to consider depression among teachers differently. It potentially alerts researchers to the problem of foregrounding the individual and reminds them to consider the environment and its effects.

At the level of Government policy and schools, this research may inform those involved in implementing change about the possible emotional effects that change might have. The study shows that the tendency to view people as infinitely adaptable overlooks the potential adverse effects this might have on their identity. This does not imply that change is unnecessary but must be managed carefully so that the threat to identity is understood when modifying practice.

For individual teachers with and without depression, it can lead to a reconsideration of the meaning of their emotions. The potential effect is for teachers to re-evaluate their emotions, not as evidence of a disordered self, but as a normal reaction to an abnormal environment. The focus for change then becomes the workplace, not themselves, counteracting the dominance of the individual as the object of change produced by the medical model.

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Chapter 1. Mapping a Territory: Utilising a personal history of depression to demarcate a Foucauldian analytical space

Introduction

The Health and Safety Executive (HSE) (2011, 2012, 2014, 2015, 2016, 2018, 2019, 2020) consistently identifies United Kingdom (UK) teachers in primary, secondary and tertiary education as being at higher risk of depression than other professions, the number of new clinical diagnoses averaging 2300 per 100,000 among teachers, compared to 1500 per 100,000 in the general population. Despite decades of research (Kyriacou and Sutcliffe, 1977, Eskridge and Coker, 1985, Cooper, 1995, Wiley, 2000, Jepson and Forrest, 2006, Ho, 2015) that has sought to ameliorate this problem, there has been little evidence of any change in the proportion of teachers diagnosed with mental health conditions over these years. Official figures may even underrepresent the incidence of mental ill health problems given that, according to the Education Support Partnership (2019) survey, up to 78% of teachers self-report experiencing the behavioural and emotional symptoms associated with psychological abnormality. This suggests the presence of a pool of suffering individuals absent from the Governmental data. Even if, as Jerrim et al. (2021) conclude, there has been little decline in the mental health of teachers in comparison to the general population, it certainly has not improved, despite a greater emphasis on workplace wellbeing (Genoud and Waroux, 2021, Kidger et al., 2021). This lack of a resolution and ongoing talk of teacher depression suggests a limit within the existing body of research and its capacity to address the issue.

Reading Foucault led me to consider a way of transgressing this limit by questioning the assumption that teacher depression exists as an independent object. Reframing depression in this way, it is possible to suggest that it is something produced, rather than measured, by research. The act of studying depression from a psycho/medical perspective is positioned as potentially manufacturing and increasing its occurrence. From this starting position, an alternative set of research questions could be put forward, derived from three interwoven strands outlined in this chapter, to those posed in previous psychologically orientated studies (Bertoch et al., 1989, Cockburn,

1996, Chaplain, 2008, Alhija, 2015) focused on identifying the causes and means of managing depression. First, I consider how psychological and medical research constructs teacher depression, with its dominant focus on quantifying characteristics, causes, and treatment effectiveness. The boundaries of this approach are identified, demonstrating the potential value of a sceptical, Foucauldian orientation in disrupting these methodologically imposed knowledge borders. Being sceptical of the existence of depression independent of discourse foregrounds the practices that produce the object of depression, the subject of the depressed teacher, the subjectivity of being depressed, and the work the object of depression is made to do.

Second, utilising my own story of depression, I map out four areas of concern, highlighted by my reading of Foucault, arising from the medicalised construction of depression. First, being diagnosed with depression highlighted the challenge of measuring mental health. Second, I and those around me had made the problematic assumption that depression was a real object focusing attention on the disorder rather than the person or the context. Third, there were inherently contradictory explanations offered for my depression by clinicians, colleagues, and friends. Fourth, that the practices associated with diagnosing and managing my depression seem to be mirrored in those used to measure and manage my teaching practice.

The third section outlines how Foucault's ideas might be put to work to address these concerns. Elaborating on three Foucauldian attitudes of being sceptical, transformative, and experimental, I characterise my view of what it might mean to be a Foucauldian if such a practitioner can be said to exist. These attitudes traverse the thesis, permitting the construction of a theoretical space in which it is possible to develop a critique of the medicalised object of depression as it appears in the world of teachers. Further, they underpin the development of the research tools used to interrogate the narratives of teacher depression and inform the subsequent analytical strategy. Drawing together these strands of the limitations of the medical view of depression, the insight from my story and the three Foucauldian attitudes leads to the formulation of a set of research questions, followed by an overview of how those questions are addressed in the remaining chapters.

Mapping the Territory: A critique of the medicalised view of depression

> *'There is a crack in everything. That's how the light gets in.'*
> Anthem: Leonard Cohen (2011, Pg. 188)

It has almost become a taken-for-granted truth that teachers are at high risk of depression and stress, an association consistently highlighted by research (Eaton et al., 1990, Stansfeld et al., 2011). Even if, as Van Droogenbroeck & Spruyt (2015) and Jerrim et al. (2020) have found, the incidence of mental ill health among teachers is no worse than in other occupations, this does not mean it is not a problem. Psychological and medical accounts frequently hypothesise and seek to demonstrate a causal link between stress and depression (Kendler et al., 1999, Hammen, 2005), elaborating on an array of triggers (Kyriacou and Sutcliffe, 1978b, Kyriacou, 1987, Desouky and Allam, 2017, Soria-Saucedo et al., 2018) and treatments (Ebert et al., 2014, Elder et al., 2014, Ugwoke et al., 2018). This body of work establishes and maintains a discourse of depression among teachers as caused by the harmful effects of stress. Being a teacher potentially exposes the individual to persistent psychological and physiological challenges, evoking a continuous stress response. Exhausting the body by depleting serotonin reserves, this stress response leads to at least one variant of the clinically defined disorder of depression, as outlined by Dean & Keshavan (2017).

That the majority of teachers do not succumb to these adverse effects is taken as evidence for the existence of mediating factors protecting the teacher from harm, such as innate personality differences, as Wilson & Mutero (1989) propose, or, as Montgomery & Rupp (2005) suggest, learned psychological coping mechanisms. The discursive truth this research produces, reflected in many teacher depression studies (Nagel and Brown, 2003, Poulin et al., 2008, Kyriacou, 2011, Sharp and Jennings, 2015, Schussler et al., 2018) is that, even if there are some innate protective individual differences, the 'good' teacher is the one who acquires the capacity to resist the harmful effects of the now normalised occupational stressors, learning how to take care of themselves by becoming resilient so avoiding burnout and depression. Whilst postulating that the educational workplace may cause harm, it is implicitly established that this environment is fixed, and that the person is the

changeable element in the array. This truth is employed as a means of managing the individual, who is held personally accountable for succumbing to the challenges presented by their environment and becoming mentally ill, an idea reaching back to one of the first studies of teacher stress (Simpson, 1962). Whilst seeking to support the teacher, this research orientation can be viewed as inadvertently turning the teacher's emotional responses into potential indicators of personal pathology. This becomes a means of defining them as suffering from a psychological dysfunction arising from their limited capacity to be resilient and adapt to the now inevitable, every day, stresses of teaching.

Constructing teacher depression as an effect of limited coping skills may be reasonable but this work has done little to resolve the issue, which remains persistent, and, as Kidger et al. (2016) and Ozamiz-Etxebarria et al. (2021) find, an increasing problem. Whilst not negating the psycho/medical approach, and taking into account Jerrim et al.'s (2021) argument that any increase in the incidence of depression may be due to the greater willingness of teachers to talk about their mental health, the lack of improvement suggests the existence of a crack in the models of depression as applied to teachers. As Stickley & Timmons (2007) argue, this limited impact is evidence that psycho/medical models produce an oversimplification that can only be addressed by adopting a critical stance. My reading of Foucault is that his work offers a way to be positively critical, as Ball (2020) suggests, to prise open the crack, destabilising the psycho/medical discourse of depression by questioning the underlying assumption that madness exists as an independent object.

Articulating a position critical of depression as an object is not new as many speak of the problems associated with psychiatric practice and the construction of mental illness as a medical problem (Szasz, 1960, Parker et al., 1995, Horwitz, 2002, Foucault, 2006b, Greenberg, 2010, Szasz, 2011, Burns, 2014). Szasz, for example, goes further than just being sceptical, arguing that:

> Mental illness, of course, is not literally a "thing"—or physical object—and hence it can "exist" only in the same sort of way in which other theoretical concepts exist. Yet, familiar theories are in the habit of posing, sooner or

later —at least to those who come to believe in them —as "objective truths" (or "facts") (Szasz, 1960, pg. 113)

According to this perspective, mental illnesses start as heuristic devices, a convenient shorthand for clinicians to reference a collection of co-occurring symptoms. The categories are reified, becoming 'real' objects through being subject to scientific study and their use in everyday clinical practice, posing as objective truths rather than products of the classification system. These practices manufacture objects rather than acting on them and are the focus of interest within a Foucauldian analysis. Suggesting that a starting point for research is to assert that madness does not exist, (Foucault, 2008, pg. 3) is a means of directing attention away from the object, foregrounding the context in which it appears, the historically situated practices marshalled to define, measure and treat madness. In contrast to Szasz, Foucault is less concerned with dismantling the categories he assumes have no existence independent of practice. Instead, his focus is on what work classification is made to do, those practices employed to manufacture a category, the knowledge those practices generate and how the use of a particular practice is justified. Considering depression from this perspective is a means of producing an implicit critique of the category. By shifting the research focus away from detailing the characteristics, causes and treatments of depression and foregrounding the practices of diagnosis, treatment and prevention that turn symptoms into evidence of a disorder, it is possible to show how emotions can be constructed differently.

One strategy Foucault employs to interrogate the relationship between practices and objects is to consider their place in history. Much of his early work (Foucault, 1970) was concerned with analysing the shifts in reasoning and truth-devising practices that occurred between epistemic ages, such as the shift from the 16th century episteme, which deployed the tool of resemblance between objects as a means of ordering and classifying the world, to those systems of the 17th and 18th centuries, which utilised differences between objects as the method of classification. Foucault's (1970) conclusion was that classification systems, together with the practices that produce and maintain them, create rather than reflect different versions of the subject. The transitional fractures between one age and another were a key point of analysis as it was at those moments that the mechanisms

underlying knowledge construction and the operation of power were overtly exposed. Though such a consideration of the social history of depression to contextualise participant narratives forms an aspect of this thesis, the focus here was to borrow this macro conceptual framework as a lens through which to view the micro histories of teachers with depression. Whatever else it might be, depression can be considered, at the personal level, as a rupture between one age and another, a moment of fracture in a teacher's locally lived life history, an instant when they are made to think differently about themselves. Becoming depressed is postulated as a moment when the local operation of power may be exposed in individuals' lives.

Gathering narratives, asking participants to tell their teaching story without focusing solely on the event of their depression, is hypothesised as a means of obtaining a version of this local history. It is suggested that being given the opportunity to contextualise their depression will expose it as a point of rupture in their life history, a moment when being a teacher becomes emotionally unbearable, an undoing of what has been, leading to the reclassification of the teacher by the medical profession, themselves, and others as abnormal. The endeavour is to use Foucault's ideas to interrogate that moment, pinpointing and unpacking those practices teachers identify and consider themselves to have been subject to that turn their emotions into evidence of a mental illness. Given Foucault's (2006b) conceptualisation of abnormality as a means of establishing and enforcing the normal, it is conjectured that such an analysis is a way of exposing the hidden in plain sight mechanisms of power acting to produce both the depressed subject and the normal teacher.

Mapping the Territory: A personal history of depression (A PHD)

Embarking on the PhD journey, I had intended to use Foucault to deconstruct teacher identities. During those first academically challenging years, my supervisor suggested writing my story of the thesis to isolate my research ambition. This activity proved to be a critical turning point, foregrounding my interest in answering the questions that circulated for me around a conflict between my experience of depression as defined by medical professionals contrasting with the experience produced by my reading of Foucault. Further, telling my story to another

demonstrated to me the empirical value of narratives and how they might be employed to build a data set that could be interrogated from a Foucauldian perspective. Given its pivotal position in the development of the research approach, I considered it important to present my story here to establish the issues of concern I had with the medicalised view of depression, as they arose from my subjection to them, and how Foucauldian themes might be used to illuminate those issues as they appear in a personal narrative.

In re-presenting my story, I have done so in the third person, replacing 'I' with 'Graham', emphasising that, even though I am telling my own story, it is only a (re)collection of the events that happened to me. In common with the stories told by the participants in this study, it cannot be assumed that the story I tell is complete. It is only a representation of an experience rather than the experience itself. Problematically though, the reader might be tempted to assign a greater truth value to my account than the other stories gathered here, given that I say I saw the events I am recounting. Removing the 'I' conveys that it is just another story, among many possible stories, and should not be assigned any greater credibility in a hierarchy of truth. Telling my story does, however, do two things: First, it foregrounds the knotty nature of being identified as a depressed teacher by illustrating the contradictions inherent in the psycho/medical model of mental illness. Second, it contextualises the exploration and development of three Foucauldian attitudes that traverse the thesis: being transformative, sceptical, and experimental. These are deployed to probe these contradictions and provide a framework for the research questions.

Graham's Story

Becoming a teacher was not a path that Graham actively pursued. Instead, as with many things in his life, it was a consequence of a series of fortunate and unfortunate accidents. Finding himself at odds with the educational route mapped out for him he joined the National Health Service (NHS), training to become a Medical Laboratory Scientific Officer (MLSO), leaving Sixth Form College before completing his 'A' levels. After five years, having qualified as an MLSO, at the suggestion of his partner, he decided to bury his antagonism to higher education and undertake a

degree, initially thinking that he might become a biology teacher. Discovering psychology, and its potential benefits, diverted him from this path. For his third-year project, confronted by the emotional impact of working as a Terrence Higgins Trust (THT) volunteer, the leading HIV[1]/AIDS[2] charity at the time, he chose to focus on the issues of volunteer motivation, organisational change, and burnout; concerns that would ripple through his future story. After completing his degree, he was accepted on to a PhD program to carry on this work. However, as a self-funding student, he had to find an income.

Graham found that the experience he gained from being a THT volunteer medical trainer had led to the presentations he gave as part of his degree being consistently graded as outstanding. Having observed his work, one of his lecturers invited him to co-teach a part-time 'A' level Psychology class in a Sixth Form College. Notwithstanding his lack of formal teacher training, he decided to give it a go. At the time he was given no guidance on how to teach, so he made it up as he went along. Drawing on various sources, he acquired an assortment of teaching strategies that seemed to engage students, promote their success, and enable him to manage the work. He worked hard to prepare lessons, constantly updating his practice, and seeking feedback from others. He must have been seen as being quite effective as he acquired several of these part-time posts through the recommendations of others. Graham did find balancing learning how to teach, delivering lessons and the demands of his PhD to be challenging. The latter was eventually sacrificed when his partner died from an AIDS-related illness. At this point, he took on a full-time teaching post in a Sixth Form College. In addition to becoming a Senior 'A' Level Psychology Examiner for one of the exam boards, he was promoted to Head of Department after three years.

Suffering from an attack of imposter syndrome, Graham thought it might be an idea to test his teaching skills and see if he could do the job on his own, moving to a state school as the Head of Department of one. After taking up the post, he discovered

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[1] Human Immunodeficiency Virus

[2] Acquired Immunodeficiency Syndrome

from his Line Manager that his demonstrable aptitude for teaching, and that he would only be teaching in the Sixth Form, outweighed the concerns the interview panel had over his lack of formal teaching qualifications. Despite this absence of officially measured ability, the decision was taken to give him a Year Nine tutor group and a single lesson of Year Nine maths to integrate him into the school. To say this was challenging was an understatement as he had never worked with pupils under sixteen. Graham considered leaving teaching at this point but was swayed by the positive feedback and support he was given by his Line Manager, who was always impressed when he came to observe Graham's lessons. Fortunately for him, the school recognised his skill in working with post-16 students. His maths teaching was replaced with post-16 key skills development, and he was allocated a Sixth Form tutorial.

His reputation filtered through the student body leading to substantial growth in the numbers seeking to undertake psychology, tripling from forty to one hundred and twenty in four years. The Department subsequently grew to include a part-time staff member. Those in charge of teacher training in the schools recognised his proficiency so he was given the additional responsibility of mentoring new trainee psychology teachers. In common with everyone else in the school, he was subject to an OfSTED (Office for Standards in Education) inspection[3]. His Department and teaching were judged as 'good with some outstanding features' (OfSTED, 2005), with particularly strong leadership and management. Much to his surprise, the Department was given the Good Schools Guide award for the best psychology 'A' level results for boys in the country in 2005.

Then things began to change. Graham started to get 'sick' when he had to formally qualify as a teacher because of new Government legislation that unqualified teachers could only be employed in a state school for two years. These new regulations displaced the previous assessment by prior learning (APL) qualification route for long-serving, unqualified teachers. Since none of his prior management

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[3] This was a week-long school inspection. The exam results in psychology had been above the national average and so the Department was identified as an area for intense inspection, eight lessons being observed, requiring the production of a detailed course folder, identifying areas of strengths and weaknesses alongside strategies for further development.

observations, performance reviews, the OfSTED inspection commentary, nor his fifteen years of exemplary practice were regarded as valid evidence of his ability, Graham was required to undertake the Graduate Teacher Training Programme (GTTP). This course was specifically designed for those with a demonstrable aptitude for teaching to be employed as trainee teachers directly by a school rather than as university students. Even though his school leaders had told Graham they would take a light-touch approach to his assessment, he could not escape the requirement to be observed every week and produce new evidence to prove he could do the job he had already been judged as doing well in.

According to the GTTP guidelines, Graham now found that what he had been doing did not count as good teaching practice, despite having been demonstrably successful according to OfSTED, his Line Manager, the success of his students, and the popularity of his course. He particularly remembers the horror of having to re-write his lesson plans to produce, and perform, the now obligatory three-part lesson[4] incorporating Assessment for Learning (AfL[5]) (Assessment Reform Group, 2002, William, 2009, 2010). His frequent failure to include a signposted plenary consistently downgraded the classification of his lessons. According to some of those who judged him, the lack of this single feature was sufficient to turn an otherwise outstanding lesson into an unsatisfactory one. These verdicts multiplied his sense of being an imposter, despite prior evidence to the contrary, making him think that perhaps he had never been a good teacher. It was not that Graham did not want to learn new ways of teaching, as he had always sought to improve his practice. Instead, it was the feeling of an injustice that upset him. What he did not

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[4] The three-part lesson meant that, for a lesson to be good, one that produced the best learning, it had to have an introduction, a body and a plenary. The plenary was regarded as essential for students to consolidate their learning and demonstrate to the teacher what they had learned and what the gaps where so the teacher could focus on adapting their teaching to the learning needs of the group in the next lesson.

[5] 'Assessment for Learning is the process of seeking and interpreting evidence for the use by learners and their teachers to decide where the learners are in their learning, where they need to go and how best to get there.' (Assessment Reform Group, 2002). What this means is that teachers now have to explicitly reference the function of the activities they are doing, talking about what they are doing as they are doing it. They are involved in a meta-analysis of their own teaching practice. Further they must inform students about how to use the information to improve their own learning. A tyranny of self-reflection.

recognise at the time, but came to understand later, was that he was doing those things required of him, just not explicitly enough for some observers. His failure was rooted in not recognising that proving he was capable meant signalling and performing the different parts of the lesson in an identifiable manner. Confirmation of his skill was no longer in the doing but in producing this meta evidence of his ability, judged against externally set performance criteria.

At the same time, Graham noticed a shift in what counted as valid evidence of successful teaching. The only measure that now seemed to matter was maintaining and improving the overall pass rate, and he was now held entirely accountable for his students' performance. The blame for any student's failure, defined as not exceeding their minimum target grade[6], was laid wholly at his door. Somehow all the other factors that might have impacted student success were relegated in importance. Graham had always felt responsible for his students but recognised that he was meant to enable them to become independent learners. His lack of success at 'A' level had led him to conclude that there was very little his teachers could have done at that time to make him learn. He certainly did not hold them personally responsible for his failure to achieve his potential at that time, even if others might now draw that conclusion about them in the current climate. He thought that giving students the space to make mistakes was part of the educational process, facilitating the development of their decision-making skills. However, this pedagogical strategy potentially conflicted with the school's need to produce outstanding exam results as the only measure of success in education.

Things were, perhaps, made more challenging for Graham in that even though GTTP students were meant to teach only 30% of a full timetable in the first term of their qualification, rising to teach 90% in their third term, giving trainees the time to complete the necessary paperwork, no workload adjustments were made for him. In fact, his departmental workload increased. Due to rising student numbers, he was made responsible for mentoring a Newly Qualified Teacher (NQT) appointed to

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[6] Target grades were statistically derived for each student based on their previous GCSE performance. This baseline measure was meant to be used to assess student progress and identify underperforming students to give them extra support. However, it also become the measure of teacher effectiveness.

teach the additional classes, as well as having to generate a complete set of teaching resources for the new Year 10 GCSE[7] Psychology, a year group he had to teach to complete the GTTP. In addition, he had to continue to fulfil his duties monitoring and managing the 'A' Level Psychology programme, which had grown from 40 to 180 students in 8 years. At this point, Graham became 'ill' for the first time.

For whatever reason, Graham could not manage the tasks he was being asked to perform. He regularly found himself crying on his way to work, becoming noticeably lethargic, losing any pleasure in living, and eventually being diagnosed by his General Practitioner (GP) as suffering from a Major Depressive episode. He was offered counselling but was told that the waiting time for a therapist was six months to a year. So, he was given anti-depressants and signed off work for three weeks, even though his doctor told him that the medication might take six weeks to have any effect. Feeling guilty at having abandoned his Department, Graham returned to work, perhaps sooner than he should have done. Despite the recognition by his new line manager that his work environment had exacerbated his problems, no adjustments were made on his return. The assumption seemed to be that if he was back, he was no longer ill, so he ought to be able to cope, medication having 'fixed' him.

Continuing the GTTP, Graham eventually learned how to produce 'proper' lessons when being observed and act the part of a 'good' teacher. Now he was told that even though these lessons were graded as at least 'good', they were not 'good enough', so he had to do more to make them 'outstanding'. Seeking an alternative perspective on his teaching skills, Graham often asked his students what they thought about his lessons and the feedback others gave him. He reasoned that, as they were the recipients of his lessons, they were in an ideal position to judge his work. They told him that rarely, if ever, did any of their other teachers do the things that he was being asked to do, except when they were being observed, most of them telling him that he was one of their best teachers.

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[7] General Certificate of Secondary Education

Eventually finishing the GTTP, Graham had to undertake another training year, being inducted into teaching as an NQT, still treated as if he were a beginning teacher despite his years of experience and that he continued to oversee the Department. He produced four lever arch files of new evidence that could only come from within that training year to prove he met the Government teaching standards. Now he was persistently tearful and fearful, frustrated with the judgments made about his teaching and the need to manufacture endless paperwork to prove that he could do a job he felt he had already done. These feelings were exacerbated when he burst into tears whilst being given feedback on one of his lessons by the tutor in charge of his training. They told him to leave their room until he had calmed down, informed that such emotions were inappropriate.

The evolving appearance that being seen as a successful teacher was about playing a game made Graham angry with the assessments he had to submit to. Constantly dreading going to work, he was discovered one morning by a colleague sobbing uncontrollably in his classroom. Again, he was sent to his doctor, prescribed anti-depressants, and signed off work, this time for six weeks. He hated being labelled depressed, but he saw it as a necessary fiction to communicate to others what was happening to him in a way they might understand. One might have thought that after this second depressive event he would have had a more carefully managed return to work, or that some adjustments might have been made to his workload. However, he was still expected to take up all his management and teaching responsibilities within two weeks of restarting. This reinforced his feeling that he was the one that was damaged; the teaching world was a fixed entity to which he had to learn to adapt, to become more resilient. As counselling was still unavailable on the NHS, he decided to pay for therapy as he thought this might help him look at life differently and learn how to manage his emotions, something he pursued for the next two years.

Eventually completing his NQT year, he now found that the constant need to prove that he was not only good enough but improving his practice had become an embedded aspect of his everyday teaching experience, amplifying his feelings of general incompetence and of being an imposter, negating any moments of success

he might have had. There was a perpetual dread of anyone walking into his classroom and passing judgment on him, feeling unable to keep up with the never-ending form-filling required to prove he was effective, and the constant need to monitor himself and his students. His observation that his colleagues were coping with, and even enjoying, these aspects of the work, seeming to be able to do a better job, amplified his feelings of alienation and incompetence. Constantly worried that he might get sick again at any moment, he began to wonder if maybe there was something wrong with him, was he the problem, was he mentally ill, weak, ineffectual, something having changed in teaching that he was unaware of that meant he was no longer the competent teacher he once was.

Graham decided that returning to studying for a PhD might be a way for him to take control and address his issues with the changes in teaching practices impacting him. He had been reading the works of Michel Foucault for many years, finding significant personal resonances with his perspective, inspiring an initial proposal to investigate teacher identity. However, his third, and what proved to be his most personally catastrophic, episode of depression disrupted this plan. Even though he did not know it then, four other staff members had also been diagnosed with depression, all of whom left the school and subsequently left teaching. Following six months of sick leave, Graham decided that after twenty years, he could not continue to be a teacher, afraid that things would deteriorate again if he returned. Over five years, he had been prescribed anti-depressants, undertaken two courses of cognitive behavioural therapy (CBT), and worked with a humanist counsellor, but he just could not get 'better'. In his darkest moments, he resigned himself to being incompetent, his critical voice silenced by the diagnosis of mental illness. He felt that he, along with many others, had been brushed under the carpet as collateral damage in the Government's project to create the perfect, perfectible teacher. What concerned him most was that despite the media chatter about depression in teaching, there was very little communication going on at all. His research focus shifted to finding a way to uncover what might have been silenced, depression providing a crack through which the light might get in.

Mapping the Territory: Three concerns about the object of depression

The problem that I thought undertaking a PhD could address, being on the inside of a diagnosis, having read Foucault and being familiar with psychology, was my developing scepticism of the existence of depression as an illness. It was apparent throughout the challenging times I had in school that those around me behaved as if depression were a real object. My contrary, sceptical perspective was borne out of my concerns relating to how the existence of depression had been established. From the inside, it seemed that the methods devised to measure depression and the models proposed to explain it were less valid than others assumed. Further, these doubts appeared to reflect those I had relating to the practices employed to define and diagnose the quality of my teaching. It was these doubts that I thought a Foucauldian orientation might be usefully employed to explore. To work out, using Foucault, as Tamboukou suggests, 'how this problem came to be the way we see it today' (Tamboukou, 1999, pg. 213)

The problem of establishing the existence of depression by measuring emotions

Recounting my story led me to critically consider how the truth of depression as a psychological disorder was established and maintained because it had been turned into something measurable. Medical and therapeutic professionals assigned me a score that they, and those around me, appeared to be content with as demonstrating the self-evident truthfulness of depression. The quantitative diagnostic practices were simultaneously assumed to uncover the truth about me and establish depression's existence. Two things concerned me about these enumerative practices; the trust that was placed in them as being a valid measure of a disorder and the extent to which I was replaced by the number.

My GP's initial assessment of my mental health, made during a ten-minute consultation using the Patient Health Questionnaire 9[8] (PHQ9) (Appendix 1),

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[8] The PHQ9 is a subset of nine questions derived from the Personal Health Questionnaire specifically focusing on depression. The other items measure anxiety, somatoform disorders, alcohol consumption and eating disorders

officially identified me as suffering from major depression. A state-sanctioned diagnosis was essential for authorising my absence from work and gaining access to National Health Service (NHS) treatment. Subsequently, whenever I saw my GP or NHS therapist, I was required to complete another PHQ9 to provide evidence for them, their practice managers and supposedly me of the effectiveness of their interventions and my progress toward mental health. What was notable was the extent to which completing the questionnaire became a performance for me. I became aware, at various points, of not wanting to disappoint my GP or therapist and prove to them that I was worthy of help. I felt pressured to modify my answers, completing the questionnaire more positively on each visit, even if that was not how I felt. I took on the role of being a good patient by getting better. When I questioned the significance of the PHQ9, my therapist pointed out that, though she did not personally consider it to be of any real value, she was required to use it to demonstrate to others that the service was of economic value because she was producing results. Reflecting on these events, my story pointed to the complex, constructed aspects of depression, questioning the validity of the strategies employed for measuring depression and the consequences of their use in terms of how depression is viewed.

Problematically, these measures seemed to determine, define, and delimit the language I and others could use to describe emotions, confirming the truth of depression as we were all forced into referring to the same set of symptoms. The problematic nature of the score was amplified by the extent to which it became the definition of who I was. As Schiff (2017, pg. 9) notes, even though psychology may claim to be about people, the person rapidly disappears to be replaced by measurable variables. The status of 'Graham' as a person seemed to become lost in these practices, the questionnaire effectively cleaving me from my depression. In turn, this appeared to produce two ways of talking about depression, either feeling depressed or having depression, further muddling the diagnostic waters. Adopting a Foucauldian approach was a means of addressing the ubiquitous use of these measures, offering an alternative account by suggesting that they do not *measure* objects. Rather practices *create* them, their persistent use reinforcing and maintaining the existence of depression as an empirical object.

The contradictory explanations offered for depression

Having established the existence of depression by giving it a score, medical practice produced the necessity for myself and others to search for the cause and cure for it. The quantitative PHQ9 measure was a baseline from which to suggest solutions that could be employed to rectify my unstable emotions and bring me back to being a functioning teacher. From my perspective, there were at least three incongruous stories traceable in my narrative, put forward as explanatory models for the unruly emotions that were evidence of my depression; that a pathological environment caused my illness, or it was a result of my failure to learn how to manage that environment, or I had a depressive personality which hindered my ability to deal effectively with the environment which acted to amplifying my pre-existing pathology.

Given the temporal contiguity of my designation as suffering from depression and being identified as a failing teacher, the first explanatory story given to me, the one I initially assumed to be true, was that the workplace had caused my illness. Increased workload, constant assessment, and ineffectual management were all factors identified by my GP as causing me physical or psychological harm, manifesting in a set of emotional responses indicative of depression. Logically, if this were believed to be true, then the focus for managing my illness ought to have been on my environment by reducing my workload, altering the format of my assessments, and or changing my managers, things that did not occur. Though some adjustments were made, these were only ever enacted as temporary measures. The primary focus was always on modifying my body, rebalancing my biochemistry, modifying my thinking and attitude to work, improving my time management skills, and teaching me to be resilient and control my emotions.

Deploying these management strategies implied that the problem was with me, pointing to a second, contradictory, explanation that my depression was the result not of a pathological environment but a flaw within my personality, a flaw exposed, rather than caused, by the work environment. According to this perspective, the work environment may be the catalyst for emotional disturbances but causes harm when the individual fails to learn how to protect themselves from the threat it poses.

A person dealing with rattlesnakes should recognise they are dangerous and take appropriate precautions; if they get bitten, it is their fault for not managing the threat snakes pose. This is the Szasz (1960) perspective, reflecting an individualised, neo-liberal view of the person taking personal responsibility for their psychological welfare. This links to a third story which suggests that my illness preceded my failure as a teacher caused by something unrelated to the teaching environment, something I failed to detect at the time. For example, it might have been a facet of the ageing process, causing a cognitive shift, impairing my ability to manage the work environment, and increasing my emotional output. The illness, however, was then amplified by my failure, simultaneously giving the appearance of being caused by the environment and the person.

Again, what was apparent, being on the inside of a diagnosis, was the constant struggle between these competing ideas and their impact on my perception of myself, producing multiple subjectivities. It can be argued that the role of psychological and medical research, utilising the scientific method, is to disentangle these stories to identify which has greater truth value: depression causing my failure to be an effective teacher, my inability to be an effective teacher causing my depression, or my depression and teaching failures caused by some other flaw. Recognising that this ongoing battle between competing explanations is essentially never ending, a new model constantly emerging to replace another, a Foucauldian-orientated approach steps outside of attempting to demonstrate which one of these is true. The task is to show that accepted truths can be questioned and consider how it is that one perspective is seen as a more accurate representation of reality through the operation of power, the rules of the game that establish that truth, the use to which that truth is put, and the effects that truth has on the individual.

The problems of defining depression reflected in the practices of managing good teaching

My story highlighted the impact of workload and poor management, but the critical problem for me was the negative appraisals made of my teaching. These diagnostic practices employed to define the 'good teacher' looked to have much in common

with the diagnosis of depression. In both contexts, the validity of an assessment depended on it being carried out by an expert trained to observe and record behaviour correctly. Like the GP, each classroom assessor had a list of features to look for, the symptoms of good teaching, against which practice could be measured, a PHQ-9 of teaching. What was evident to me was the battle that raged over whether my lessons were good or bad and that I was frequently on the losing side in this confrontation, my self-assessment having less truth value than the observer's evaluation. This battle continued in that, having received a diagnosis of failing as a teacher, various competing models of the cause of my failure were put forward, and a diverse array of treatments were proposed to enable me to become a better teacher.

One key difference I noticed between the diagnosis of depression and identifying good teaching was how the criteria used to define my teacher identity, were significantly more changeable than those defining me as depressed. OfSTED had elaborated at least four distinct versions of the 'good' teacher over my career. It was, however, the GTTP version that meant that, almost overnight, I went from being an outstanding teacher to one needing improvement, even though what I was doing had not changed. Manipulating the assessment criteria produced a different object from the same collection of behaviours, my thinking about myself, my subjectivity, altered by the revised, external judgment of my performance. This represented to me, on a personal level, the kind of fracture in thinking and practices that Foucault was referring to in the broader context of social history.

The shifting pattern of definitions suggested that different objects could be produced from the same data depending on the analytical concept employed. It could therefore be hypothesised that the object of good teaching did not exist but was manufactured by the practices used to organise data. The possibility of producing alternative objects meant that diagnostic techniques produced a struggle between competing interpretations of the same characteristics, each fabricating different truths. However, the possibility exists that this confrontation is hidden in mental health practices as, even if the rules defining depression are just as flexible as those defining good teaching, their rate of change is slower. This comparatively glacial

rate of change obscures the constructed nature of depression in medical practice, concealed behind a wall of change blindness (Simons and Ambinder, 2005), giving the appearance of a difficult-to-resist, crystallised object.

This raised the issue that, even though each construct may be modifiable, I and those around me acted as if the objects of depression or good teaching existed as absolute, immutable, perfect forms. Problematically, I could see them as mutable, dependent on how they were measured and the criteria used to define them, amplifying my struggles with colleagues. This encounter with conflict, coupled with the challenges associated with diagnosis and classification and the perceived mirroring of practices in school and clinical settings, prompted the application of Foucault to interrogate how these truths are produced and the effects they have on people, rather than manufacturing a new object or buttressing an existing model.

Mapping the Territory: Establishing a Foucauldian space

Ball's 'Foucault and Education' (1990) is frequently cited (Butin, 2006, Fejes, 2008, Perryman, 2009) as the moment when Foucault's ideas gained critical mass as an explanatory force in education research. It may now be a cliché to say that Foucault has, and continues to play, a key role in the development of social and educational research, as others have concluded (Roth, 1992, Frank and Jones, 2003, Olssen, 2005, Butin, 2006, Fejes, 2008, Campbell-Thomson, 2011, Allen, 2012). However, this does not mean his ideas are of any less relevance. That Foucault's concepts continue to have purchase among educationalists some thirty-five years after his death (Hope, 2015, Hege and Simonsen, 2016, Bazzul and Carter, 2017) is evidence of their analytical value and the need to engage with them. Problematically this history, and the taken-for-granted status they have acquired, potentially makes utilising Foucault's ideas a risky academic undertaking given that, as Allen (2012, pg. 1) suggests, there are now multiple Foucault's in existence. Any attempt to summarise this diversity and make a claim as to what a 'true Foucauldian' is, is impractical as one is almost certain to make mistakes of omission, or interpretation, from someone's point of view, there being a considerable debate over how to use Foucault's ideas (Dwyer, 1995, Wain, 1996, Mayo, 2000, Jones and Brown, 2001,

Butin, 2006, Youdell, 2006, Walshaw, 2007, Allen, 2012). It would also transgress the Foucauldian principle of not replacing one tyranny with another. Further, Foucault's untimely death amplifies what Gordon calls the 'biographical assumption of closure' (Gordon, 2016, pg. 107), leading some to mistakenly crystallise Foucault's thought as being complete, failing to recognise that during his lifetime it was always a work in progress open to, and under, constant revision, never reaching a point of stasis.

This multiplicity of opinion, and ongoing reformation, can be regarded as a strength, implicitly embedded within Foucault's proposal that his ideas are not statements of how things are but are collections of ways of doing something:

> So, I make … instruments, utensils, weapons. I would like my books to be a kind of toolbox in which others can dig to find a tool with which they can do whatever they want, in their field. … The little volume I would like to write on disciplinary systems, I would like it to be of use to an educator, a guardian, a magistrate, a conscientious objector. I don't write for an audience, I write for users, not for readers. (Foucault, 1974, pg. 523-524)

Hope (2015, pg. 537) reasons that the versatility embedded in the toolbox analogy contributes to the continued percolation of Foucault's writings within educational research as it makes them difficult to place within any particular discipline. By not invoking a general theory to be embodied, or specifying a rigid methodology to follow, the researcher is free to select those ideas with the greatest utility in answering the questions they pose. The Foucauldian oeuvre is not concerned with studying his ideas as objects but with doing things with them, opening doors that other methods might have closed, of thinking differently, generating alternative ways of looking at familiar objects. One, therefore, takes from Foucault that which enables one to critically assess current thinking, formulate a set of questions and provide the researcher with the means of answering those questions.

My turn to Foucault was not motivated by his place in the pantheon of educational researchers but as a conscious attempt to address the contradictions I had encountered, to think differently about teacher depression, actively engaging with Foucault's assertion that conducting research and the act of writing should transform the author (Foucault, 1980a, pgs. 239-240). This personally transformative aspect of

doing research can easily become obscured, a consequence of being embedded in the act of thesis writing. Following the accepted structuring devices, from an introduction to a conclusion, can give the appearance of a well-planned journey through a pre-existing terrain, the destination known and observed in advance from afar, a path plotted to reach a predetermined goal methodically.

This façade of social science as a confirmatory mechanism for common sense knowledge was a noticeable feature of my teaching experience. When asking students to predict the outcome of psychology studies, or give an account of human behaviour, their response to hearing the findings from actual studies reflected my perception of a tendency for psychology to confirm what was already assumed to be true. My reading of Foucault is that his orientation challenges this. It is not a confirmatory approach in the sense of uncovering what is hypothesised to be there or assumed to be the case, nor is it a search for some immutable, fixed truth. Instead, it is a way of seeing if the terrain can be remade, a means thinking of differently, as Tamboukou (1999, pg. 203) suggests. It is an approach characterised by the constant and sometimes exhausting questioning of accepted truths as a means of inverting existing thoughts; a process of transformation, not of the object under study but our relationship with the object; a mechanism of troubling perspectives that have attained the status of common-sense truths, not because they are necessarily wrong but because they constrain thought, and hence what can be done. As Ball (2020) notes, the Foucault orientation is a pathway to enable the researcher:

> … to criticise the working of institutions that appear to be both neutral and independent; criticise them in such a manner that the political violence that has always exercised itself obscurely through them will be unmasked, so that one can fight them (Ball, 2020, pg. 6)

Before embarking on this transformational journey, I knew that I had experienced some potent emotions within the teaching context. The supposedly objective, neutral, independent, unbiased medical truth I was told was that these emotions were evidence of the co-occurring conditions of stress, depression, anxiety, and burnout. The mental health discourse explained my emotions by turning me into a depressed subject, providing the methods to manage my emotions and prevent them

from interfering with my work. Deploying Foucault's ideas was a deliberate attempt to step off this well-trodden path of psycho/medical thinking, to transform my relationship with depression and see if it was possible to rework the terrain rather than seeking to uncover something new. Doing that, for me, meant adopting three attitudes present in Foucault's writing that characterise my position and traverse the thesis, demarcating the limits of one version of what a Foucauldian might be: being transformative, sceptical, and experimental.

Three Foucauldian attitudes

<u>Being transformative</u>

It may be reassuring to suggest that such a thing as a Foucauldian exists in the way that psychologists might argue they are a Freudian, Behaviourist, Cognitivist, Neuro-cognitivist, or Humanist, but it is not possible to be a Foucauldian in the way these schools structure thought. Depression among teachers could easily be studied from one or more of these perspectives, the foremost of which are laid out in chapter 2. Each of these approaches starts from the same premise that depression exists, reinforcing its status as a truth, even though they derive differing conclusions about what constitutes depression. In contrast, a Foucauldian orientation is not directly concerned with defending or demolishing accounts that argue for a specific view of depression. The focus is on the problems these models were designed to solve, how they have been built, the relationships we have with the knowledge they produce, and their impact on our subjectivity.

Unlike these specific schools of thought, which work within a given set of limits that define the object of study, how it can be studied, and what one can think about it, Foucault claims that his thinking cannot be framed in the same way. There is a hint of exasperation at those who would try to constrain his thinking by defining his work when Foucault states:

> Do not ask me who I am and do not ask me to remain the same: leave it to
> our bureaucrats and our police to see that our papers are in order. At least
> spare us their morality when we write. (Foucault, 2002, pg. 19)

Foucault's relationship with others can be characterised as embodying his notion of

power, a relationship of resistance, struggling against the confinement imposed on him by what they interpret his work as being, not wanting to be told who one is or how one thinks based on what one has already been written. Foucault was frequently changing the object of his investigations from madness (Foucault, 2006b) to prisons (Foucault, 1977) to sexuality (Foucault, 1981a, 1986, 1988, 2021) and reframing his work, altering his method and investigative tools depending on the problem, always seeking to transgress the limits of his thought rather than creating and buttressing a singular, coherent field of thought.

This mutability does, contrarily, represent a point of anchorage, an unstable stability, around which it is possible to build a perspective of what it might mean to hold a Foucauldian orientation rather than be Foucauldian. The requirement of this alternative tyranny of thought is for the researcher to engage with uncertainty and constantly review and revise their thinking. To write is to be changed, not knowing what one will become, envisioning others who might also find themselves altered by reading the work, without dictating to them how they will be transformed (Foucault, 1980a, pg. 242). Such a transformational attitude was central to the development of this study. The act of research was a means of seeing if it was possible to transform my own and others, relationship with depression rather than changing the object by uncovering new knowledge about it. This meant actively resisting the prevailing research strategy of deploying the dominant psycho/medical model to produce an improved version of its causes and treatments by utilising alternative, Foucauldian, ways of questioning and interrogating the relationship teachers have with depression, the forces that act to produce that relationship, and how they come to see themselves as depressed subjects.

Being sceptical

To be transformative requires a sceptical attitude toward what is known about social objects that are considered universal, carving out a methodological space within which a different set of questions can be asked.

> I start from the theoretical and methodological decision that consists in saying: Let's suppose that universals do not exist. (Foucault, 2008, pg. 3)

My question was not: Does madness exist? My reasoning, my method, was not to examine whether history gives me or refers me to something like madness, and then to conclude, no it does not, therefore madness does not exist. This was not the argument, the method in fact. The method consisted in saying: Let's suppose that madness does not exist. (Foucault, 2008, pg. 3)

The psycho/medical research model, making the a priori assumption that depression exists, foregrounds the object, leading to a particular set of questions concerning the causes, personal susceptibility to and the means of managing depression. The sceptical stance challenges this assumption, permitting a perceptual shift to foreground the practices that produce the object of depression, the use to which depression is put in an institutional context, and the work the diagnostic category of depression does. This is not the same as saying that depression does not exist, or that it is a concept with no utility, rather it has no life before or outside of the practices associated with the procedures of measurement and treatment that produce it. Balancing the stance critical of depression against the lived lives of those with depression is an essential concern throughout this thesis, as Foucault elaborates:

The question here is the same as the question I addressed with regard to madness, disease, delinquency, and sexuality. In all of these cases, it was not a question of showing how these objects were for a long time hidden before finally being discovered, nor of showing how all these objects are only wicked illusions or ideological products to be dispelled -in the [light]* of reason finally having reached its zenith. (Foucault, 2008, pg. 19)

Embarking on this research journey was not about uncovering the true, hidden nature of teacher depression that previous research suggests exists and has only partially revealed, nor was it concerned with exposing depression as an illusion, a myth, rather:

It was a matter of showing by what conjunctions a whole set of practices - from the moment they become coordinated with a regime of truth - was able to make what does not exist (madness, disease, delinquency, sexuality, etcetera), nonetheless become something, something however that continues not to exist. (Foucault, 2008, pg. 19)

Depression can therefore be conceived of as manufactured by the regime of medical truth and concomitant diagnostic practices. These practices maintain depression as something that endures when contradictorily, at the same time, it does not exist.

Holding on to this dichotomy is frequently challenging for the researcher and the reader, knowing that depression is conceived through practice, a fiction that still has very real effects. Importantly this notion of being manufactured might lead to some thinking that depression is an erroneous way of thinking, an attitude Foucault directly challenges:

> … what I would like to show is not how an error when I say that which does not exist becomes something, this does not mean showing how it was possible for an error to be constructed or how an illusion could be born, but how a particular regime of truth, and therefore not an error, makes something that does not exist able to become something. It is not an illusion since it is precisely a set of practices, real practices, which established it and thus imperiously marks it out in reality. (Foucault, 2008, pg. 19)

Depression is not to be regarded as a phantom of diagnostic practices or an error, even if one starts from the position that it does not exist. Rather it has an actual existence in terms of the effects it has on people's lives, which is dependent on the practices that carve out its existence. Thus, Foucault concludes that:

> The point of all these investigations concerning madness, disease, delinquency, sexuality, and what I am talking about now, is to show how the coupling of a set of practices and a regime of truth form an apparatus *(dispositif)* of knowledge-power that effectively marks out in reality that which does not exist and legitimately submits it to the division between true and false. (Foucault, 2008, pg. 19)

The sceptical attitude suggests that depression may not exist as an object outside of the social realm. Still, it is made to exist and persist through the operation of power-knowledge, the apparatus of the dispositif of practices coupled with a particular regime of truth. As with other manufacturing processes, the object does not exist until certain elements have been brought together to produce it. In this case, expressed emotional states are acted upon and brought together through diagnostic practice to create the object of depression. Once it has been manufactured, depression is then used as if it had always been there, both a tool and an object. As a tool, it is used to carve out a particular space outlining the truth of human emotions, manufactured by the dominant psycho-medical model, coupled with the practices of diagnosis.

Being experimental

The transformational, sceptical positioning interacts with a third attitude of being experimental, rather than theoretical, as a way of establishing an alternative relationship with the existent/non-existent object of depression:

> I am an experimenter and not a theorist. I call a theorist someone who constructs a general system, either deductive or analytical, and applies it to different fields in a uniform way. That isn't my case. I'm an experimenter in that sense that I write in order to change myself and in order not to think the same thing as before. (Foucault, 1980a, pgs. 239-240)

The experimenter is always seeking different ways of viewing, of saying 'What happens if I …' rather than 'Can I prove this …' unlocking the investigative space to challenge ideas rather than building a theoretical edifice. This has much in common with the Popper (2002) view of science as a strategy orientated toward seeking to disprove or overturn existing orthodoxy, or Kuhn's (2012) perspective that confirmatory science eventually undergoes a revolution in the light of findings inconsistent with an existing theoretical model. Foucault embodies a revolutionary stance, questioning general theories as a way of transforming his thinking. This might appear contradictory, replacing one tyranny of establishing theory with the tyranny of endless critique. However, my reading of Foucault is that his scepticism is partly a ruse, a strategy, an escape route employed to enable a different way of thinking, a critique that, as Tamboukou (1999) and Ball (2020) suggest, can be used to fight those institutional practices that hide behind a mask of legitimacy.

As a psychology teacher, I was always struck by the preponderance of studies that sought to prove or confirm a particular theoretical perspective rather than questioning, experimenting with, or challenging them to find their limits. The research presented in Chapter 2 typifies this approach tending to confirm workload, poor management or OfSTED as the causes of depression. One research tactic open to me would therefore have been to gather stories from depressed teachers, apply the existing psycho/medical theories to the analysis of the narratives, and confirm a biochemical deficit or flawed personal psychology model of depression. Following a top-down approach, these models could have shaped my interpretation, reproducing, and turning my participants and me into a particular version of the

depressed subject. However, Foucault had already transformed my subjectivity leading to a scepticism that sought a different relationship with depression through experimentation with alternative analyses of the narratives not built on describing what depression is. The guiding principle of the experimental approach is to see what happens if, to restructure the terrain rather than follow a given map, attempting to mark out a blank space, to find an alternative perspective through the gathering and analysis of the data, resisting the tendency to fall back into established ways of thinking.

The challenge of adopting a Foucauldian orientation

As has already been suggested, the criticality expressed by this set of transformative, sceptical, experimental attitudes can potentially be seen as damning the existing body of knowledge about depression, raising an ethical concern I had about interpreting the narratives in this study. By invoking Foucault, it might have been said that I was attempting to say that the psycho-medical perspective was wrong, that what these participants thought about their depression was inherently flawed, indirectly being critical of them. Further, suggesting depression is an illusion implies some fault on the part of the participants. Foucault understood that his work might have such an effect, emphasising that it was not something it was meant to do:

> It is not critical, most of the time; it is not a way of saying that everyone else is wrong. It is an attempt to define a particular site by the exteriority of its vicinity; rather than trying to reduce others to silence, by claiming that what they say is worthless, I have tried to define this blank space from which I speak, and which is slowly taking shape in a discourse that I still feel to be so precarious and so unsure. (Foucault, 2002, pg. 18.)

Adopting a Foucauldian set of attitudes entails a degree of hesitancy tied to the problem of offering a critique which can be interpreted as saying that someone else's voice is wrong and used to silence them. The criticality of the thesis is not an attempt to say that psychology or medical practitioners are entirely misguided and so have nothing to say about teacher depression, only that they are only one version of the possible truths that might be said about people's emotional lives, and that their dominance silences other voices. These established views are not worthless, having a value in helping many alleviate the emotional distress that being a teacher might

create. However, the Foucauldian orientation alerts us to the possibility that, regardless of their positive aspects, they can become tyrannies of truth, silencing alternatives, having unintended negative consequences, it becoming forgotten that they are not the only possible perspective, hiding behind their claim to be the truth. A consideration of the rules of the truth game of depression, to use a particular set of lenses to carve out a blank space from which to speak, somewhere other than the medical or the psychological, by being experimental, sceptical, and so transformative, are therefore the considerations of this thesis.

Defining the Study: Aims, objectives and research questions

The aim of the study

The unifying aim of this thesis is to think differently about and problematise teacher depression by deploying the Foucauldian attitudes of being transformative, sceptical, and experimental, and applying the analytical lenses of truth, discourse, power/knowledge and subjectivity to the life history narratives of teachers with depression, to produce a counter perspective to the dominant medical/psychological model of mental illness.

The research questions

1. What discourses of depression are traceable in the narratives of teachers with depression, what conflicts might exist between them, and how are these resolved?
   a. What clinical diagnostic practices do teachers describe that they are subject to in their narratives, turning them into depressed teachers?
   b. To what extent are these teachers accepting of and resistant to these classifications of their mental health?
2. What discourses of the good teacher are traceable in the teaching story narratives of teachers with depression, what conflicts might exist between them, and how are they resolved?
   a. What diagnostic practices do teachers describe that they are subject to in their narratives aimed at turning them into good teachers?

    b. To what extent are these teachers accepting of and resistant to these classifications of their status as good teachers?

3. What interactions are traceable between the teaching and depression discourses within the narratives that contextualise the diagnosis of depression in the life history of the teacher?

The objectives of the study

1. Map the discourses of depression found in the narratives of teachers with depression, the practices that produce those discourses and their interaction with the discourses of good teaching practice

2. Trace the mechanisms of power in the narratives of teachers with depression through which knowledge about depression and teaching is put into practice.

3. Identify how teachers are turned into subjects through the practices of diagnosis and treatment.

Summary

This chapter has aimed to contextualise the research aim, objectives, and questions as a product of my personal history of teaching and depression, elaborating the Foucauldian attitudes of being transformative, sceptical, and experimental that impinged on my reading of my experience. Telling my own story demonstrated how it was possible to utilise a Foucauldian perspective to understand what had happened to me after twenty years of being a teacher. Whilst Foucault's ideas are not directed to explaining why I found myself crying, constantly lethargic, or overeating, they could shed light on why these symptoms were primarily interpreted as indicators of an underlying psychological disorder called depression. They could also offer some insight into how my identity as a good teacher, or a depressed patient, was produced by the practices used to define, classify, and modify me.

The argument is that the subject of the depressed teacher is produced at the intersection between the discourses of good teaching and the discourses of depression, standing at a point when all the certainty of the structures that surround them falls apart, a diagnosis acting as means of putting things back together again

and re-establishing certainty. Given that these conflicts over the truth operate within a neo-liberal discourse and utilise scientific methods to uncover the truth, the specific statements made about teaching and depression may reflect each other having been produced using the same techniques. This reflection may impinge on how the teacher, defined as bad, may also come to see themselves as mad, being turned into a subject by the circulating discourses. So, to consider the subject of the depressed teacher, it is necessary to consider the existing discourses of stress, and depression, alongside the methods of separating the good and the sane from the bad and the mad, and the practices associated with improving oneself, under the influence of the operation of power.

Structure of the thesis

Given the importance of history in the creation of these discourses, Chapter 2 deploys Foucault's concept of problematisation (Foucault, 1990, pg. 257) to problematise the problem of teacher depression and provides a critical assessment of the development of the concept, the historical construction of the discourse of the disorder of depression through the practices of defining, diagnosing, and treating, and their reflection in the management of teaching and teachers. Employing the concept of the dispositif, neither depression nor the good teacher are shown to be the self-evident truth they might appear. Instead, there is a world of conflicting truths over the causes and cures for depression. Further, the teaching environment, in its effort to improve practice, is exposed as promoting the supposedly maladaptive cognitive distortions thought to cause depression. It is these conflicts that an analysis of narratives can elaborate on using Foucault to retell these stories differently.

Chapter 3 details the research strategy's development and implementation, elaborating the challenges of devising and executing an ethically and socially sensitive study. The theoretical problems this chapter addresses are the contradictorily advantageous lack of a unified Foucauldian method and the critique that conducting interviews will only replicate the existing documents relating to stress and depression. It also tackles the practical problems encountered in attempting to

recruit participants, using only one question in interviews and the strategies employed for analysing the monster that is qualitative data.

Chapter 4 provides a Foucauldian interlude, mapping the specific tools of truth, discourse, power/knowledge, and the subject, which are employed as analytical lenses through which the narratives are viewed. The tool of truth points to a separation between truth as an event rather than an eternal fact and provides a means of considering depression, not as something that is but as something that is done. The concept of discourse points to an analysis that focuses on what is said about depression and how it is produced as a truth. By considering how truth is put into practice, the analysis follows by considering the narratives in terms of power, what the proclaimed truth of depression is made to do and how it is used to act on the actions of individuals. Finally, there is the unifying theme to be traced in the narrative of how individuals see themselves in the light of the truth imposed on them, the practices they are subject to, and the actions taken to modify their actions. Having shown the value of narrative data in the context of a Foucauldian research project, the chapter is followed by a summary of the key characteristics of the eight research participants.

Chapter 5 describes the construction of the disordered self through a collection of symptoms. Taking the symptoms of crying, exhaustion, anxiety, and lack of self-worth as presented in the narratives in turn this chapter explores how the methods of measurement produce depression and how each symptom can be related to a feature of the teaching environment rather than being a product of an underlying disorder. Chapter 6 interrogates how, within the narratives, a personal understanding of the causes of depression is linked to the operation of power and the ongoing conflicts within an educational establishment. Focusing primarily on one account provided by a Headteacher, this chapter traces the ongoing disputes with staff over how to be a good teacher, the strategies employed to manage teachers and the consequences of failing to be the teacher one would like to be. The most frequently occurring site for the operation of power, and one most clearly linked to the symptoms defined as depression, is the classroom observation explored in Chapter 7. This chapter demonstrates how the subject of the good teacher is

produced through the practices employed to manage them and how these practices are used to create truths rather than represent them. In these conflicts over the truth of good teaching, the symptoms of depression are shown to arise.

The final chapter details four conclusions that can be drawn from the analysis about how depression in teaching might be reconstrued. First, it is a historical event, a landmark within a personal history; Second, it appears in a space of conflicted subjectivities; Third, it can be seen as a product of various power relationships; Fourth, it reflects the problem of attempting to turn teachers into perfect representations of the profession. From these conclusions, it is possible to show how depression can be rewritten as a heuristic device for managing teacher emotions rather than a disorder. In reaching these conclusions, the thesis contributes to knowledge by adding a distinctive voice to those who have already shown the analytical value of Foucault by applying Foucault in the context of local history. Further, it contributes positively to the ongoing debate on the value of narrative, showing that it provides an alternative perspective that can be used to reconceptualise depression in teachers.

Chapter 2. Problematising the Problem of Teacher Depression: The conflicted space of definitions, measures, and explanations

Introduction

It may be stating the obvious, based on the evidence in my story, that I had a problem with depression, entangled with the difficulty I had demonstrating to others that I was a good teacher. My doctor, therapist, co-workers, and friends told me that my work environment had caused me to become depressed, and I was only failing to be seen as a good teacher because I had not yet learned the required performance skills. Even though I submitted to these explanations, I was sceptical of them, a scepticism reading Foucault had invoked in me. Foucault's theorisations pointed to the strategy of problematisation as means of engaging with that scepticism. Koopman (2014) argues that problematisation is a cornerstone of Foucault's analytical approach employed in two distinct ways working in synchrony with one another. The first is to consider the problem that a concept was produced to solve. The history of depression as a diagnostic category, for example, points to its recent formulation as a means of addressing the problem of a lack of a shared language among clinicians (DeRubeis et al., 2017) when attempting to classify patients. This hindered their ability to talk to each other about patients' emotions in a reliable way, preventing them from developing testable theories of emotional distress and effective methods of managing that distress. The second problematisation strategy is to consider the problems with the object itself as it is constructed, questioning not what the category of depression is but how it is produced, in practice, as a diagnostic category.

These are interrelated activities, it often being difficult to know when one is showing what is problematic about an object or the sources of evidence used to produce the object. To problematise depression in this way, through a review of the literature, is not to create a problem where one did not exist before but to clarify the concerns within a particular field of research, the objects of which are the troublesome documents, evidence, and practices that, to paraphrase Ball (2020), mask the political violence that has always been done through them. This can be done by

tracing depression as an object of concern in modern history, considering the challenges associated with how it has been defined, measured, and managed, recognising that, as Foucault asserts, '…knowledge is not made for understanding; it is made for cutting' (1971, pg. 88), depression being a category used to separate the well from the unwell.

This is not to say that knowledge cannot produce understanding, only that understanding is secondary, a product of division. To problematise is to question where those cuts are located, how they are made, and the objects they produce. The argument that can be put forward is that the generative nature of the cuts made when defining, diagnosing, and treating depression has been masked by it having become a ubiquitous designation for emotional woe; there now appearing to be a cultural amnesia concerning how recent its insertion has been into the self-care lexicon as an explanatory force. As Parker asserts:

> It is sometimes difficult to appreciate how new 'depression' is in Western culture, for the vocabulary of depression, and even of 'depressive illness', has circulated through the culture so rapidly and become part of the dominant system of self-talk in everyday life. (Parker, 2007, pg. 98)

Identifying this normalisation of the abnormal problematises the status of depression as a self-evident truth, everyone seeming to know what it is, recognise it, offer advice on dealing with it, and yet still disagree about its deployment; something I had observed in myself and others. Some of my colleagues fully embraced the use of depression as an explanation for the emotional troubles experienced by some teachers. Others denied its existence entirely, whilst others thought it might exist but was an overly used designation in teaching and could be a form of malingering. This multiplicity of opinions suggested that the use of the term was not as straightforward as it first appeared, a diversity I traced to three interlocking problems associated with the use of depression as a means of dividing the mentally healthy from the mentally ill: defining, diagnosing, and explaining it. The teacher diagnosed with depression may be unaware of these problems. However, they are, I suggest, the ground from which their stories are born, impacting directly on how their emotional lives are described, managed, and explained by themselves and others.

My history had alerted me to, and is traceable in the literature, that these concerns

are echoed in a similar set of issues concerning how good teaching is defined, measured, and managed. Telling my story suggested that this later set of challenges, relating to how to be a teacher, potentially creates difficulties for teachers, producing emotions that are then interpreted and managed using the construct of depression, which is problematic. Outlining the literature relating to depression and what constitutes good teaching, this chapter demonstrates how both concepts can be troubled theoretically, troubles that an analysis of the narratives of depressed teachers might further illuminate empirically.

The Problem of Defining and Measuring Depression

The initial problem confronting a clinician is trying to determine what the person in front of them is suffering from. Contemporary diagnostic practice depends on the assumption, as King (1982) and Altkorn (2020) describe, that any given disorder will have a unique pattern of signs and symptoms, allowing the clinician to identify and differentiate the condition from any other. The symptom is what the patient sees in themselves, and the sign is that which the clinician sees. In diagnostic practice, an individual's subjective self-report, of those things they notice about themselves that they consider out of the ordinary, produces a set of symptoms, leading them to seek medical advice. These symptoms act as an initial guide from which the clinical expert can devise a tentative diagnosis, a testable hypothesis directing them to look for specific, objectively measurable signs which are given more weight in formulating a diagnosis.

When diagnosing depression, using signs and symptoms in this way is potentially problematic in two ways. The first relates to the assumption the medical model makes that the reported signs and symptoms, in common with other illnesses such as measles, are manifestations of an underlying ailment called depression. Adopting a position sceptical of mental illnesses as physical, as put forward by Szasz (1960, 2011), coupled with Foucault's argument that truths are produced (Foucault, 2006a, pg. 238), it is possible to argue that it is not a hidden disorder of depression that produces the signs and symptoms. Instead, the methods deployed to collate signs and symptoms produce the disorder from the signs and symptoms. The second

problem is that when diagnosing depression, the clinician may claim to be working within the medical model of what counts as good evidence, but it can be argued that, in practice, they must deviate from this as their diagnosis is entirely dependent on subjectively reported symptoms. These two problems can be explored by briefly tracing the history of the Diagnostic and Statistical Manual of Mental Disorders (DSM), the currently dominant system of describing the defining features of depression. Depression can be problematised by showing how, within history, it is produced by the classification system and how the classification system can be subsequently used to give symptoms the credibility of being objective signs. This history not only provides an understanding of the complexity that underlies the diagnostic practices that teachers with depression are subject to, necessary to contextualise their stories analytically, but it also finds echoes in the challenges associated with defining and measuring good teaching.

The problem of defining depression using DSM

Problematising depression by problematising DSM is to recognise that DSM was devised to solve a problem in medical practice and yet produced its own complications. The challenge that existed in psychiatric practice was a proliferation of diagnostic systems, Stengel (1959, pg. 601) noting the concurrent use of eleven international classifications. Such diversity failed to fulfil the scientifically orientated methodological imperative, expressed in DSM-I (American Psychiatric Association, 1952), of enabling clinicians to gather the uniform, statistically valid, data necessary for providing the stable, quantitative platform for research into the aetiology, pathology, prognosis and treatment of psychiatric conditions. Lacking a universal language, clinicians could not consistently categorise the mental illnesses they encountered, compare practices and measure outcomes as mechanisms of validating a diagnostic category within a medico-scientific discourse, preventing clinicians from knowing if they were describing the same thing to each other.

DSM was promoted to address these problems by creating a single, recognised classification system, a shared diagnostic language, utilising the medical classification of biological disorders as a template to which all clinicians would

subscribe. In this regard, Kawa & Giordano (2012, pg. 2) conclude that DSM has been very effective, erasing the original diagnostic diversity, which has been forgotten. It now appears that there has only ever been one classification system, reinforcing the assumption, laying behind its creation, that the disorder of depression exists as a single entity. The appearance of permanence and stability conferred by this hegemonic status masks the continuing diagnostic struggles, the categories being unstable and open to revision, there having been seven versions of DSM (American Psychiatric Association, 1952, 1968, 1980, 1987, 1994, 2000, 2013) up to 2013. To classify, each version of DSM functions as a dividing practice which, as Foucault (1970) argues, makes it appear that the objects they describe have some separate, independent, existence rather than products of division. That there have been seven versions could imply that there are seven versions of depression depending on where one cuts. However, it is demonstrable in this history that there are only two distinct ways of dividing the normal from the abnormal, which, according to Stengel (1959), draw on competing accounts of what counts as good knowledge to produce the cleavage between categories. The first strategy was to extrapolate disorders from established psychological theory; the second was to manufacture them by measuring the statistical co-occurrence of symptoms.

DSM-I (American Psychiatric Association, 1952) and DSM-II (American Psychiatric Association, 1968) were the children of theory, the first cut dividing those disorders with an identifiable biological origin from those without. Employing psychological theory, primarily derived from the psychodynamic/psychoanalytic traditions, as highlighted by Grob (1991), Mayes & Horowitz (2005) and Kawa & Giordano (2012), non-biological disorders were further sub-divided, producing the overarching categories of psychotic and neurotic disorders (Blashfield et al., 2014). Dependent on an understanding of psychological theory, diagnostic practice was confined to the realm of the psychoanalytic expert, who had the training necessary to interpret detailed patient histories. In these versions of DSM, depression was not a singular disorder, instead it was a symptom of having a depressive reaction, defined as a neurotic response to loss. This theory-driven strategy of division may have disappeared from subsequent versions, yet there is still an echo of it in relation to dividing psychological disorders from those with an established biological cause.

That DSM-I and II did not establish themselves as a universal language was partly because the cuts they made, to divide one group from another, did not achieve the stated aims of DSM. The application of the diagnostic categories was found to be unreliable, dependent on the subjective judgment of the clinician derived from their experience, so failing to resolve the problem, as Blashfield et al. (2014, pg 31) assert, of diagnostic inconsistency. Further, according to Beck (1961), the inconsistency meant that the psychoanalytic model underlying the diagnosis of depression could not be tested using the empirical methods favoured by medical practitioners, necessitating the development of an alternative diagnostic approach.

According to Showraki (2019, pg. 755), the intention was for DSM III to replicate the aetiological methodology medical practitioners had used to classify disorders according to their cause. Finding that this could not be done as practitioners could not agree on the causes of mental illnesses, psychiatry adopted a descriptive strategy, using the statistical co-occurrence of symptoms to manufacture and name disorders assumed to produce those symptoms. Rather than proceeding from theory, the strategy was to circumvent those conflicts, based on a consensus that disorders exist, by identifying the core cooccurring symptoms associated with a particular diagnosis. Lacking an aetiological underpinning, yet sanctioned by medical practice, could be seen as producing a space where the term depression could assume multiple, contradictory, identities, simultaneously seen as the cause and effect of emotional turmoil (Zhang et al., 2021), a response to a challenging environment (White, 2020) and a disorder that makes environments more challenging (Roshanaei-Moghaddam et al., 2009).

Beck's (Beck et al., 1961) strategy concerning depression typified this descriptive approach by identifying those symptoms, from his patient records and observations, consistently associated with his diagnosis of depression, then selecting those symptoms with the highest correlation with the diagnosis, and then using these to produce the twenty-one item Beck Depression Inventory (BDI) (Beck et al., 1961). Translated to diagnostic settings, administering the questionnaire produced a score, designating the intensity and severity of a person's depressive reaction in a supposedly more reliable way than clinical evaluations. This emphasised a fracture

between two types of knowledge in psychiatric practice; based on the subjective, qualitative, interpretation of patient histories, or on objective, quantitative assessment of clinical observations. DSM-III (American Psychiatric Association, 1980) built on this diagnostic strategy, defining mental illnesses according to the co-occurrence of symptoms, rather than established psychological models.

Kawa and Giordano's (2012) assessment of the revolutionary impact the publication of DSM-III had on psychiatric thought is a testament to the widening fracture between theory versus symptom-driven diagnostic practices. As Mayes & Horwitz (2005) conclude, DSM-III addressed the reliability issue in diagnosis by excising any reference to the potentially subjective assessment of the aetiology of disorders by the clinician, focusing solely on creating lists of objectively assessable, observable symptoms, an approach Gruenberg et al. (2005) show subsequent versions maintain. Depressive neurotic reaction disappeared as a disorder, decontextualising depression, replaced by the condition of Major Depressive Episode with three variants (American Psychiatric Association, 1987, pg 218-224), defined by a checklist of nine symptoms. The clinician no longer required a conceptual understanding of depression, only having to assess the subjective self-report indicating having experienced at least five of the nine symptoms, one of which had to be either 'depressed mood' or 'a loss of interest/pleasure in all things' over two weeks.

For teachers this is potentially problematic as it decouples entirely the diagnosis of their depression from the context in which it occurs, foregrounding depression as something that someone has rather than being a response to an environment. Subsequent versions of DSM have reinserted the environment but not as a cause. The refined criteria state that to be a symptom of diagnostic importance it must also '…cause clinically significant distress or impairment in social, occupational, or other important areas of functioning' (American Psychiatric Association, 2013, pg. 161). Rather than being an effect of challenging environments, depression now becomes the reason for environments becoming challenging, an additional subjective value judgment being overlaid on the assessment of symptoms, disguised by the regimented ordering of symptoms.

Even if it has been widely criticised (Lafrance and McKenzie Mohr, 2013), DSM has become the go-to classification and diagnostic tool within the dispositif of mental health, crystallising the defining features of depression, established and validated by scientific study (Simon and Von Korff, 2006, Lux et al., 2010). This produces depression as a disorder just like any other medical condition, which causes the person to have problems, implicitly conferring the same status as having measles, that one can have depression. However, diagnosing depression using DSM may appear to fulfil the objectivity criteria of good medical knowledge, yet it masks its reliance on subjective self-reports. The supposedly quantifiable criteria, for example, having a lack of self-worth, are still unquantifiable, invisible to the clinician and others, and dependent on the individual's subjective judgment of their experience. In this way, depression is seen as a diagnostic category produced by the method rather than something measured by it. For the individual teacher, this is problematic as being given a diagnosis may appear to account for their emotions, yet it creates two further questions: knowing how depressed one might be and knowing what has caused one's depression so it can be removed.

The problem of measuring depression

Regarding diagnostic practice, it is not enough to know a disorder's features. It must also be possible to measure them in valid and reliable ways so that patients can be assigned to a diagnostic category correctly and so enable clinicians to identify and implement an effective treatment strategy. Frequently these observations are made using a device validated as a means of measuring the construct. For example, as a measure of body heat, a thermometer turns the subjective symptom of feeling hot into an objective, observable sign of a particular body temperature. Technology turns the symptom into a sign that can be seen by another who can interpret the information by referencing the list of known diagnostic signs. The clinicians' role in this assemblage is to confirm the existence of a disorder by administering objective tests to look for the signs of disease and so reliably divide the healthy from the sick.

Despite now having a list of symptoms in DSM, clinicians still faced the same reliability problem that Beck sought to address with the development of his inventory.

Asking if someone had lost interest in life might be answered in the affirmative, but it would not say how much interest a person had lost, nor could their answer necessarily be compared to others. What was required was a way of measuring depression so that everyone had to answer in the same terms. Parker (2007) suggests that diagnostic practices immersion in the scientifically orientated medical model of illness drove the development of rapid, reliable, quantifiable and objective measures to, supposedly, objectify subjective self-reports and turn symptoms into signs. Beck had laid the groundwork, devising one of the first quantitative questionnaires, resembling other biological measures in medicine, providing a quantitative measure with the appearance of objectivity. The challenge, from a clinical perspective, was that in a world where the clinician's time was limited, there was a need to devise a rapid diagnostic tool. The development of the Personal Health Questionnaire (PHQ-9) (Kroenke et al., 2001, Kocalevent et al., 2013) as an objective, standardised measure of depression, and its application, was a way of addressing this issue, exemplifying further how depression is produced as an effect of a method of assessment.

Prior to the development of the PHQ-9 a bottom-up approach had been used to devise a diverse array of questionnaires, by first collating a list of potentially diagnostic questions drawn from a pool of possible symptoms. These were then administered to groups of people diagnosed with depression, subjecting their responses to statistical methods to identify items with the greatest diagnostic potential, which were then collated into questionnaires (Hamilton, 1960, Lubin, 1965, Montgomery and Asberg, 1979, Uher et al., 2007). An assortment of measures produced a new problem in terms of measuring the effectiveness of any treatments across groups assessed with different questionnaires. Constructed with the support of Pfizer US Pharmaceuticals (Kroenke et al., 2001, pg. 7) the PHQ-9 was produced using a top-down approach to knowledge construction, using the already formulated DSM-IV criteria. These were turned into quantifiable statements by asking patients to identify, on a four-point scale, how many days during the previous two weeks they had experienced each symptom. Overlaying DSM onto a patient's symptoms, the PHQ9 produces a score, tying the definition of depression to its measurement. By converting symptoms into a single diagnostic sign, the now clinically observable,

scientifically validated, indicator of depression (Spitzer, 1999, Kroenke, 2012), could then replace the structured interview as a means of rapid assessment in clinical practice (Choi et al., 2015, Vrublevska et al., 2015).

The clinical classification of major depression becomes a number, separated from any need to interpret a person's personal circumstances, only requiring that five or more of the nine depressive symptoms have been present for more than half the days over two weeks, and one of the symptoms is depressed mood or anhedonia (Kroenke et al., 2001, pg. 607) equivalent to a PHQ-9 score of nine. However, Kroenke et al. (2001, Pg. 611) suggest fifteen as the designated cut-off, as validated against interviews conducted by mental health professionals. In practice this diagnostic cut varies as there is a range of clinically validated scores, depending on the setting, (Kroenke, 2012, Kocalevent et al., 2013), though according to Gillbody et al. (2007) the cut-off is likely to be 12 in UK primary care. What this diverse array of ways of interpreting the supposedly objective data produced by a questionnaire confirms is that it fails to resolve the problems it was meant to address. Clinicians still vary in the way they define depression according to context, an economic imperative driving its adoption rather than the quality of the data it produces.

Taking a dominant position in the diagnosis of depression the argument can be made that an effect of the PHQ-9 is not only to separate the normal from the abnormal, but to define and delimit what can and cannot be said in the name of depression, directing the patient to produce, and the clinician to look for, only those characteristics on the list (Horwitz, 2002). The quantitative measure becomes the evidence for depression, the means of validating the diagnostic category of depression, and the strategy to gauge the effectiveness of treatments for depression, severing the disorder from its context. During my first, ten-minute, emergency appointment my GP asked me to complete the PHQ-9. On that basis, they graded me as severely depressed, prescribed me anti-depressants, signed me off work for three weeks and told me to come back in two weeks for another assessment. In those ten minutes the questionnaire divided me from other teachers, turned me into a middle-aged, male teacher with depression, making visible my invisible mental state, defining for me, and everyone else, what my problem was.

Regardless of these effects, there are potentially two notable issues with these depression inventories in terms of teacher talk about depression that can be identified, inspired by Foucault's *History of Madness* (Foucault, 2006b). The first is that teachers talking about depression can assume that their diagnosis is as objective as any other medical diagnosis. The history of PHQ-9 however highlights the tension between the objective and the subjective in the assessment of depression. Good knowledge must have objectivity, which is bestowed through being associated with quantitative data. The implementation of standardised questionnaires with closed questions sought to address the objectivity problem by limiting the necessity for a subjective life history assessment by clinicians, producing quantitative results. Objectifying patient assessment in this way through the allocation of a number, resembles any other medical assessment of a bodily function, the meaning of the number conveyed by reference to established norms. This supposed objectivity, however, masks the continuing subjectivity present in the measurement of depression, as it is derived primarily from what the patient sees not what the clinician sees. Because they are administering the questionnaire the doctor may appear to be measuring the person, but the person is measuring themselves. The clinician's role is to validate the self-diagnosis utilising an assessment of the life history, the measure the questionnaire was meant to replace.

Second, methods of validating and producing the assessment tool crystallise the diagnostic list, nobody, when being diagnosed, including teachers, questioning why some symptoms are on the list and others are not. Being on the list and being asked about a symptom establishes its status as a true characteristic of depression. Problematically, the clinician can only identify a symptom if the patient describes it, which assumes that the depressed can speak the truth about themselves. This creates a tension between the discourse of the mentally ill lacking rationality yet still being able to assess their symptoms rationally. Further, teachers' talk of depression is constrained to those symptoms on the list not because they are the only ones that might exist but because they are the only ones that have been given diagnostic validity and are publicly acknowledged as relevant. The category, therefore, can make itself true as what the person speaks is framed by the discourse they are already embedded in, creating a self-confirming circularity.

Decoupling the measurement of depression from theory exacerbates this problem as the only way to validate the criteria of depression is through the measures which are themselves validated against the criteria; the discourse of depression having the power to make itself true. Depression becomes what depression measures measure. This is not to say that the use of DSM and questionnaires do not have utility, only that the measure, as others have acknowledged (Conrad, 1992, Wahl, 2003, Spence, 2012), comes to create the disorder of depression, as opposed to being recognised only as an expedient heuristic device for a set of symptoms which occur together and are called depression, for convenience. Depression as a category takes on a life of its own as an explanatory force for some teachers' emotions, having real effects on how people are controlled and regulated.

The Problem of Defining and Measuring Good Teachers

What was noteworthy to me, having told my story, were the resemblances that I saw between the problems associated with defining and measuring depression and those used to define and measure the good teacher. Though both might appear disparate entities, they are both concerned with the same practice of reliably identifying an object (the good/ineffectual teacher or the normal/depressed individual) so that the object can be managed in some way. What was also apparent was that even if it might appear to some teachers that they knew what counted good teaching as, and that it was possible to measure it, these were under constant revision. This aspect of the continual struggle between competing definitions and measures suggests a Foucauldian analysis concerned as he is with power relationships (Foucault, 1982b) and the how power related to truth (Foucault, 1980c).

The problem of defining the 'good teacher'

The problem of defining behavioural objects not only permeates the field of depression but also that of teaching. The requirement for an agreed behavioural standard of teaching is driven by the same imperatives that drive the need for an agreed definition of depression. Without a universal diagnostic language, it would not be possible to compare good teaching practices and measure outcomes as validating mechanisms. The OfSTED criteria of good teaching would therefore seem

to mirror the DSM criteria of depression in terms of function. However, unlike the intermittent changes in DSM over the years, the defining features of what constitutes a good teacher are subject to perpetual renewal, driven by a relentless Governmental need to improve educational practice, a process justified by changes in theories of learning (Moore, 2004, Maw, 2006, Coffield et al., 2008). The evidence from my account would point to the possibility that this relentless modification, within a short period, creates multiple, overlapping, conflicting versions of the 'good teacher'. The rapidity of change produces a space in each new version jostles with the others for the position of 'the' what counts as a good teacher even if there is only one officially sanctioned version. Being subject to multiple definitions creates a problem for any teacher in knowing whom they are meant to be, particularly at those moments when definitions change. Though there are numerous studies considering what constitutes a good teacher (Stronge et al., 2011, Devine et al., 2013, Marom, 2017, Salton et al., 2021), the purpose here was not to interrogate them all but demonstrate that there can be competing definitions within the workplace. Two models that seemed to resonate most with my own story and the teacher talk I had encountered during my career were those of Sockett (2008) and Moore (2004).

Sockett (2008) describes four discourses of the 'good teacher' potentially in tension with one another in this space of competing definitions. First is the Scholar Professional (Sockett, 2008, pg. 48), the teacher who focuses on transmitting subject knowledge. A good teacher is defined as a subject expert having a sound understanding of their topic and the skills necessary to communicate that knowledge to their pupils. I would argue that under this discourse, I achieved my early career success. Over time, but particularly during the GTTP and when mentoring NQTs, I noticed a shift away from being a subject expert towards an emphasis on taking care of the whole student, especially in the development of their learning skills; evidence of the ascendance of a Nurturer Professional (Sockett, 2008, pg. 48) discourse of good teaching. My school's performative version of this was expressed in the requirement to incorporate the four R's (the learning muscles of Reciprocity, Resilience, Reflection and Resourcefulness) into all classes. All lessons had to be replanned to provide students with the opportunity to develop these supposedly transferable skills, give them a chance to declare when they had used these muscles

in the lesson as well as complete a learning log. This shift produced a noticeable tension in myself, and those I mentored, between using limited classroom contact time to focus on subject knowledge to enable students to pass exams or skill acquisition to enable me to pass an observation.

The necessity to demonstrate these skills underpins the third discourse of the 'good teacher' as a Clinical Professional, using evidence to improve their practice by diagnosing problems and offering learning solutions tailored to their individual student's learning needs (Sockett, 2008, pg. 54). The key research-based approach I was required to implement was the diagnostic strategy of Assessment for Learning (AfL) (Black and William, 1998, Black et al., 2004). The local interpretation and implementation of this research (an overt example of connecting knowledge about teaching practice to power modifying the action of teachers) I was subject to was that all assessment feedback had to include three comments of What Went Well (WWW) and three of Even Better If (EBI). On receiving their marked work, students were required to use these comments to set future targets. These goals had to be listed on their next piece of marked work, referencing the evidence in their assignment that demonstrated having achieved the target. Performance could therefore be assessed to show progress, the OfSTED criteria of successful education at that time.

It was not only marked work that had to be assessed using these criteria. Students had to be given the opportunity within lessons to diagnose WWW and EBI if the teaching and learning were to be judged as at least good when observed by the school's Senior Management. Failure to include this required reflective learning activity immediately relegated the lesson to 'in need of improvement' rather than 'good'. Extending beyond the classroom and student learning, this policy was applied to staff. After each lesson, I was expected to assess my performance using WWW and EBI, setting my learning targets, which had to be validated by my line manager. The dominance of this discourse was demonstrable by how staff were even obliged, after every meeting or training session, to assess the WWW and EBI of that event, reflecting the fourth discourse of the good teacher as a Moral Agent Professional (Sockett, 2008, pg. 59.). The moral imperative perspective enforces the view that what the teacher does should be right and true. AfL was seen as an

example of good behaviour that teachers were expected to foster in others by modelling it in their practice.

These potentially conflicting discourses of what the 'good teacher' should do can be overlaid with three discourses of the kind of person the 'good teacher' should be, as described by Moore (2004); the charismatic individual, the competent craftsperson, or the reflective practitioner. The tensions between these conceptions are exacerbated by Moore's observation that each discourse is associated with, but not limited to, specific arenas of talk about teaching, requiring the teacher to shift between multiple, potentially antagonistic identities. The 'Made in Heaven' charismatic individual, the discourse of the person born with the capacity to inspire their students with a passion for a subject, is predominantly associated with the general public's talk of the good teacher, allied with 'the fantastic teacher who changed my life' story.

The political arena, which emphasises measuring performance, draws on the competent craftsperson discourse, the good teacher who has developed the skills to teach through practice. Finally, there is an appeal to reason discourse of the reflective practitioner, accentuating the competency of being a Clinical Professional able to diagnose the problems with their practice and identify what needs to be done to improve it, associated with teacher training and development. My observation was that none of these approaches were problematic in isolation. It was their continued coexistence within the teaching space and the attempts to resolve the contradictions between them that were problematic. The discourse of good teaching was constantly shifting depending on who was talking, when and for what purpose.

The teacher, moving between social contexts, may find their discourse of good teaching continuously challenged by having to endlessly reposition themselves, these tensions exemplifying the Foucauldian conception of power in terms of force relationships between objects (Foucault, 1976a, pg. 92). Moore recognised for the participants in his study that this can have real emotional consequences, stating that:

> … it was precisely their endless movement back and forth between these discourse that contributed critically to the confusions and anxieties they were feeling. (Moore, 2004, pg. 41).

Such emotional affects can be turned into symptoms of the disorder of depression, severed from this environmental context, given the dissociation of the diagnosis of depression from theory. The problem here is that it might seem as if this account explains the existence of depression. It is perhaps more appropriate to say that teachers are likely to experience various emotions associated with their work. A diagnosis of depression is one possible account of those emotions, whereas they could equally be characterised as the emotional effects of being a teacher. The problem is not whether either of these versions is true but how they are turned into truths depending on the work they are made to do, in relation to managing the teacher or managing their environment, depending on the source of the problem they foreground. However, as with diagnosing depression, regardless of which model of what counts as good teaching is in place, the issue remains as to how to measure the extent to which the teacher is a good teacher.

The problem of measuring the 'good teacher'

The development of a means of measuring good teaching can be seen as tied to the need to establish a standardised approach to inspecting schools and judging their quality. Using inspections to measure school performance has a long history, traceable to an economic imperative produced when funds were allocated from central Government for education in 1839 (Phillips, 2002, pg. 227). This crystallised a need to make schools, and by implication teachers, accountable, given that accountability is:

> … socially and politically at home in predominantly contractual arrangements that lay down clear requirements for the accomplishment of certain tasks and outcomes. (Fielding, 2001, pg. 699)

To gauge if a teacher is a good teacher a decision must be made as to what to hold the teacher accountable for. According to Moore (2004), the early Victorians followed the strategy of assessing the quality of teaching through pupil performance in examinations. This approach created the problem of teachers teaching to a test yet seen to be failing to prepare students for the world of work. Moore suggests that

this failure led to the development of an alternative, outcome orientated measure, focusing on assessing the long-term impact of learning, the degree to which education contributed to the personal fulfilment of the individual, in terms of life-long skills (Moore, 2004, pg. 45). The definition of the 'good teacher' shifted to being the one who produced pupils that were successful in later life. The challenge to using these outcomes as a form of assessment was that they were not measurable in the moment, occurring at some point in the future, so potentially corrupted as a valid assessment of the teacher by a range of intervening life events. To provide a more meaningful measure of the teacher, the assumption had to be made that there was an association between what the teacher was doing in the moment and these long-term effects. Therefore, it can be argued that the classroom observation is inserted into the armoury of assessment strategies as a way of assessing what the pupils can do in the moment, and what the teacher is doing to ensure future success.

As with depression, the diagnostic value of the observation rests on its predictive validity. Importantly regular classroom observations, as being diagnosed with depression, provide the means of correcting the wayward behaviours of teachers given the assumption that it is the teacher who produces these skills in their pupils. The teacher can now be judged as good according to the extent to which they are observed to model the skills they expect their students to learn and what they do to foster the development of those skills as a nurturant, learning role model. Mirroring further the problem with diagnosing depression, what is problematic for the observer assessing the quality of a teacher is that despite having a list of features these need to be measured reliably if valid comparisons are to be made between teachers and schools. So, as with clinicians', inspectors need a means of ensuring they are speaking the same language, driving the production of standardised methods of measurement.

The creation of these measures follows a developmental path akin to that found with depression, pointing to an overarching science orientated dispositif encompassing teaching and mental health practices. Historically, as Lee & Fitz (1997) note, inspections carried out by Her Majesty's Inspectorate (HMI), prior to OfSTED, were conducted by subject specialists who formed an interpretive, theory driven

community, to report on what they saw. A resemblance can be drawn here with the pre-DSM psychiatric system of knowledge hidden from the public, obfuscated by theoretical frameworks, and the lack of transparency potentially leading to accusations of bias. OfSTED later tasked inspectors to not only report on what they saw but produce a critical assessment of their observations, the gaze of the observer acting explicitly to change the actions of the observed. Lists of the characteristics of good teaching, by which schools were to be judged, could be produced, which did not require an understanding of educational theory on the part of the observer, just the capacity to observe. Drawing on empirical research of effective learning techniques, the good teacher could be defined in the same way that DSM defines the depressive in terms of what they do.

As with the diagnosis of mental illness, the effect was to negate the necessity of inspectors having a theoretical understanding of education, or detailed subject knowledge, allowing, as Lee & Fitz suggest (1997, pgs. 46-47), non-educationalists to be recruited as inspectors. The ability to assess a school could be done by anyone if they could be trained to consistently apply the publicly available Governmental standards. As non-subject specialists would be unable to assess detailed subject knowledge it seems inevitable that the Nurturant Professional discourse of good teaching would become ascendant, as these aspects of teaching were expected to be demonstrated in every lesson regardless of subject content. Not requiring expert, theory-driven, educationalists opened the space for schools to learn how to inspect themselves if they had the sanctioned criteria, enabling schools to move to self-assessment regimes. The role of the Inspector shifted to one of acting as a validating mechanism. This change can be found in the diagnosis of depression, the readily available PHQ-9 turning everyone into an expert who can assess themselves, and others, only requiring a medical practitioner to validate that self-diagnosis.

The challenge for teachers and inspectors is that, unlike the glacial pace of change in the diagnostic criteria of depression, the standards for judging a good teacher are under constant modification. There may have been five versions of DSM but the OfSTED inspection criteria have been revised fifteen times between 1993 and 2019

(McVeigh, 2020, pg. 39). What OfSTED measures, and therefore what counts as a good teacher is relentlessly variable. There is a constant movement between opposing views of quality teaching, exemplifying the Foucauldian notion of power as occurring between the ongoing struggle between rival forces (Foucault, 1981a, pg. 94), exhibited in OfSTED's own reflection on the problems produced by inspection:

> We have seen a 'school improvement' industry develop. The consultants running this industry push approaches to achieving improvements in performance tables in ways that require no improvement in the underlying quality of education. None of this is to say that outcomes do not matter; they matter immensely to young people, and schools should rightly be held to account for them. However, the results that young people achieve are only meaningful if the learning that underpins them is rich and deep. (OfSTED, 2019b)

OfSTED's account of the effect of its own practices mirrors further Foucault's assertion that solutions to problems create more problems as the struggle between ideas is never resolved, partly because power 'is permanent, repetitious, inert and self-reproducing' (Foucault, 1981a, pg. 93). OfSTED appears torn between recognising that student outcomes are important, and yet knowing that emphasising this can produce test orientated rather than skills-orientated learning. Exam success is necessary but not sufficient for teaching to be judged as good as this might be achieved by inappropriate learning techniques. Pupil grades can only count as valid evidence of good teaching if they have been obtained through the application of appropriate classroom methods. The consequence of this shift is evident in the inspection process modifications proposed by OfSTED, discourse affecting practice:

> de-intensify the inspection focus on performance data and place more emphasis on the substance of education and what matters most to learners and practitioners (OfSTED, 2019a).

In this domain of ever-changing assessment criteria, the teacher is pinned between competing definitions of what it means to be good, an anxiety-provoking a state of confusion, a performative world of terror (Ball, 2003), in which the teacher may exhibit those emotions and behaviours that come to define them as suffering from a mental illness. In this conflicted space the subject of the depressed teacher can be construed as a personal and institutional strategy for explaining the effects such conflicts might have on emotional states. The teacher, for example, might use their

diagnosis as a means of criticising the institution, the voice of 'this is what you have done to me'. Whereas the institution might use depression as a means of criticising the individual, the voice of 'this is what you have to learn to deal with'. It is this kind of duality that, based on my own story, narratives have the potential to expose. However, derived from its historical construction as a symptom of stress the discourse of depression can be seen as producing a discourse of personal failure.

The problem of explaining and managing teachers and their depression

Despite the problems with DSM, and its translation into a quantitative measure, it was meant to address the problem of a lack of a shared system of classifying and measuring psychological disorders. This problem existed because of the absence of a common diagnostic language seen as hindering the ultimate research goal of explaining, and curing, aberrant psychological states that prevented individuals from fully participating in society. Defining and measuring depression only matter as parts of a solution to a problem. The difficulty that needs solving is how to rectify those emotions that are defined as characteristics of mental illness, according to (Keyes, 2005), because they prevent an individual from flourishing. The super-ordinate problem that the construct of depression is produced to address might therefore be understood as how to reinsert individuals with errant emotions into the world of the socially and economically productive. The implication is that strategies for diagnosing and defining the disorder of depression are only of value if they can be used to produce actions to modify the body, which locates these practices as exemplars of what Foucault terms bio-power (Foucault, 1976b) concerned as they are with exerting control over bodies by defining what is normal.

> This bio-power was without question an indispensable element in the development of capitalism; the latter would not have been possible without the controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes. (Foucault, 1976b, pg. 140-141)

If teaching is regarded as an economic activity, then the school becomes a machinery of production, manufacturing the educated, into which the bodies of teachers are inserted. The practices of defining, diagnosing, explaining, and treating depression in this context can all be seen as co-acting strategies to modify some

bodies that have become resistant, through their inappropriate displays of emotionality, to make them fit with a normalised view of what constitutes the good teacher. The reasoning given by OfSTED is that defying and diagnosing good teaching is linked to the need to modify teacher practice, what they do with their bodies, to maintain educational outcomes the culture of continuous improvement (Anderson and Kumari, 2009, Elgart, 2017, Szőköl, 2018).

What makes depression conceptually difficult, in this assemblage as a diagnostic category, is its positioning as both a cause and a consequence. Oscillating between being a disorder that can cause stress and burnout, and a symptom of stress and burnout makes it difficult to know what the problem is that needs to be controlled or treated. This problem is exacerbated by stripping out the theoretical modelling of depression from DSM. Mapping the explanatory history of teacher depression is an exploration of this ongoing struggle between competing ideas of how to bring the teacher under control by either acting on their mind or their body. The outcome of this struggle defines for the individual what is wrong with them, allowing them to tell particular stories about themselves. Of note is the potential struggle produced by the stories teachers are expected to recount about themselves alongside the things they are expected to do to be good teachers, and the stories the cognitive behavioural solutions to depression ask the teacher to embody if they are to be mentally healthy. The solutions offered for the management of their problems, by challenging their irrational thoughts, pathologise those behaviours deemed characteristic of good teachers. The teacher who aspires to be, and acts as, good can be seen as potentially caught in a space where they are contradictorily acting as mentally unhealthy.

Turning a solution into a problem: The construction of depression as caused by stress

The origins of the modern discourse of teacher depression as a consequence of stress can be traced to 1915 and Cannon (Quick and Spielberger, 1994), identifying stress as the enabling force behind the fight-flight response, described as a:

> … gift to be used wisely in the service of mankind, enabling people to meet and overcome adversity, hardship, and man's eternal foes, whom he named

to be suffering, sin, poverty, and disease. (Quick and Spielberger, 1994, pg.142)

Stress here is discursively situated as a 'positive' biological force enabling escape from, or the elimination of, the inevitable, unavoidable, challenges of the world. Under this model, stress could therefore be construed as enabling teachers to manage the challenges of working in the classroom during their careers. The opposing, and now ascendant, view of stress as a negative can be seen as originating from Selye's (1936, 1950, 1973, 1976) observation that the target of the stress response was not necessarily overcome. Drawing on Cannon, Selye (1936) positioned the initial stress response as a positive, normal part of life, enabling the body to escape from the environmental demands placed upon it, a short-acting biological boost to facilitate fight or flight. The problem was that in the modern world escape was not necessarily possible, and if the target remained the ancient, positive stress response could become pathological. In these circumstances the body would adapt to the ongoing stressor in its environment through the process of active resistance, depleting biological resources over time, leading to a state of pathological exhaustion, the endpoint of the General Adaptation Syndrome (GAS), described psychologically in the following way:

> Man soon must have discovered also that whenever faced with a prolonged and unaccustomed strenuous task … he passes through three stages: at first the experience is a hardship, then one gets used to it, and finally one cannot stand it any longer. (Selye, 1973, pg. 346)

Stress here is constructed as a process, something someone goes through. It is positioned as a response to something outside of the person, the stressor, with multiple endpoints: escape, getting used to the stressor and being stressed when one can't stand the situation anymore. Getting used to a stressor is, however, not the same thing as dealing with it, which is to remove the stressor from the environment. Adaptation occurs through the stressor's continued presence which still evokes a stress response that goes unnoticed over time. It is this that leads to a state of exhaustion. Depression, in this model, is therefore explained as a symptom of prolonged exposure to a stressor, a sign of extreme exhaustion.

The discourse this produces is that in modern life stress is ultimately an unhelpful

response as it does not remove the stressor, now construed as a fixed point in the external environment. Paperwork, poor managers, and endless inspections may all evoke a stress response but are objects unaffected by the fight-flight response they engender. Stress is now discursively reproduced as the problem rather than a solution, something the person needs to manage if they are to avoid the state of exhaustion. By foregrounding the individual as the problem, it becomes their responsibility to learn how to adapt effectively to environmental stressors rather than removing them (Simpson, 1962). The concept of stress has consequently evolved to become something more than it was originally conceived of, shown as penetrating everyday vocabulary as a predominately negative object rather than a positive, protective, biological process (Lewig and Dollard, 2001, Clark, 2003, Kinman and Jones, 2005). Stressors, positioned as unavoidable and persistent, now produce the problem for the individual, not of how they can escape but how they can moderate the negative effects the unavoidable stressor produces.

Selye (1976) had already proposed that these effects could be negated by modifying the individual's thoughts by acting on the body indirectly, via the mind through counselling, or directly, through drug therapy. Despite a range of biological solutions that have been, and continue to be, proposed (Janowsky, 2001, Yuliahana, 2012, Huang, 2015, Dossey, 2016), often in the form of physiologically orientated personality theories, there has been a discursive shift away from the biological toward the psychological. Lazarus (1966, 1984, 1993) foregrounded the psychological, adding an active, cognitive appraisal component to the stress model. Stress reactions were now no longer viewed as fixed, rather they were construed as biological responses amenable to transformation by the individual's cognitive capacity for change. Thus, stress could be resolved not by removing the stressors but by altering the individual's perception of the threat posed by the object and giving them the tools to manage it. Still maintaining a biological orientation, the discourse shifted to focus on the management of stress by the self. Stressors become crystallised further as an inevitable, unchangeable, aspect of life, the self being positioned as the modifiable component in the system, research reorientating to focus on the relationship between external stressors and internal cognitive coping strategies (Slavin et al., 1991, Aneshensel, 1992, Hulbert-Williams et al., 2013).

What is the problem with being a teacher?

Rooted in this emerging self-management, competency discourse of stress was one of the first studies assessing teacher ill health (Simpson, 1962). High levels of absenteeism among beginning teachers, identified as a marker of stress, were interpreted as an effect of limited technical mastery. A negative correlation between absenteeism and years of experience supported this proposition. Levels of stress supposedly declined over the years as the teacher learned how to do the job. Simpson (1962) conjectured that absenting oneself from work was a positive way of managing the conflict between wanting to be a good teacher but not yet having the skills to do the job well. Time away from the workplace gave the teacher a chance to recoup their energy levels by momentarily escaping from the stressor of learning the craft of teaching, without having to permanently break the connection with teaching. It can be argued that such a construction produced two truths about teaching. First, teaching, a profession that requires a high degree of technical expertise that takes time to acquire, inevitably produces a stress response. Second, becoming unwell is not permanent as the effect of stress can be alleviated through practice and personal development, discursively emphasising the individual's responsibility for managing their symptoms.

Recent research, finding no difference in reported stress levels between teachers of different ages (Daniel and Schuller, 2000), or occupational seniority (Dilekmen and Erdem, 2013, Kidger et al., 2016), might appear to undermine this self-mastery of the environment discourse. However, the competency discourse has been reshaped, linking persistent stress to the continuous improvement culture and the acceleration of change. These aspects of teaching, as Elgart (2017) and Szőköl (2018) suggest, require teachers to constantly modify their practice and learn new methods of teaching in the light of feedback regardless of their length of service. Under this neo-liberal, performance-orientated regime, technical mastery is discursively unobtainable. The teacher, under constant surveillance regimes (Perryman et al., 2017, Skerritt, 2020), can never be completely competent as, even when judged as outstanding, there are always advancements in how to produce better results, requiring continuous modification of practice, implying that what they are doing in the

moment is never good enough. Framing continuous improvement as an inherently good thing reasserts the discursive positioning of teacher stress as being something that the individual must learn to adapt to.

The constant tension in this history is between environmental versus individual causality and cure, the current stress discourse crystallising around the individual pole. There might be environmental precursors, but these are only indirectly pathogenic, illness being a consequence of the individual's failure to adapt psychologically. A high workload is not harmful in and of itself, coming to be seen as an inevitable, essential requirement in an occupation such as teaching, rather it is the individual's maladaptive responses that cause disease. Being stressed becomes a signifier of personal failure as stress can be overcome by managing our cognitions, controlling our responses, and gaining environmental and emotional mastery. Self-management becomes a sign of personal strength. Enabling the individual to adapt becomes the focus for change, rather than environmental modification, crystallising the stress discourse around the self, a discursive shift found in the history of teacher stress.

The tension between the environment and the self as an explanation for depression may seem to have been momentarily resolved, however there is a second tension produced between competing explanations of what it is about the person that causes their failure to adapt effectively to the stressors in their environments. This tension is apparent in the treatments that are offered for depression on the NHS. Within the medical field, there is an ongoing discursive disagreement over what is the cause of the problem of depression, exemplified in those therapies on offer through the NHS which are prescribed by the National Institute for Clinical Excellence (NICE) based on cost-effectiveness. Clark (2011) identifies that NICE recommends counselling as the first line of treatment for moderate to severe depression, drug therapy only to be used, in conjunction with psychological therapy, for severe depression, or in ongoing cases of moderate depression. This recommendation positions depression primarily as the consequence of maladaptive thinking which can be managed by learning new ways of think and acting in the world. However, as Kendrick et al. (2009) demonstrate, this advice is not necessarily followed in clinical settings with 86% of

patients with moderate to severe, 48% with mild and 27% of those with minimal symptoms of depression being given selective serotonin reuptake inhibitors (SSRI's), with 25%, 16% and 12% respectively being offered counselling. So, in practice, depression is positioned as an illness caused by a biological failure, a consequence of exhaustion.

My observation was that this therapeutic tension was not driven by theory or research evidence defining best practice, rather it was a consequence of the relative availability of different therapies. During my first depressive episode, I was prescribed SSRI's, contrary to the NICE guidance, not because my GP considered them to be therapeutically superior but because the waiting time for counselling was six months. Submitting to this course of action produced my depression as a state of biochemical imbalance. This exemplifies the way in which one discourse can gain ascendance over another. The medical discourse comes to dominate the psychological, not because it is better but because of the practicalities of delivering treatments. Discourse being made true through use. My GP took a similar approach during my second bout of depression. Access to NHS counselling had not improved, though the school now offered a short six-week course of telephone support as part of their health and wellbeing program. This itself represented a discursive shift in the discourse of depression. There was a recognition that work environments may create the potential to produce depression yet, given that my counsellor could not change my work environment, the focus was on changing my attitude to work. These sessions focused on developing my cognitive resilience skills, my capacity to take personal control over my environment, finding ways for me to manage my workload and the means to repress my emotional outbursts. My failure to improve was framed as a consequence of my inability to learn the strategies I was being taught.

During my third episode, changes in the NHS had resulted in the creation of the Adult Improving Access to Psychological Therapies programme (IAPT) (NHS England, 2018) which meant that I did eventually receive counselling three months after diagnosis. Therapy was still constrained, limited to six sessions, with the possibility of extending to ten, utilising evidence-based psychological therapies,

primarily CBT which Leader describes as:

> … almost the only psychological therapy on offer through healthcare trusts. This is for a very simple reason: it works. But not in the sense we might wish for. As a superficial treatment, it cannot access unconscious complexes and drives. What it can do is provide results on paper that keep NHS managers happy. It comes equipped with its own evaluative tests and questionnaires, which tend to give very positive results. (Leader, 2008, pg. 19)

It may be self-evident that therapy is promoted on the basis that it works, the problem, however, is defining what it means to work. CBT is deemed effective not because it resolves the problems for the person, but because it is evidence-based, producing the proof that NHS managers seek. Tied to the quantitative research model, clients can be shown to be getting better because their scores on quantitative measures, such as the PHQ-9, say that they are improving over a relatively short period of time. The discourse tying treatment to the technology of assessment. It is therefore a cost-effective strategy given that the stated aim of IAPT, rooted in an economic dispositif, is directed to ensuring that the client returns or stays in work, 'good work contributing to good mental health' (NHS England, 2018), exemplifying Foucault's conception of bio-power in action.

The use of CBT however would seem to amplify the discourse that the individual is responsible for getting better as they must take control of their emotions and modify their cognitive errors. Chawathey & Ford (2016) highlight that the CBT model assumes an interconnection between thoughts, feelings and actions, irrational cognitive beliefs leading to a misinterpretation of life experiences resulting in depression. This accounts for, as Deal & William (1988) suggest, individual differences in responses to the same event, mirroring the psychology of stress. Derived from the work of Beck (1979) the model promotes the discourse that emotions need to be brought under rational control. Some emotions are seen as being the product of irrational core beliefs we may have acquired and can be modified by learning to think rationally about ourselves and the world, or deliberately acting contrary to our feelings until our feelings change.

A conflict of discourses: Irrational cognitive distortions and the practices of good teaching

In therapy what was noticeable to me was the conflict between two rationalities. Having been subjected to the rationality of what was expected of me as a good teacher and the rationality of good thinking proposed by my therapist exposed teaching as a profession that produced irrational thought from a cognitive perspective. At the core of the CBT, model are cognitive distortions, defined by Sigre-Leiros et al. (2015, pg. 26) as 'processing error(s) or fallacious reasoning', seen as creating the negative emotional state called depression. The discourse underpinning CBT promotes the view that people are information processors who, with the right tweaks to their programming and appropriate information, will reach rational conclusions. Not having enough, or the right information, or applying cognitive distortions hamper the individual's ability to reach logical conclusions about the world.

The cognitive distortions, which prevent the individual from seeing the world as it really is, are delusions that, Deal & Williams (1988) conclude, are at the root of mental health problems such as depression. The therapeutic goal is to enable the client to take control of their wayward emotions by correcting their cognitive biases and gathering enough of the right kind of information. These assertions create a new problem in that what constitutes a rational judgment is never entirely clear, though it relates to a conclusion being a close approximation to the empirical truth based on evidence. This, therefore, produces a space in which there can be, given Foucault's claim that reason and rationality are historically located (Foucault, 1970, Foucault, 2006b), competing discourses of what is reasonable, embedded in teacher training and the treatment of depression.

The tensions between discourses of rationality underpinning good teaching, the strategies I was required to deploy to become a better teacher, and the discourse of good mental health, and the strategies I was required to implement to achieve it, were exposed to me in therapy. Using the CBT model my therapist focused on asking me to address the cognitive distortions they concluded had led me to become

depressed. What I encountered was a conflict between the rationality proposed by the therapist and the rationality of the model of good teaching practice I was meant to submit. Whilst not suggesting that either rationality is true, Table 1 below outlines the key cognitive distortions (Beck, 1976, Beck, 1979, Burns, 2012) thought to cause depression, the ways in which they potentially conflict with the practices associated with being a 'good teacher', and the double binds they potentially create. This example illustrates the set of power relationships that can operate between competing discourses between the discursive construction of what it means to be mentally healthy and to be good at teaching, the individuals being caught in the middle of the push and pull between the two.

Table 1 Co relating teaching truths, depressive cognitive distortions, and truth conflicts.

Rational truths and practices promoted in teaching and being a good teacher	The Irrational Cognitive Distortions of the depressed (Beck, 1976, Beck, 1979, Burns, 2012)	The conflicted space of double binds in teaching practice
Observation as Feedback From the estimated 760 lessons a secondary school teacher might give each year, three are observed to assess the teachers performance, the 'most common source of evidence used in providing feedback to teachers' (Coe et al., 2014, pg. 25).	*Overgeneralisation* Depressed people will apply extrapolate evidence from a small number of events to many unrelated events. Teaching produces depressed thinking because judgments of their quality is made because of a single observation take on greater importance than everyday experience for the teacher.	As a client, I am encouraged to evaluate my performance as a teacher by looking at all my lessons but as a good teacher in practice it is only the official observations that matter as the true assessment of my skill.
Even better if has more value than what went well The culture of continuous improvement and performance management focuses attention on the teacher's failings, and what the need to be better, not what they are already doing well.	*Selective Abstraction* Depressed people will tend to focus on the negative ignoring the positive. Teaching produces depressed thinking because the good teacher is encouraged to focus on their failings.	In therapy I am encouraged to give equal weight to the positive and negative evaluations made of my practice yet to be a good teacher it is the negative that has the greatest informational value.
There is an objective scale of performance The performance of individual teachers can be ranked objectively on a four-point (but essentially binary) scale of Outstanding, Good, In Need of Improvement, and Unsatisfactory (OfSTED, 2015).	*Dichotomous thinking* Depressed people see themselves as either good or bad with no shades of grey. Teaching produces depressed thinking because anything other than outstanding is not good.	The good teacher is expected to see themselves as either good or bad, whereas the rational teacher might recognise that there are shades of grey and that something's they do are good, like providing feedback, and others less so such as writing reports.
Good teachers can control everything in a class The good teacher takes full responsibility for the behaviour of all the pupils in their class. If the pupils are misbehaving it is the fault of the teacher (Corrie, 2006) who should apply behaviour management strategies more effectively.	*Excessive responsibility* The depressed person sees themselves as being the cause of negative events even when there is no supporting evidence. In the classroom, the good teacher may assume that they have all the evidence to account for pupil behaviour, however this information is limited.	There is a conflict between the truth we are told that we can control the behaviour of others, that we are the centre of the pupil's universe and the recognition that this is not the case on a day-to-day basis.
Education is a once in a lifetime opportunity Education is key to future success and social mobility. This means that the teacher must do everything for the pupil, it being expected that they will sacrifice their time for the good of the child.	*Catastrophising* The depressed person will tend to exaggerate the importance and impact of negative life events. The good teacher is encouraged to believe that they can have this catastrophic effect on the life of their pupils	The good teacher is led to believe that small actions on their part can have long term negative consequences for their pupils. This conflicts with the desire to improve the lots for teachers and pupils through taking industrial action, which Governments condemn.
There is an ideal teacher The standards for teachers document states that 'A teacher must …' (Department of Education, 2013, pg. 10.) and provides a list of 8 musts, an ideal which the good teacher should aspire to becoming.	*Should statements or Mustabating* The depressed person will create a list of things they must or should do to be a good person without questioning those statements. The good teacher is defined by what they must do.	The truth we are told is that we must accept these statements without question. This conflicts with the truth we are trying to impart to students about having a questioning, exploratory attitude.
Continuous Improvement It is taken as true that things can always be improved. In practice the good teacher is the one who is constantly reflecting on their practice focusing solely on what they do, to identify ways they can improve (Sanders et al., 2014).	*Self-referencing* The depressed person is entirely self-orientated, which is what the good teacher is encouraged to be through becoming a reflective practitioner.	There is a conflict between the received truth that we can always be better and a belief that we might be good enough. The good enough belief is silenced in the face of the continuous improvement culture.

The therapist's task is to challenge the client's irrational thinking so that they can learn to think rationally, which will supposedly reduce the emotions produced by their thoughts. Taking the 'observation as feedback' example from Table 1, the therapist might challenge as irrational the view that valid conclusions about a teacher's classroom effectiveness can be drawn from a sample of three yearly observations. The rationality of good teaching and continuous improvement, opposes this view, assuming that if a teacher were good their performance should not vary, every lesson ought to be of the same quality. What is rational in teaching can be irrational to the therapist and vice versa. This potentially puts the teacher into an inescapable, emotional psychological double bind (Bateson et al., 1963, Jacob, 2013), trapped between competing discourses of how to be either sane or a good teacher, where whatever they do, they lose.

The problem with the CBT model is that by focusing on irrational beliefs as being internal constructs, it ignores how those beliefs might be a product of the supposed rationality of teaching. My therapist frequently sought to explain to me that just because I might have had a bad lesson that did not make me a bad teacher, and I agreed. However, I would counter this by arguing that from a performance management perspective it did. Recognising that my teaching story was one she had previously encountered, her response was to suggest that teaching could be a psychologically toxic environment, noting that my irrational thinking was maintained by the requirements to be a good teacher. It is therefore possible to suggest that depression occurs in teachers when the rationality of the teaching world can no longer sustain itself, the depressed teacher acting as a lens to focus attention on the irrationality of teaching practice. Depression becomes the point at which the logic of the world falls apart, perhaps being a breakthrough rather than a breakdown.

Conclusion

This chapter has problematised teacher depression by questioning its apparent status as a face valid fact, demonstrating the conflicted space that all teachers might find themselves. It is a space that can have emotional consequences (Ball, 2003, Perryman, 2007), made visible in the lives of those given a diagnosis of depression. That teacher depression is a problem is self-evident but not necessarily in the way that it appears. The generalised story of teacher depression is that teachers become depressed because they encounter challenging work environments. These evoke a stress response which the teacher must learn to manage by thinking or working differently. A failure to manage their environment effectively leads the teacher to enter a state of biological exhaustion, producing the symptoms that are then used to categorise them as depressed. The root to recovery is to rebalance their depleted biochemistry through anti-depressants and, primarily, alter their cognitions and behaviours so that they do not fall victim to their environments again in the future. This apparently face-valid story masks a set of ongoing struggles over how to define, measure and treat depression, mirrored in the difficulties of defining and measuring the good teacher and the strategies they are meant to employ to become better.

Given that all teachers are embedded in this conflicted space of how to teach, and that there will be a variety of emotional responses to that conflict, some teachers will feel differently about teaching at specific points in time. It is also probable that the same teacher will have different feelings at various points in their career. The discourse of good teaching stipulates, at some level, that these emotions need to be controlled, as exhibited by my own line manager who regarded my tears as inappropriate within the context of teaching. The question then becomes how to categorise that difference among teachers and manage these apparently wayward emotions. Stress and depression appear to be inserted into this space as an explanatory force, suggesting ways of managing emotions by pathologising them, turning teachers into disordered selves, and justifying the practices of good teaching that might be the problem.

Every teacher is constantly being pulled between competing versions of themselves, an effect of the ever-changing discourse of what it means to be a good teacher. The depressed teacher can be viewed as a point of eruption between these competing forces, the operation of power made visible through the practices of diagnosis and therapy, which make that conflict explicit. Given that neither the concept of depression nor that of good teaching are stable constructs, the appearance of the depressed teacher can be interpreted as stabilising those constructs by silencing the critiques of practice these emotions might suggest. What Foucault contributes is an appreciation that the rationality used to determine good teaching, diagnose depression, or explain stress is not as fixed as it might first appear, being context-dependent, even if it is promoted as being universal.

The problem is not the feelings themselves but that they interfere with being a teacher, as suggested in DSM-5 (American Psychiatric Association, 2013). A diagnosis is sought as a way of reducing these effects, the symptoms correlating with the clinical view of depression, confirming its existence objectively because the label is given by a doctor, even though they might just be a normal response to an abnormal world. Prescribing SSRIs continues to confirm the discourse that the feelings are abnormal as they need to be chemically modified. However, drug therapy is only seen as a stop gap to enable the patient to engage with the process of CBT. This therapeutic strategy holds the individual more accountable for what is wrong with them, echoing the accountability, and performance management structure in teaching. Entering therapy confirms the diagnosis. The teacher will describe what they do in school when trying to be a good teacher, actions and thoughts the therapist will interpret as irrational, supporting the view that cognitive distortions cause depression. An alternative hypothesis is that teachers diagnosed with depression are experiencing loss, particularly of the self, a loss produced as a residual artefact of the ongoing conflict of defining what it means to be, and how to be, a good teacher, depression exposing the instabilities in the crystallised edifice of teaching, a crack through which the light might get in.

Chapter 3. Mapping a Methodological Terrain: How to use Foucault in the production and analysis of ethically sensitive narratives

Introduction

> In what does it consist, if not in the endeavour to know how and to what extent it might be possible to think differently, instead of legitimating what is already known? (Foucault, 1986, pg. 9)

Foucault's musings were my prompt to find a way to think differently about teacher depression, rather than confirming and legitimating what was already known: the problematic medical/psychological models. I found his ideas resonated with my wanting to find a way to critique accepted practices in teaching following my three episodes of depression. Putting Foucault's concepts into empirical practice, however, was not without its challenges, given the distinct lack of 'How to do Foucault' texts, contrasting with the abundant step-by-step guides on how to conduct, and analyse surveys, questionnaires, interviews, observations, or experiments, detailing their philosophical underpinnings. Even those texts that did offer practical guidance recognised that, as Kendall & Wickham assert, 'it is only possible to get across something of the spirit of Foucault's studies' (1999, pg. viii), when, as Tamboukou (1999, pg. 201) notes, Foucault may have named his approach as genealogy but refused to be pinned to one methodology. This perhaps accounts for the observation made by others (Kendall and Wickham, 1999, Fejes, 2008) that Foucault's work is name-checked more frequently than being employed, a form of theoretical virtue signalling, his ideas producing an identity rather than an action, which seems to run counter to Foucault's intention that his ideas ought to be employed to do things.

Following Tamboukou & Ball's (2003, pg. 2.) observation that a unified Foucauldian theory does not exist, any attempt to codify a Foucauldian method would be to invoke a new tyranny when, as McPhail (2001, pg. 2) claims, detailing a formal method can result in the uncritical application of procedure by others. In contrast, Foucault's toolbox of theoretical positions and analytical strategies, within the confines of thinking differently, gives the researcher considerable methodological freedom, a word not often associated with Foucault. Looking through the toolbox, it

is, however, possible to detect, as Tamboukou & Ball (2003) and Kendall & Wickham (1999) conclude, specific Foucauldian themes, rooted in the attitudes of being transformative, sceptical and experimental, even if there is no clearly identifiable method. These set some constraints on the researcher, the limits defining the arena within which the researcher can play. Inside this defined, open space, it is the researcher's responsibility to identify the analytical instruments most appropriate to answering their question, constantly reflecting on their choices, rather than relying on well-practised methodological tropes to direct their decisions, a freedom Squire (2013, pg. 1) associates with a narrative methodological orientation.

Contextualised in this way, method can be viewed as its own dispositif, the practice of detailing the theoretical and practical aspects of investigative strategies themselves exemplifying the Foucauldian operation of power central to this thesis:

> … power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production. (Foucault, 1977, pg. 194)

Inverting the claim that methodological strategies unearth hidden truths reinforces the challenge not to reproduce, or legitimate, the existing subject of the depressed teacher through the uncritical enactment of the truth rituals of research practice. Instead, the task is to persistently appreciate that investigative techniques, such as questionnaires, interviews, and content analysis, can occupy a position of duality. There is a potential tension embedded in the use of any strategy that asks a depressed teacher to generate an account of their experience between producing the depressed subject as an artefact within the interview and, simultaneously, asserting that the discourses produced in the interview offer an insight into the discursive strategies that have constructed the depressed subject outside of the interview. The logic of adopting narrative techniques, as opposed to signposted/structured methods of gathering accounts, was to create a space in which participants might tell their story through discursive chains that both replicated and, in some way, transformed the discourses of their professional lives. The use of narrative was a tactic that prioritises the subject yet, paradoxically, foregrounds the discourses they use, de-centring the subject, to demonstrate the operation of discourse at the micro level in everyday practices.

Though Foucault never explicitly identified all the elements of his toolbox, this chapter rifles through those tools that I, and others, have identified as a starting point (Marvin, 1994, Kendall and Wickham, 1999, Tamboukou, 1999, Mayo, 2000, Tamboukou, 2013, Hope, 2015, Lawlor and Nale, 2020), selecting those instruments that seemed to have the greatest interrogative force when studying the production of teacher depression within power relationships, detailing the development and practical application of an investigative strategy, whilst recognising the operation of power within research practice. Even if, as Tamboukou (2013, pg. 88) asserts, Foucault's method of genealogy is more closely associated with the interrogation of dusty, historical, documents, the first section justifies the value of gathering new narratives, utilising Foucault's conception of two contrasting types of knowledge underpinning his genealogical approach; erudite knowledge and local memories (Foucault, 1980d, pg. 83).

Narrative interviewing is proposed as a strategy for accessing local memories, the analysis of which can be contextualised within scientifically produced, erudite knowledge. The practicalities of recruiting and interviewing participants in an ethical way, the problems that were encountered and their resolution are described in section two. The third part addresses the dual concerns of seeking to avoid, or minimise, the risk of harm and having minimal direction from the interviewer, through the development and deployment of a one-question interview. The final section details the evolution of an analytical strategy that reflected the Foucauldian perspective, both in terms of transcribing and interrogating the text, de-centring the subject from the analytical account.

Thinking Differently about Depression using Narratives

The attraction of a narrative orientation was that it was a way of thinking differently about teacher depression by situating depression in the context of a life history, in contrast to the methods focusing on the event itself (Kyriacou and Sutcliffe, 1977, Cohen et al., 1983, Kyriacou, 1987, Åsberg, 2002, Nagel and Brown, 2003, Bachkirova, 2005). My encounter with depression had led me to conclude that becoming subject to a medical diagnosis tended to erase my successful teacher

subjectivity, depression coming to define the person I was seen as rather than being an event in a lifetime. I deduced that the field of depression research, dominated by experimentally orientated studies emphasising biochemical imbalance (Arroll, 2005), cognitive deficits (Beck, 2008a), avoidant behaviour (Hinds et al., 2015) and recently the derailed identity (Ratner et al., 2019), fabricated this individualised version of the depressed subject. These accounts promote, produce, and maintain the 'depression as a personal pathology' discourse, foregrounding the disordered person in need of reordering. Thinking differently meant departing from this view, inverting it, by hypothesising that the depressed teacher subject position was a way of making sense of a disordered, conflicted environment. The notion of sense-making resonated with the generalised definition of narratives as meaning-making strategies (Combs and Freedman, 2012), as Riessman suggests narrators creating 'plots from disordered experience' (Riessman, 2014, pg. 370). So, while the label of 'depressed teacher' is a mechanism that supports the sense-making of institutions, the narrative interview might act as a space for the sense-making of the subject, which might, in turn, contribute to a counter-narrative to the discursive institutionalisation of depression.

It is not as if there are no narrative-orientated studies on depression (Vega et al., 2012, Lopes et al., 2014, Goncalves et al., 2016), though I could find none relating to teachers. Further, as Robertson et al. (2005) conclude, the focus of the ongoing body of narrative research and depression tends to be on using narratives as a therapeutic strategy. This therapy-orientated research, whilst attempting to escape from the person as disordered discourse, tends to replicate it by seeing flawed narratives as the source of the psychological problem. These studies focus on how such pathological stories can be replaced with ones that fit the rules of good, healthy stories (Carr, 1998, Combs and Freedman, 2012, Lopes et al., 2014). As Robertson (2005, pg. 332) argues, in common with other conceptions of depression, the starting position might be to externalise the problem but the therapeutic solution is internal, the vehicle for change being deconstructing and reconstructing personal narratives. To address this and so think differently, it is possible, as Robertson (2005) advocates, and some studies have done (Issakainen and Hänninen, 2015, Kotliar, 2016), to view narratives of depression as objects in their own right; to treat them not

as something that needs to be changed but something that just is. The methodological challenge is to avoid passing judgment on their factual accuracy, assessing their cognitive distortions, searching for hidden truths within them, or demonstrating alternative narratives but to consider them genealogically.

Using the tool of the genealogically orientated approach was provoked by Tamboukou's assertion that genealogies 'inspire the writing of new genealogies to interrogate the truths of our world' (Tamboukou, 1999, pg. 215), converging with the goal of thinking differently. Further, borrowing extensively from Tamboukou's account of the genealogical approach, the idea took root to apply this technique to local histories of the present. The problem was how to locate narratives produced in a research context within this perspective. A way of addressing this was through a consideration of Foucault's definition of genealogy as:

> … the union of erudite knowledge and local memories which allows us to establish a historical knowledge of struggles and to make use of this knowledge tactically today. (Foucault, 1980d, pg. 83)

Identifying and differentiating between what might constitute the erudite and the local helped to locate narratives within a Foucauldian frame. From my narrative, it was possible to hypothesise that the ongoing struggles between these two forms of knowing, centred on defining good teaching practice, contributed to my becoming seen as a depressed subject. The requirement to undertake the GTTP, for example, highlighted the distinction between the erudite, scientifically validated knowledge of 'how to teach' taught on the course and policed through inspection/observation. This contrasted with, and rendered invalid, my locally acquired knowledge of what had been effective:

> … a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naive knowledges, located low down on the hierarchy, beneath the required level of cognition or scientificity (Foucault, 1980d, pg. 82)

This local/erudite distinction can be seen as extending beyond the arena of the classroom to include the diagnostic practice of depression, local knowledge of emotional states having to be filtered through the DSM standard to be understood and counted as valid. Consequently:

> … it is really against the effects of the power of a discourse that is
> considered to be scientific that the genealogy must wage its struggle
> (Foucault, 1980d, pg. 84)

A narrative method is a tool that can contribute to this struggle, offering a critical voice to address the supposedly scientific discourses of education or depression. Providing a different way of thinking, narratives and Foucauldian research amplify the local, naïve knowledge that tends to be silenced, the voices struggling to be heard above the cacophonous din of truth produced by validated, scientific methods, even when, paradoxically, they can also count as erudite knowledge.

New Narratives in a Genealogical Context

Foucault's description of genealogy as being '… gray, meticulous, and patiently documentary' (Foucault, 1971, pg. 76), generally being framed as 'the art of archival research' (Tamboukou, 2013, pg. 88), a means of writing a 'history of the present' by tracing, as Garlands suggests, the 'forces that gave birth to our present-day practices and to identify the historical conditions upon which they still depend' (Garland, 2014, pg. 373), is potentially problematic as it seems to be at odds with the analysis of new narrative interviews, documents produced for research. Carabine (2001) however, argues that, even though Foucault's formulation of genealogy is as a historical method, it can be used to think differently about narratives in the present, a means of providing a snapshot of a particular moment without recourse to tracing its history. It is an approach that can be used as a way of considering the operation of power/knowledge/discourse of depression at a moment in time, contributing to the ever-evolving genealogy of depression that is occurring through time. A consideration of what the participant is doing in an interview can demonstrate the place of the narrative as a valuable adjunct to historical documentation. The significant attribute of the interview is to see it as a meaning-making activity requiring the individual to draw on various historically produced discourses to convey that meaning. This gives the interview research value in terms of how people engage with and select from the discourses available to them to tell their stories.

Even so, the use of interviews is still problematic from a Foucauldian perspective, as Fadyl & Nicholls' (2013) insightful critique highlights, drawing attention to the tension

between the primacy ascribed to either the self or the discourse. The assertion can be made that the theoretical basis for conducting interviews rests on the phenomenological assumption that the method provides access to an individual's authentic understanding of themselves. This is at odds with the Foucauldian view that the self is an effect of discourses. So Fadyl & Nicholls propose 'a person's account of themselves and their experiences cannot be seen as a point of origin for the construction of meaning' (Fadyl and Nicholls, 2013, pg. 25). However, as Oksala (2011) argues, Foucault does not disregard experience, quite the reverse, defining his work as the study of experience on several occasions. Foucault is, however, critical of the primacy given to experience as being independent of and preceding discourse.

Discourse does not account for experience but creates it by organising it. For example, rather than interpreting the symptom of crying, applying the discourse of depression to a crying event creates an experience of being depressed. States of being, like crying, are in some way given, but what they mean and how they are experienced is discursively constructed. The somewhat radical conclusion that Fadyl & Nicholls (2013) draw from this is for the Foucauldian researcher to discard interviewing. They suggest that there is no need to ask people to recount their stories as these only replicate the discourses available elsewhere in other texts. The interview acts only as means of producing another text, interwoven with the other texts that constitute the discourse of the depressed teacher. To assume that the interview could produce statements that are not already in the discourse would position the subject as being outside of discourse, contradicting the Foucauldian view of subjectivity, limiting its value as a source of data for an analysis of the 'history of the present'.

Reflecting on these arguments was crucial to my positioning of narrative interviews within the Foucauldian realm. I needed to accept that the substance of any interview would replicate existing aspects of the discourses of depression and teaching, that nothing would be said that had not already been said in other forums and that people would not reveal a hidden, secret realm. However, I would argue that the interview is not just any other text but a special event, a performance produced under the

interviewer's direction, the interviewee engaged in a creative re-organisation of the discursive elements available to them. What is of interest is which texts are chosen and how an account is manufactured from the elements available to each interviewee. This reflects the suggestion by Reed et al. (2018) that the process of meaning-making in producing a narrative is three-fold, starting with the events, the person then trying out various interpretations of those events, and eventually settling on those that produce a shared understanding. It was, therefore, unnecessary to give the interviews the status of offering access to some inner state for them to have value; instead, they reflect the shared discourses to which everyone has access to produce meaning. Their value, as a data gathering technique, comes from the space they create for participants to contextualise those discourses and the variety of novel juxtapositions they might express in telling a tale.

It might still be argued that there is no need for the interview, as other data sources, such as online blogs or personal diaries, will contain these discursive elements. This may be true but what is of interest is how the individual constructs their story in the moment. Diaries and blogs may offer an external repository of memories, but in everyday life the person does not refer to their diaries when asked by others to explain their depression. From this perspective, the interview can be understood to produce data that permits an exploration of how discourses are used in practice to construct experience by identifying which discourses are chosen and how they are juxtaposed with one another to create a narrative as a way of recording local knowledge.

The Practical Process of Gathering Narratives

Problematically the investigative freedom offered by adopting a narrative strategy proved to be as challenging as utilising Foucault, especially given my initial assumption that gathering stories of depression would be a straightforward task. Before engaging directly with participants, a research proposal was drawn up, submitted to, and approved by the processes of the Institute of Education (IoE). Falling within the overlapping territories of sociology, psychology and education I chose to consult, and be bound by, three research codes: The British Psychological

Society (BPS) (2009), The British Educational Research Association (BERA) (2011) and The British Sociological Association (BSA) (2002). These directed the procedural and methodological choices made, defining this study as a piece of sensitive research (Sieber and Stanley, 1988) as, regardless of the various discursive constructions of what depression is, there is one constant: it is experienced as being emotionally painful (Conejero et al., 2018). Consequently, asking people to recount their experience of depression represents an ethical dilemma as it entails intentionally exposing them to potentially painful memories in the pursuit of evidence.

As Stone (2004, pg. 20) reports the auto-patho-graphical venture, the production of an account of one's encounter with a pathological state, is problematic because one has to go back and relive a time that was, by definition, painful. Any research strategy that elicits memories of depression has the potential to be harmful. In comparison to tick box assessments, or even open questions, narrative interviewing may amplify this risk necessitating an extended, in-depth telling of the tale, the possibility of escape from the interview indirectly curtailed by the presence of the interviewer. This characteristic defines the research as being 'sensitive', given Lee's assertion that it is research that 'poses a substantial threat to those who are or have been involved in it' (Lee, 1993, pg. 4). Dickson-Swift (2008, pg. 139) illustrates the complexity of this threat by identifying three sites from which harm may emanate; intrusion (venturing into areas that may be off limits), stigma (attaching a negative label) and political (challenging accepted points of view), all of which may apply to those involved in the study, the researched, the researcher and the reader. A consideration of these threats informed the decisions made concerning the recruitment of participants, the conduct of the interviews, extending to the analysis and the presentation of the data.

Ethically recruiting interviewees: The problem of finding storytellers

It was never the intention to recruit a 'statistically representative' sample of teachers with depression. Given that a Foucauldian strategy posits that all teachers are working within the same discursive order, and the assumption that that order will be

reflected in any tale told, the concern was to find exemplars to explore the how, rather than the what, of teacher depression, sampling discourses rather than people. The problem was how to locate those who were willing to talk at length about a traumatic episode in their lives, and recruit them in an ethical way, ensuring that they were free from direct or indirect coercion. I naively assumed that, given the amount of staffroom talk about depression I had encountered, it would be straightforward to recruit those prepared to tell me their stories. That this proved to be more challenging than I envisaged served to further illustrate the discursive construction of depression, the stigma surrounding diagnosis and the necessity to act ethically.

Recruitment strategy number one: Utilising my position as an empathetic insider

Recognising the centrality of building rapport (Anderson and Kirkpatrick, 2016, pg. 632) to enable others to tell me their stories, my first strategy was to utilise my position as an empathetic insider. I published an account of my depression on Facebook and the Times Educational Supplement website blog (Calvert, 2013), accompanied by a link to a short, online, questionnaire (Appendix 2) which gave respondents the opportunity to volunteer to be interviewed. Ninety-four people began this questionnaire, forty-two completed it describing their stories of depression, of which sixteen supplied their details for follow-up. These contacts were emailed a project information sheet (Appendix 4) and asked to reply by email or telephone if they wanted to participate further. To minimise the threat of intrusion and limit any coercive effects, they were informed that not responding would indicate their wish to withdraw from the project and would not be contacted again. None of these contacts responded to the invitation email pointing to, and amplifying, the silence surrounding depression.

The intention was to supplement this online call for volunteers by writing to ten Headteachers of schools within easy travelling distance seeking their permission to present the research, in person, to staff. Seven schools did not reply, two agreed to the placement of a poster (Appendix 3) in their staffroom but declined my request to talk to their staff directly. One wrote to me suggesting that approaching the staff in their school might inadvertently create depression in them by raising the possibility of

its existence. As the school gatekeeper, this Headteacher could be seen as invoking a contagion discourse of mental illness.   Suggesting that merely talking with staff about the possibility that some of them might experience stress or depression may create the problem of contaminating, idealistic, hardworking, youthful teachers with negativity, was an effective means of closing their door to me. The emotions associated with depression, in this encounter, were turned into evidence of failure, a discourse reflecting and producing the stigmatised subject, pointing to an educational environment contradictorily aware of but resistant to talking about the issue which may account for the recruitment difficulties I encountered.

Recruitment strategy number two: Utilising professional contacts

In the light of these setbacks a university contact, who was also a representative of the National Union of Teachers (NUT, now the National Education Union (NEU)), was approached with a proposal to work with them on surveying the stresses and strains of their local branch members, with the secondary goal of increasing the pool of potential interviewees. Approaching potential volunteers in this way, establishing trust by adding the credibility of Union support, was also a way to enhance the rapport-building process. Employing, at the Union's request, a modified NUT stressors survey (National Union of Teachers, 2013), a second questionnaire (Appendix 5) was devised, incorporating elements from the first survey, distributed via a joint email, from myself and the representative to the local NUT membership, and promoted in schools by the local leaders. I updated the TES article (Calvert, 2014a) disseminating it once more online via Facebook.

At this time an opportunity arose to promote the survey further when I was asked to appear on BBC Breakfast to talk about my experience (Calvert, 2014b). Two hundred and twenty people started this survey, one hundred and twenty-seven completed it, and twenty-four of these volunteered to be contacted and were sent the participant briefing sheet. Only one consented to be interviewed. These response rates were disappointing given the assumed number of potential respondents and my presumed willingness of teachers to talk about the stressors of being a teacher.

The response pattern from the questionnaire was, however, equivalent to the national teaching profile (Appendix 6) suggesting that the strategy was effective in reaching a cross section of teaching staff. Further, it was not an entirely pointless endeavour as fifty-six of these respondents (44%) across the teaching spectrum, from primary to tertiary, classroom to Headteacher, indicated they had taken time off work due to stress or depression, providing forty-four short accounts of depression.

A consideration of the questionnaires and the study of depression

Having only recruited one interviewee from a pool of seventy-two prospective volunteers across two attempts presented a considerable problem of how to access this community. The rapport-building, and insider status strategies appearing to have failed in this instance. Whilst it is not possible to determine the reasons for this, the survey did give participants the opportunity to provide additional comments, which some took as an occasion to justify their reasons for not wanting to be interviewed. These give an indication of the forces acting to curtail their involvement and silence their voices, justifying the ethical restrictions I had put in place.

> *Good luck. I haven't given my details as I don't want to relive this horrible period in my life.* (Female, 34, Primary)

> *I would love to give you my name etc, but, as I said, I am currently not in a good place. My lack of openness is probably part of the problem.* (Male, 32, Secondary)

> *I dare not give my details - too much at stake if I were to be identified - though my current Head is fully aware - and understands as he has been through a similar experience. Thanks for doing this. There are so many of us around.* (Female, 43, Secondary)

Highlighting the pain being interviewed might cause, the stigma associated with depression, and the potential threat to their careers, these voices confirmed the decision to view the research as 'socially sensitive', justifying the harm prevention precautions taken. This speaking silent voice was encountered throughout the research process, colleagues, and others, acknowledging to me that the work was important, occasionally self-identifying as suffering but being reluctant to be interviewed, not wanting to risk being identified for fear that it might harm their future career, reigniting/exacerbating their depression, or both. Hearing this from people I knew increased my concern that asking people to talk to a stranger may have

amplified the emotional challenge of engaging with such a sensitive issue, which Elmir et al. (2011) note requires an element of trust and rapport that can only be achieved through personal contact.

From these initial encounters, it is possible to conclude that the public talk of increased openness to acknowledging mental health issues masks a significant reluctance to be personally identifiable, the stigma discourse making it difficult to recruit participants - perpetuating the stigma discourse. These initial comments demonstrate the conflicted space of forces acting to simultaneously encourage and discourage talk about depression, supporting the view that depression could be seen as a site for the exploration of the operation of power, illustrating the forces acting to silence those who might have spoken of their experience. Depression is in some sense used as a weapon to control the expression of emotionality in teaching. Ethically these responses confirmed the decision not to pursue individuals, even if that choice indirectly maintains the silence. Together, the surveys produced one hundred and eighty-five detailed descriptions of the teaching experiences, eighty-three stories of depression, fifty-nine accounts of the causes of stress in others, and one hundred and one ways of solving the problem of depression, the reading of which were used to exemplify or offer counterpoints to, the narrative interviews. The close reading of these shorter accounts produced an initial set of themes which were utilised in the exploration of the long, narrative accounts.

Finally finding participants

Having failed to recruit any interviewees, I seriously considered absenting myself from the PhD. The possibility of representing the work as a piece of auto-ethnography was briefly considered though this veered too close to being phenomenological. It might even have been possible to present only the survey accounts as these did provide some data; however, they did not fulfil the underlying objective to think differently about depression by gathering accounts that had a historical element, containing events other than becoming depressed, that was not present in the existing research literature I had found.

What became apparent is that rapport-building with potential participants took time,

and so I had to wait for interviewees to come to me. This was in keeping with the ethical position that volunteering to tell one's story was challenging and needed careful consideration, even if it is a risky position for the researcher who requires data. Over a six-month period, through persistently telling my tale and word of mouth among colleagues, I was approached by four people, known to me before the start of the project, to share their stories. One month after my NUT presentation an additional participant came forward from the group, and two interviewees approached me having been informed of the work by a colleague. Each contact was sent the same participant briefing sheet and given the opportunity to withdraw. Two asked for additional information and were sent a copy of my upgrade paper. All seven of these contacts consented to be interviewed.

Whilst recognising that the methodological rationale was not concerned with assessing the accuracy of the interview narratives, the fact that they all came to me to tell their story still invoked anxiety over whether participants would tell me the truth, each having their own agenda in telling their story. This concern over the validity of the data was amplified by conversations I had with others who asked how the interviews with eight people could say anything about depression, and the biased motives that might lie behind the telling of their tales. Ian hinted at this at the beginning of his interview when he said:

> *I mean I am a little scared, and don't mean scared of doing this, but I mean scared of missing a trick because, I bet, there will be things at the end of this interview that I will suddenly think of that I should've said*

Ian had a desire to present a particular version of the events that had happened to him, carefully considering, before the interview, what he wanted to say, concerned that he might fail to communicate those things. Two others (Catherine and Derrick) brought notes with them to the interview expressing their worry about leaving things out, or not telling a good enough story. This itself highlighted the ethical dilemma of conducting interviews and the performative fear that participants had of wanting to do well, adding to my worry about accessing what I thought of as 'good' data.

On reflection, this apprehension came from my supposedly rigorous, scientific, psychology training that produced my methodological desire to reduce potential

sources of partiality, which was in tension with my Foucauldian goal of thinking differently. Turnball (2000, pg. 22) provided a means of countering this apprehension asserting that self-censorship is an inevitable component of any presentation of the self, such as in an interview. I had always assumed that each participant would have thought about the story they might tell before the interview, entering a performance with multiple audiences including themselves, myself and the others who might read their story. This would have been problematic had my research been to follow a traditional path seeking to uncover the true nature of depression and its causes. My concern over the veracity of these accounts as reflecting some underlying truth was unfounded, as the search was not to find the truth about the depressed subject, but to explore the things that participants consider to be true, how truths are used to produce the depressed subject, the elements they choose and the way they order them to manufacture a truth about themselves. That did not mean that the tension disappeared only that the tension could be managed, itself representing a power relationship between competing versions of good research, a constant companion throughout the analysis.

Eliciting Narratives: The problem of power and interviewing practices

The operation of, and opposition to, power, a traceable theoretical thread permeating this study, not only applied to recruiting participants but also impinged on the technique of the interview as means of producing data. Foucault identifies such techniques as a:

> … form of power applies itself to immediate everyday life which categorizes the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him which he must recognize and which others have to recognize in him. It is a form of power which makes individuals subjects. There are two meanings of the word "subject": subject to someone else by control and dependence; and tied to his own identity by a conscience or self-knowledge. Both meanings suggest a form of power which subjugates and makes subject to. (Foucault, 1982b, pg. 781)

When viewed through this lens, power saturates any research context, individuals being turned into subjects by the practice of being research participants. Generating data through interviews, as Fadyl & Nicholls (2013) argue, engages the researcher in an act of subjugation that is not present in methods utilising pre-existing texts. This

risk of subjugation was an ever-present ethical threat in conducting these interviews, my role as interviewer exerting control over the participants through the setup of the interview, the questions I ask and the responses I might make to them. The interview potentially forces the participant to tie themselves to a particular depressed identity by turning their gaze onto themselves.

Foucault suggests that a series of struggles have emerged in opposition to this and so:

> nowadays, the struggle against the forms of subjection - against the submission of subjectivity - is becoming more and more important' (Foucault, 1982b, pg. 782)

The struggle that I, as the researcher, was involved in, was that of attempting to avoid increasing the subjugation of my participants. As they were volunteers, an identity had already been imposed on them outside the context of the study. The fortunate outcome of the struggle to find participants meant that they came to me to tell their stories, identifying themselves as depressed teachers. It might be argued that the project outline and briefing sheet created a particular identity, however, being free to leave at that point, as many did, implies that these remaining participants identified in some way with the aims of the project, having acquired the identity of being depressed.

What became apparent though was that for each participant, telling their tale to me was, for them, an act of resistance, the interview providing an opportunity to voice a counter-narrative to the ones they had encountered, a chance to finally be heard. The interview did not produce that conflicted space or that identity, rather it created the opportunity for it to be expressed, as Catherine implied:

> *I hope that what you've done can help new teachers, as well as me, because for me that is one of the things my PGCE hadn't prepared me for, to say to you 'This is the reality of life in FE', I mean, there were some who had bad experiences, um but we were given the impression that 'Oh this is the exception this is not the norm', but of course, when you go into Further Education, where you go is pot luck and they don't prepare you for that.*

This reasoning was voiced by each participant at some point, informing me that telling their story was important for them personally, giving them an opportunity to

reflect on what had happened, balanced by the desire to tell their story to improve things for others.

The quest for personal understanding, the individual seeking to impose an order on their experience is apparent in Ian's narrative, exposing the tension between the ordered and the disordered worlds:

> *I think I may now, with hindsight, have a greater take on what happened, it doesn't necessarily mean that I have understood what was going on, there's an awful lot of me, that, like all human beings, I have not a clue about why I think the way I do, why I behave the way, the way I do.*

Ian reveals the contradictory forces between telling his tale giving coherence to his problems yet simultaneously adding to his lack of understanding of what happened. The confusion Ian voices can be understood as part of what Riessman (2014) identifies as the performative nature of producing a narrative, having to choose between multiple selves. Through telling his tale and reflecting on his experience Ian produces a particular truth about what happened to him. The interview is an opportunity to review his experience, an attempt to impose a narrative coherence upon it, rather than the interview imposing an identity on him, to make sense of it, potentially contributing to the development of what others (Carless and Douglas, 2008) refer to as the coherent life story aspect of positive mental health.

This points to a theoretical tension in the study between the Foucauldian position of the subject as being constructed in discourse, and that of narrative as supporting the view of the construction of a coherent identity. These can, however, be seen to co-exist, narrative nested within discourse. The subject position of being depressed is constructed in the discourse of depression, however, within this space, there are multiple versions of its causes and cures. It is from these elements that the individual can weave a coherent narrative identity. The tension lies between what is imposed and what is produced. The research context can be seen as imposing a particular identity on the interviewee, but it also provides a space for the interviewee to impose an identity on the research, directing what they thought it was important for others to know, facilitated using only one question.

Using only one question to elicit a narrative

The one-question approach was adopted for ethical, methodological, and theoretical reasons. The ethical concern that permeated the recruitment of participants filtered into the conduct of the interviews in that, as Hollway & Jefferson (1997, pg. 59) suggest, interviewing people about anxiety-provoking topics is problematic because of an inherent tension between the needs of the researcher and those of the interviewed. The interviewees will all have parts of their story they want to protect from exposure not only to the interviewer but also from their own consciousness. The interviewer, on the other hand, is seeking access to all areas. Given the maelstrom of feelings that each of these participants had encountered, it is perhaps inevitable that there would be things that they would not want to talk about, things that they were not yet prepared to divulge, even if they might have been of interest to my prying eyes. Anne-Marie noted that:

> *There's a bit of me that still doesn't want to trawl through those memories because they are still quite recent, but I mean I think it is worth noting that I'm in a pretty good space at the moment.*

Anne-Marie was quite clear that there were places that she would not want to go to because she had not yet healed from the pain of those experiences. Revisiting those moments would have been like reopening recent psychological wounds. How those memories can and do cause such pain was beyond the remit of this project, however, it was anticipating the existence of such feelings that initially shaped the idea of only using one question as opposed to a more interrogative approach.

This ethical concern was buttressed by the methodological imperative to avoid imposing my narrative of depression, or a particular identity on the participants. Kezar (2003, pg. 397) suggests that formulating a comprehensive pre-interview guide, is really a pre-hoc analysis of what one expects to find, which mitigates against thinking differently, having the effect of imposing a particular identity on the respondent and only permitting them to narrate certain topics. Wang & Yan (2012) demonstrate that the interviewer exerts power, acting on the actions of others, through manipulating topic shifts, controlling turn-taking, limiting the interviewee's responses and making presuppositions about the topics viewed as important. My

objective was to limit these potential problems and elicit, as far as possible, the story they wanted to tell, rather than the story I wanted to retrieve. The justification of a one-question approach was furthered by embracing the position that the abnormality discourse of depression is, in part, reproduced by the research practice of focusing only on the depressive event and its immediate surroundings, thinking differently meant finding a way of enabling participants to embed their episodes of depression within a life history. Asking only one question provided the space for participants to contextualise their depression within events important to them from their life history. In this space digressions that Reissman (2014, pg. 367) suggests can force the researcher to think differently were permitted rather than being constrained by the limited responses gained from structured questioning.

Adopting this strategy was not without an element of risk, there being a moment of significant terror on my part, that only asking one question would fail to produce anything of value, that much of limited relevance might be said, creating a challenge when it came to the analysis phase. I found myself unable to resist the urge to develop a detailed set of questions (Appendix 7), drawing on the accounts I already had from the questionnaire, providing me with a safety net in case nothing was said. Implementing this set of questions though would have limited what could be said to those ideas that I already had, the interview being constrained by what had already been thought and voiced about depression. Asking one question, though risky, was a means of disrupting this, creating a space in which it is possible to think differently. As it was these questions proved superfluous. One question was enough to elicit an extended story in each case, even though the participants initially thought it would be challenging for them, as Ian described:

> I know that when you start, it's going to be quite difficult for me as the interviewee in the sense that I've got to make sure, you see in my mind I want to make sure that I've got a logical progression, but that's quite difficult to achieve when you are talking quite openly and just unprompted and that I will find that frustrating because of the nature of me because I will then get irritated by the fact that actually I feel like it's the threads are too many, there are too many parallel threads and I shan't want to forget them.

Ian voices, and subjects himself to, a discourse of having to tell a good story, the narrative imperative to create a logical order, attempting, as Cronon concludes 'to

find meaning in an overwhelmingly crowded and disordered chronological reality'
(Cronon, 1992, pg. 1349). The challenge for each teller was to find, and maintain,
an order to their story over an extended period, something they would not have had
to do if asked a sequence of questions. The attempt to impose a structure on the
past was evident in all the interviews, each demonstrating in some way that they had
thought about the story they wanted to tell before the interview.

Catherine stated at the beginning of her interview:

> *So, I hope you don't mind but I have written it down in preparation so I don't
> waffle, right ok so I would describe my teaching story as unexpected
> challenging but insightful*

Like Ian, Catherine inserts herself into the discourse of what constitutes a good
account of her experience, to tell a logical story and avoid digressions. However,
each participant readily departed from their prepared stories, encouraged by the lack
of direct questioning to take tangential journeys, finding a way back to their main
story arc over time. The use of one question gave rise to stories that contained
prepared and free associative elements, presenting the interviewee with an
opportunity to organise the discursive elements from which their story was
constructed in new ways, giving, me, the interviewer the narrative space to think
differently about depression.

The practicalities of conducting the interviews

The strategy adopted for eliciting narratives was to follow the order proposed by
Schütze (1992), as elaborated by Svasek & Markieta (2012), adapting the
Introduction, Narration, Questioning, Conclusion, structure suggested by Anderson
and Kirkpatrick (2016), using a prepared script (Appendix 7). Each participant was
asked to identify an emotionally safe location for their interview, seven choosing their
home, the eighth a room at the UCL/IOE. In the first phase, there was a review of
the ethics and the aims of the project, each participant was informed of their right to
withdraw at any time during or after the interview and asked to give their verbal
consent. Two recording devices were used in case of failure, transferred, digitally, to
a portable, encrypted, hard drive. Participants were informed that these recordings
would be destroyed two years after the publication of the thesis, however,

anonymised transcripts of their interviews would be retained.

The narrative phase began by asking the single question:

> As you know I am collecting life stories of teachers who have experienced significant episodes of anxiety, stress and depression and I would like to record your story. Take your time and start wherever you like, I'll listen first, and I won't interrupt, I may take a couple of notes which I may ask questions about later. So, can you tell me your teaching story, the events and experiences that have been important to you up till now.

During this part, my role was to act as a good listener (Hollway and Jefferson, 1997, Greenhalgh and Wengraf, 2008), the prepared list of topic areas acting as a prompt only if necessary. This did not mean I was a passive participant adopting what Riessman refers to as a 'receptive stance' (2014, pg 368) offering encouragement to say more through the use of verbal acknowledgements and non-verbal prods, such as nodding. The taking of notes during this stage was potentially problematic as, reflecting on the conduct of my first interview, I became aware of how my taking notes might have been interpreted by the interviewee as an indication of importance. The challenge was to remain present in the interview, recording notes being a distraction from this. In subsequent interviews, I limited my notetaking to single words to act as prompts in the later stages of the interview. Refraining from writing in the moment meant that it was essential to write a reflection on the interview on the same day. These notes were incorporated into the narratives as addenda during the transcription phase.

The ethical and methodological considerations meant limiting the direct questioning phase to seeking clarification utilising the words of participants in the temporal order in which they appeared, only if I felt that I had not understood what had been said. I frequently found myself wanting to know more, to quiz each person, to enquire into motives, feelings, or actions, which, I had already determined would have imposed a particular identity on the participant, encouraging them to tell their story in a directed way. Resisting interrogative questioning meant that the stories were structured according to the participant's point of view and the discourses that circulate around them. Some might argue that this was a missed opportunity to gather more information from a willing and present volunteer. However, any story is incomplete,

more could always be said, and even if additional questions had been asked the tale would remain a partial representation of events, questioning giving a veneer of completeness. In the final phase, participants were asked if there was anything they would like to add to their story and reflect on the interview. Much to my surprise the interviewees readily engaged with the act of telling their story, if with some trepidation when embarking on the journey, prompts and the additional questions being rarely used. The total interview time ranged between seventy up to one hundred and eight minutes, five exceeding two hours, producing a total of seventeen hours of talk, 5% of which was interviewer talk including the ethical briefing as measured using NVivo[9] The problem was then what to do with this data.

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[9] https://www.qsrinternational.com

The Interviewees

Table 2 identifies some of the key characteristics of the participants in this study. It is worth noting the surprising diversity of participants except for the subject taught at secondary level. Whilst not trying to be representative the sample was found to include all levels of management, school setting, and length of service.

Table 2 The Interviewees

Name	Gender	Work at the time of interview	Work at the time of their major depressive episode	Years in teaching	Subject taught	Age at time of interview	Location of school	Source of Contact	Length of interview (Mins)
Anne-Marie	Female	Was returning to work as a part time teacher in primary	Full time teacher in a primary school	12	Primary	Early 50's	Worcestershire	Referred by friend	130
Barry	Male	Self-employed working as an internet salesman	Assistant Headteacher and SENCO	30	Technology	Early 50's	Devon	Referred by friend	96
Catherine	Female	Part time psychology teacher in further education	Full time teacher of psychology in further education	8	Psychology	Late 20's	Greater London	Online questionnaire	100
Derrick	Male	Retired full time teacher, now tutoring, and working as an examining	Teacher in charge of psychology	25	Psychology	Late 60's	Cumbria	Personal contact	83
Elizabeth	Female	Retired doing occasional supply work and tutoring	Head of Psychology department in further education	28	Psychology	Late 50's	Greater London	Personal contact	173
Francis	Male	Full time classroom teacher primary	Headteacher in a primary school	15	Primary with geography	Early 30's	Greater London	Personal contact	183
Hillary	Female	Retired	Classroom teacher in a primary school and union representative	39	Primary with special needs	Late 50's	Greater London	Via union meeting	132
Ian	Male	Retired from teaching developing an online business	Deputy Headteacher with responsibility for pastoral care	33	Maths and foreign languages	Late 50's	Greater London	Personal contact	166

Tracing a Path Through the Narrative Terrain

> Comparatively speaking, qualitative data is a monster. Stories or verbatim responses must be carefully transcribed, the transcription checked, corrected, and copied, and then coded, analysed, and reanalysed. Even then, the answers do not pop out as a neat *p* value. (Morse, 1993, pg. 267)

Embarking on the analysis phase was tinged with regret that I had not undertaken a quantitative journey. The challenge of knowing how to approach the stories I had gathered was at times overwhelming, making me wonder why I had not just undertaken a statistical analysis of the questionnaires I had gathered and presented that. Interestingly this thought hinted at a practical reason for the dominance of the discourse that foregrounds quantitative data in the production of scientific knowledge, it being relatively straightforward to produce *p* values from a data set using a computer, even if the interpretation of statistical analysis is challenging. Morse's (1993, pg. 267) observation did provide an initial set of waypoints as means of taming the monster, naming the processes of transcription, coding, and analysis. The problem was not deciding what needed to be done but how it was to be done. Plotting a path through the terrain of the narrative maps meant assembling a set of navigational tools to implement the processes. The means of selecting tools were found by turning to Foucault, considering the analytical strategy itself from a genealogical perspective.

Unlike the supposedly entirely bottom up approaches, such as grounded theory, a Foucauldian genealogical analysis, as Tamboukou (2013, pg. 90) suggests, is concerned with the identification of processes (what is done), procedures (how it is done), and the apparatus (the means of doing). These are intimately entwined with each other, and to power, as a means of directing human action through the application and discovery of truth/knowledge. This classification system was not only a lens through which to consider the data but was also a means of framing the analysis. Being a knowledge-producing activity, it was possible to organise the act of exploring the data using these genealogical terms, being the means of creating the procedure and embedded within that procedure. Procedurally that process began with revisiting Tamboukou's representation of genealogy, to consider what my genealogical analysis of narratives from depressed teachers was attempting to do:

> A genealogical analysis of narratives will thus pose the question of which kind of practices, linked to which external conditions determine the discursive production of the narrative under investigation. What is at stake here is the way power intervenes in creating conditions of possibility for specific narratives to emerge as dominant and for others to be marginalized. (Tamboukou, 2013, pg. 90)

The problem was to find a way to put into practice the identification of practices and the external/institutional context they are embedded in, that were assumed to produce the narratives of depression voiced in the interviews, in a way that established the integrity of the analysis. Carabine's (2001) guide to genealogical analysis and Fraser's (2004) approach to analysing personal stories were both instrumental in devising an interrogative practice to consider the practices depressed teachers might narrate, a strategy broken into three overlapping phases: Knowing the narratives, Disassembling the narratives, Re-presenting the narratives.

Knowing the narratives

Having attempted to avoid the pre-hoc analysis of writing a list of interview questions, the post-hoc analysis began during the conduct of the interview and in the preparation of notes immediately after. Carabine (2001) refers to this stage as getting to know the data, primarily through reading and re-reading the data. However, I would argue there is more to familiarisation than reading the narratives, as that reading is done in a context. Fraser (2004) identifies two phases; hearing the stories, and transcribing. To hear the story is to engage with its emotionality during the telling and immediately after to gain some sense of the overall meaning that the interviewee wanted to communicate. This analytical hearing could not be separated from the emotional responses hearing these stories evoked in me. Each interview contained moments of anger, sorrow, and joy, with which I identified, evoking those emotions in myself. Subjectively I inferred from this a degree of honesty on the part of the interviewee, a measure of their validity, in that to arouse those emotions in another they themselves had to be emotionally engaged with their story. These stories meant something important to them, an importance they wished to convey to me, and that I recognised had to be conveyed within the analysis. Noting these emotional responses was a key element in the subsequent interpretation of the

interviews, pointing to the meaning that the interviewee wished to communicate. Additionally, the stories seemed to encompass the 'overcoming a monster' and 'rebirth' types of tales (Booker, 2005), each teacher having successful encountered a monster which they overcame in some way, often by being reborn. This initial reading of the stories pointed to an analysis which focused on identifying the monsters, and how the interviewees felt they were changed by their encounter.

Following each interview, and with the notes I had made post-interview, I began the process of transcription. Bailey (2008, pg. 130) notes that turning audible and visible data into the written form is itself an interpretive process, which involves making judgments, and is, therefore, the first step in analysing data. As this was the first concrete phase of the analysis, I considered it important for me to personally transcribe each interview, highlighting the non-verbal aspects that appeared to affect the meaning that was being conveyed. Utilising 'ExpressScribe'[10], transcription was orientated toward ensuring that the overall meaning was retained without constantly recording the length of pauses in speech. The purpose was to preserve the verbal, and where possible non-verbal, cues that might alter the meaning. This meant referencing expressions of emotional content, particularly laughing, crying, and sighing and the contextual impact it had on statements made, alongside noting particularly lengthy pauses, and including 'umming' and 'ahhing'. Participants were told they could request a transcript, but it would not be sent automatically, recognising that, ethically, reading their story might have been emotionally upsetting. Surprisingly none of them did. All identifying features were initially retained and then replaced once the transcription was complete. Notes were made as to any striking themes present in each interview during this phase and added to those identified from the questionnaires and Facebook commentaries, informing the preliminary thematic analysis.

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[10] https://www.nch.com.au/scribe/index.html

Disassembling the narratives

In making the transition from familiarisation to analysis, my initial strategy was to follow Fraser's (2004, pg. 189) suggestion and attempt to interpret individual transcripts by rewriting each story, and then presenting each as illustrative of a particular discourse of depression. Whilst the act of representing the stories like this was an effective means of furthering my familiarity, it was problematic in two ways. First, the technique foregrounded the individual, discourses appearing to be produced by the subject rather than emphasising the Foucauldian perspective of the subject being produced by the discourse. This was an inevitable challenge in using narratives rather than policy documents, the data being closer to the person, which I was seeking to limit. The second challenge was that organising the stories chronologically emphasised a causal model, depression being portrayed as an inevitable outcome of a historical pathway. These issues demonstrated how the practice of analysis can produce a particular discourse, and that imposing a structure silenced the moments of disorder present in the data.

This first attempt to organise the data had inadvertently overlooked the intention to think differently and Foucault's (1971, pg. 88) observation of knowledge being a knife not a direct path to understanding. As has been elaborated the assumption that depression exists as an independent object underpins traditional analytical approaches. The goal of such research is generally orientated to producing knowledge to understand depression. However, if depression does not exist then it cannot be understood as such, what can be interrogated is how depression is made to function as if it were a real object. What then is the function of the knowledge produced about depression? The Foucauldian view would be that this is to cut, to divide, and in the act of separating create the research object of depression:

> In using knowledge to do something different we cannot avoid cutting it up, for we cannot, and could never, use all of it. From the bits we use, the bits we have cut and spliced into our own thought, we create (new) meaning. (Osberg, 2010, pg. vi)

Reading the interviews creates knowledge, knowledge which is then employed to cut and reorganise the parts of the interviews creating new meaning from the data.

Knowledge of genealogical methods directs the activity of cutting to produce different kinds of meaning from the interview than would have been produced by following the psycho/medical model. The focus of the genealogical analysis for me was not to show the causes of a participant's depression, rather it was to examine how discursive interactions cut up their everyday experience, divide one thing from another, and produce them as depressed subjects. The analytical question though remained as to where to cut the data?

As obvious as it may sound, at its core a genealogical discourse analysis requires the identification and elaboration of discourses. Following Carabine's (2001, pg. 280) reading of Foucault that discourse not only refers to the set of statements about an object but also to something that has force, the search for discourses combines two processes; looking for themes and identifying the effects of those themes. The identification of themes raises the issue of how something becomes a theme. As Sandelowski & Barroso's (2002) review asserts, qualitative researchers frequently state that something was identified as a theme without making it clear what were the data characteristics from which the theme was derived. I obtained some clarity by considering the distinction between theme and category as proposed by Vaismoradi et al (2016, pg. 102), a theme being an implicit feature of the data induced from explicitly identifiable categories, giving the category depth of meaning. Ryan & Bernard (2003, pg. 88) add that inevitably themes not only come from the data but from a prior understanding of theory. These a priori themes, borrowing from Tamboukou (2013, pg. 90), were those of process, procedure, and apparatus. That is identifying things that were done to the teacher, how those things were done and what they were used to do, interlinked with any expression of subjectivity and emotionality, the 'how I felt about it' element.

Constructing such themes from the data meant first using an entirely intuitive approach to the reading of the data, coding passages in NVivo that seemed to have some intrinsic value. Reflecting on this process I noted that these passages were often selected on the grounds of their link to some emotional content, an affect, frequently anger or sadness, though occasionally happiness and joy. I found it surprisingly challenging, however, to use this electronic method of excising passages

from the text, it not being possible to physically 'see' all the passages at one time on a screen, the space limiting the formulation of connections between passages. Consequently, in conjunction with, and at the suggestion of, my supervisor, I returned to the strategy of materially cutting up the text, physically embodying the idea of knowledge as a process of cut-up. Printing out the complete transcripts it was possible to extract from the body of the text those passages that seemed to have some face valid relevance reflecting actions, responses, contexts, and feelings. On the reverse of each was written the possible theme it might represent along with the interviewee's name. In total there were approximately 320 quotes of varying lengths.

The significant advantage of this technique was that once all the transcripts had been cut up it was possible to physically lay out all the passages, move them and begin grouping them without reference to the name, or the initial theme. Groups were produced by looking for repetitions, similarities, and differences. The goal was to reduce the quotes to the smallest number of face valid categories, which could be linked narratively to an effect either on the individual or within their sphere of influence. This activity produced a set of three major themes, or discourses, running through the narratives; being diagnosed as depressed, working in a conflicted workspace, and the practice of the classroom observation. Each of these categories contained various subordinate discourses, constructed from process, procedural and apparatus elements, together forming the basis of the analytical chapters.

Cutting the data to produce discourses from statements and their effects was the most intensive phase of the analysis, however, following Carabine (2001), the genealogical strategy utilises these building blocks in various ways. This meant recontextualising the statements by revisiting the complete texts, looking for any inter-relationships between discourses and how they informed one another. One example was the ways in which the discourse of diagnosis was echoed in the construction of classroom observation, and how the discourses of good knowledge led to various conflicts within schools. The second task was to discern any counter-discourses or resistances. One notable set of these revolved around the construction of the identity of the good teacher through the practice of observation

and the ways in which participants were able to resist their categorisation as needing improvement. The final tactic was to determine any silences or absences in the discourses. This meant returning to the data, using the theoretical context, to identify those aspects of teaching or depression that were not mentioned. In this case, one key absence was that even though research (Clunies-Ross et al., 2008, Harmsen et al., 2018) had suggested that negative pupil behaviour was a major cause of stress and depression this was not mentioned as being a problem.

Re-presenting the narratives

The final analytical step was to determine how to present the data, to write what Fraser (2004) calls an academic narrative about narratives, reorganising the data having taken it apart, recognising that multiple stories could be told with the same data. As Vaismoradi et al (2016) elaborate, the development of a storyline from data is about producing a coherent account drawing on the whole data set rather than any one part of it. The initial approach was to present a chapter on each participant focusing on a key aspect of their story as illustrative of a particular discursive construct. The problem was that this strategy tended to foreground the subject rather than the discourse, though it did provide the basis for the first complete data analysis chapter, focusing on conflict in the workplace. A second attempt was then made to organise the chapters historically, beginning with becoming a teacher, being a teacher, becoming a depressed teacher and post-depression recovery. This structure was abandoned as it imposed a historical progression on the data that made the narratives seem more coherent than they were, the forward motion of time imposing an order on the telling of the story.

Getting to know the data from these initial approaches it became apparent that, narratively at least, depression could be viewed as a retrospective endeavour. In each account there was at least one moment when the thoughts and feelings that the person was having made their life emotionally unbearable, rendering it impossible for them to carry on teaching, or to be the person they had thought of themselves as being. At this moment the teacher was subject to the diagnostic practices that had turned them into a depressed teacher, drawing them into a

conversation with themselves, and others, about the historical events that led to their illness. Each story may have been structured using a linear timeline, but this timeline was created by the individual looking back on the past, from the moment of being identified as being depressed, to trace the origin of their depression. The telling of the tale, ordering it from past to present, makes it appear that there is a causal chain of events, however, this causality is imposed by looking back, it being impossible to know the actual sequence of events.

As well as uncovering the retrospective nature of storytelling, these initial analytical attempts demonstrated to me that the operation of power was central to each story. Using this Foucauldian lens, it was possible to trace a path through the disassembled data via three waystations, each linked to the operation of power. The first point of interest was the way in which each of these teachers came to recognise themselves as being depressed, subject to the technologies of diagnostic practices used to determine that they were ill. It was from this moment that each participant sought an explanation from within their history for their disorder. This second strand of analysis reflected the Foucauldian notion of power being accompanied by resistance. In every narrative, the discourse of depression was linked to a field of conflict over different discourses of good teaching practice. Each teacher presented themselves as being actively involved in resisting various versions of what it meant to be a good teacher, drawing them into conflict with others. The third vista of interest concerned the way in which the classroom observation was highlighted in the narratives as a mechanism for the operation of power, exemplifying the Foucauldian normalising gaze (Foucault, 1977, pg. 184) being a force to modify the actions of others. Classroom observations were a site of significant conflict and place of resistance, amplifying those that were occurring in the everyday. This cycled back to and reflected the diagnostic practices that had been used to determine that they were ill.

Having settled on these three analytical domains, it was possible to revisit the texts to identify additional salient quotes to illustrate the discourses that had been identified as referenced in the texts. As Sandelowski (1994) concludes, the selection of quotes to support an argument is a key aspect of the analytical process noting that

quotes not only report what was said but do something:

> With the skilful use of quotes, writers can add to both the documentary and aesthetic value of a research report and, thereby, draw more attention to the voices of people who might otherwise have remained unheard (Sandelowski, 1994, pg. 480)

The selection of material from the stories meant identifying those passages which not only evidenced the claims being made but did so in a way that was subjectively pleasing to the ear. From a personal perspective, I felt ethically obliged to carefully represent the stories entrusted to me and to evoke, in some way, empathy for the participants who gave their time. There was a constant tension between focusing and not focusing on the person, avoiding the analysis becoming a retelling of their story in different words. The verification of my quote selection, and the arguments I drew from them, was frequently the source of debate in my supervision, where I was often challenged, given my Foucauldian stance, to focus not on the person but on deriving the wider discourses they were embedded in. It was through these discussions that quotes were winnowed, a phase of analysis that Vaismoradi et al (2016) name rectification.

In this way the work I had made the data do, and the arguments I had put forward, could be validated, an essential step in the formulation of the analytical chapters focused first on diagnosing and explaining depression in chapter 5, chapter 6 focusing on the conflicts withing teaching, and chapter 7 exploring the central role of the classroom observation. It is worth noting that I had made the decision to send a complete version of the first draft of the thesis to each participant for their consideration. I did this both on ethical grounds and as a way of reflecting on the veracity of my analysis. Though I did not expect them to read it, it did provide them with an opportunity to see how their words had been recast and withdraw themselves at that point if they felt they had been misrepresented. That I did not receive comments back from my participants can be read as them having given continued consent to the use of their words, though not implying any agreement with my analysis of them. Before embarking on that journey through the data, I first elaborate in Chapter 4 the underpinning Foucauldian concepts that are interwoven through the analysis chapters.

Chapter 4. A Foucauldian Interlude: A conceptual framework for conducting an analysis of narratives

Introduction

The analytical challenge confronting me as a Foucault-orientated researcher of teacher depression was how to be experimental, sceptical, and transformative, and so circumvent the tendency to drift toward the dominant psycho/medical explanation. As Foucault (1974, pg. 523-524) suggested his work serves as a toolbox from which the researcher can choose those implements that suit the question without having to resort to some tyrannical methodology to justify their choice. The task I had set myself was to borrow Foucault's concept of genealogy as elaborated by Tamboukou (1999) tracing a local history of the present. *The Cambridge Foucault Lexicon* (Lawlor and Nale, 2014) provided a useful starting point for identifying a subset of the themes found in Foucault's work that could be elaborated further. These were truth (Foucault, 2006a, Foucault, 2016), discourse (Foucault, 1981b, Foucault, 2002), power/knowledge (Foucault, 1970, Foucault, 1976a, Foucault, 1982b, Foucault, 2002), and subjectification (Foucault, 1982b) each of which seemed relevant to constructing an investigative pathway to an alternative theorisation of teacher depression.

Conceived of as tools and lenses, these themes are not just a means of describing the world but are ways of interacting with it, clarifying their value as active rather than passive investigative strategies, to devise alternative accounts from a set of observations, producing knowledge rather than uncovering it. This active role is perhaps more easily associated with their representation as tools, devices for doing work, creating objects from base materials.   A lens might seem to leave materials untouched, merely focusing attention on to what is there. However, lenses are not passive, they construct the seen object, bending light to create an image that acquires meaning from being magnified, manufacturing a representation of what is there. The act of analysis is to interact with objects manufactured by, from and with the research strategies employed, the mechanisms of truth making.

Adopting a Foucauldian attitude interrupts the circuit of reality production common to methods which derive their value as truth-making practices partly from their ability to produce reproducible artefacts. The replicability of the findings produced by medical research, for example, substantiates the existence of depression as an independent object, reciprocally sanctioning the method as a means of establishing its existence, authorising the object's use, and amplifying the value of the construct, linking knowledge to power. A Foucauldian orientation does not deconstruct this object and replace it with another but seeks to show how objects might be constructed differently by viewing them as a product of practice. It foregrounds the social context within which the diagnosis of depression appears, how the category acquires the status of truth, the use to which a diagnosis is put, how it is made to operate in everyday life and the subjectivity it produces in those who are defined as depressed.

From this perspective, when it comes to the analysis of these narratives, it is not what the truth about teacher depression is, but that there exist some discourses that are taken to be true about depression, and that these produce the depressed subject. Formulating experience in this way questions the conceptualisation of subjectivity as a reflection of an internal, eternal truth, produced from the inside out. Reversing its direction of formation, subjectivity becomes a product of being the subject of, and subject to, discourses considered to be, and sanctioned as the truth. Sceptical of the notion that depression comes from the inside out, it is the concern of this thesis to trace how the experience of depression is formed, or transformed, by the discourses that are taken to be true about depression and teaching within the narratives of teachers who identify as depressed.

Having dug through the Foucauldian toolbox of instruments, utensils, and weapons (Foucault, 1974, Pg. 523), and identified four interlocking lenses that seemed applicable to interrogate, review and refashion the narratives of depressed teachers from a perspective other than the psych/medical position tools this chapter elaborates each of them, in turn, drawing on an array of key Foucault texts: Truth, as described in Foucault's lectures on *Psychiatric Power* (Foucault, 2006a) alongside those on *Subjectivity and Truth* (Foucault, 2016); the accounts of discourse given in the *Archaeology of Knowledge* (Foucault, 2002) and the Order of Things (Foucault,

1970); as well as power/knowledge and subjectivity as portrayed in *The Subject and Power* (Foucault, 1982b), *The History of Sexuality Volume 1* (Foucault, 1981a).

My reading of Foucault suggests that it is neither possible nor desirable, to consider these themes in isolation from each other given their interdependence. However, the limitation of writing imposing linearity makes it necessary to elaborate on each in turn. Thus, the challenge is to represent this multi-dimensional theoretical space within the confines of the two-dimensional space of the written form. The struggle to do so begins with an elaboration of two versions of what counts as truth, a truth sky and a truth event (Foucault, 2006a, pg. 237), as there are at least four potential sources of truth about depression that traverse thesis; what researchers have said about it, what clinicians claim it is, what the participants' recount and my Foucault guided interpretation of these narratives. The identification of the fourth as a truth is, however, questionable given that the analytical focus is not concerned with uncovering or establishing a new truth of depression. Rather this thesis is an enquiry into how those truths are established and the work they do in local contexts. This work is not a new truth as such but a demonstration of how the rules of depression might be conceived of differently.

Truth interacts with the second analytical lens, that of discourse, each establishing the value of the other. Reciprocally, discourses gain their authority from being defined as true and, through their application, establish their truth. Discourses of depression are central to the production of subjectivity because they are the repositories of knowledge, collections of statements which, having been taken as, or acquiring, the status of truth, can be overtly imposed on individuals and unknowingly accepted by them through continued circulation and reproduction, acting to modify their actions, highlighting the third analytical lens power/knowledge. Knowledge can never be separated from power as it is always made to do things. In the doing, operating through the modes of objectification, knowledge and power produce the subject and our subjectivity, the fourth analytical lens. The subject itself can be considered in terms of teachers being subject to discursive truths concerning depression which permit actions to be taken on their actions, the operation of power, which in turn produces their subjectivity, the experience of being a person with

depression, discourses and actions defining what it means to be depressed. Even if they are not referred to explicitly, or one seems to be ascendant, these lenses must always be held in mind given their interdependence, each implicitly included in the analytical conversation. This mutuality can be fully appreciated by unpacking Foucault's analysis of each of them, to elaborate on the ways in which I am employing them.

Truth

The analytical interrogation of teacher depression begins in Chapter 5 with an elaboration of the truths that are told about depression and the work they are made to do in the lives of these participants. These truths are formed from the bodies of statements and discourses about depression that teachers' bodies are embedded in, impinging on their actions, hypothesised as contributing to and producing their subjectivity. It is through an analysis of the narratives of teachers with depression that a critique of these truths can be offered and an understanding of their impact on the lives of individuals elaborated. The analytical problem is to avoid making new truth claims, the antithesis of a Foucauldian approach as Deere (2014, pgs. 525-526) observes. If this thesis were to claim that what has already been said about teacher depression were true or untrue, or seek a deeper, alternative truth about depression, it would, in effect, replace one tyranny with another.

From this perspective, truth claims are themselves tools, weapons, or mechanisms of power. Rather, the analysis aims to expose and interrogate the intolerable effects of power and subjugation that certain discourses that are held to be true about depression, can have for the subject. Tracing the points of resistance within the truth games that circulate around teacher depression produces an artefactual critique, suggesting that it is possible to play the game differently whilst avoiding making any claims about how the game ought to be played. The analytical strategy assumes that these points of resistance can be found within the narratives of depressed teachers, a site where there is the possibility of restoring the status of the truths about teacher depression to that of events rather than being permanent, immutable, truths to be uncovered. Recognising that there might be two versions of what

constitutes truth is the first lens that can be used to position narratives as stories of truth events rather than universals.

Truth as an event or a universal

When interrogating psychiatric power (Foucault, 2006c) Foucault elaborates on a difference, found in history, between truths as events and truth as universals.

> We have, then, two series in the Western history of truth. The series of constant, constituted, demonstrated, discovered truth, and then a different series of truth which does not belong to the order of what is, but to the order of what happens, a truth, therefore, which is not in the form of a discovery, but in the form of the event. (Foucault, 2006a, pg. 237)

> So, you have the attested truth, the truth of demonstration, and you have the truth event. We could call this discontinuous truth the truth-thunderbolt, as opposed to the truth-sky that is universally present behind the clouds (Foucault, 2006a, pg. 237)

This distinction serves as a way of reframing both the practice of doing research and the content of the narratives of teachers identifying as depressed produced in research. Foucault frames the scientific method as a practice concerned with attempting to pierce the clouds of delusion, to uncover the universals that hide behind them through the act of demonstration, arguing that this discourse has come to dominate our perception of what counts as true knowledge (Foucault, 2006a, pg. 235). The history of depression demonstrates that medically orientated research simultaneously starts from, and seeks to confirm, the assumption that there exists a mental health disorder, a truth sky, a constant across time and place even when it cannot be seen, or was not named, obscured by clouds. It can be hypothesised that teachers subjected to a diagnosis of depression, and those who interact with them, are orientated by this discourse to accept depression's existence as a universal established by science. The scientific method may not currently possess the investigative tools to fully account for, or describe depression, but there is an assumption that it will eventually acquire them, constantly honing its mechanisms of discovery, its methods of measurement, clarifying its definitions to reveal the hidden truths waiting to be discovered.

Foucault (2006a, pg. 237) identifies an alternative, historically traceable, discourse of truths as events, bound to particular places and moments in time, a view, whilst not entirely replaced by the notion of truth as a universal, has been concealed by the dominance of the universalist perspective. The possibility of this alternative buttresses the formulation of a theoretical space sceptical of the scientific story of depression, where statements declared as truths are open to a different kind of critique other than declaring they are untrue. The view of truth as an event reframes diagnostic practice as producing a truth about depression, tied to the specific moment of visiting to the GP, that exists within a defined therapeutic space, inside particular conversations. The person may exhibit or have a particular set of emotions but becomes depressed when the clinician measures them and articulates a diagnosis. This act of diagnosis permits actions to be taken, prescribing medication, providing counselling, and sanctioning sick leave, to modify the actions of the patient, acts which confirm the truth of the diagnostic event.

Positioned in this way the interrogation of the narratives foregrounds how depression is produced in the moment, invoked in the other and hunted down as if it had always been there, and once apprehended, used as evidence of its constant existence. Importantly this is not an either/or description of truth, rather it is an experimental device, a means of thinking differently, of seeing what might happen if. It is an acknowledgement that, at least in the social realm, conceiving of something as truth is a pragmatic device, a form of knowledge, justifying and enabling things to be done to manage the actions of others, that turns them into subjects, producing subjectivities. Truths, therefore, matter not because they are the truth but because they have very real effects on the person of the depressed teacher, becoming their own tyranny:

> What mark, which is to say what wound or what opening, what constraint or what liberation is produced on the subject by acknowledgement of the fact that there is a truth to be told about him, a truth to be sought, or a truth told, a truth imposed? (Foucault, 2016, pg. 11)

Discourse and Truth

The second theme concerns the conceptualisation of discourse, within which the truths about depression and teaching are expressed, elaborated, produced, confirmed, and put into practice. Truths about people, as enunciated in discourse, matter because of the effects they have on people, the marks they make and the experiences they produce. Discourses can only have these effects if they are identified as being true, a mark which, in turn, perpetuates and maintains the discourse. Discourse cannot, therefore, be separated from truth, though the question remains as to what constitutes a discourse?

Many authors (Parker, 1990, Hook, 2001, Radford and Radford, 2005) conclude, and Foucault characterises discourse and its position within his theoretical framework, as subject to constant revision:

> Lastly, instead of gradually reducing the rather fluctuating meaning of the word 'discourse', I believe that I have in fact added to its meanings: treating it sometimes as the general domain of all statements, sometimes as an individualizable group of statements, and sometimes as a regulated practice that accounts for a certain number of statements; and have I not allowed this same word 'discourse', which should have served as a boundary around the term 'statement', to vary as I shifted my analysis or its point of application, as the statement itself faded from view? (Foucault, 2002, pg. 61)

Despite this, there is a common theme of discourse being an identifiable collection of statements assembled, and held together, through regulatory practices, the system of formation (Foucault, 2002, pg. 121). Recognising that discourse is not just statements, but also comprises the practices that produce those statements as truths (Foucault, 1981b), directs the analytical gaze away from the content of the discourse, which can have the appearance of a truth sky, toward how it is manufactured, the rules by which it is produced as an event.

It follows that the discourse of depression consists of the collection of statements made about depression by psychiatrists, psychologists, the media, or any other person, and the accompanying practices, such as science, therapy, or clinical diagnosis, which substantiate and produce those statements as truths. Within this

network of statements truths take shape, are put into action given that it is linked, in a circular relationship, with power (Foucault, 1980c, pg. 133), and reciprocally act to modify the discourse of which they are a part, interwoven as they are with knowledge as Bhattarai (2020) concludes. Lynch (2014, pg. 121) describes, the discursive formation is never fixed, each new statement altering those that have come before, transforming or erasing them. The discourse of depression, being in constant everyday use, has gained the appearance of being a truth sky, reflecting reality through its repetition, but it can be viewed as manufactured from an unfolding series of truth events, producing depression from moment to moment.

An understanding of a discourse cannot, therefore, be found in an analysis of the statements alone but in an elaboration of the rules and regulations that define what can be said, and who can talk about depression, at least with any authority (Foucault, 2002, pg. 61). Thus, an analysis of the discourses of depression within narratives is, in part, an elaboration of the rules that individuals implicitly reference in the construction of their narratives to demonstrate how content acquires validity. How the legitimacy of the discourses, identifiable in the narratives, is established is not so concerned with the content of what was said but can be understood in terms of who is speaking and to whom as the means of inducing a status of truth.

This research tactic is itself, is a consideration of what legitimates a particular set of statements, a way of circumventing arguments over whether what individuals say is the 'truth' about depression or the events in their lives. Ball (2015) describes these as the three modalities of truth identifiable in Foucault's work: what other people say about us to us, what we say to ourselves about ourselves and what we say to others about ourselves. I would argue that there are two other forms of truth apparent in discourse, what others say to each other about us and what a measure tells us we are. Consequently, an understanding of the discourse of depression seen as true in teaching and its effects, particularly on the production of subjectivity, is inseparable from considering who is making a particular truth claim, in what context and who they are making that truth claim about.

The narrative interview provides a space within which it is possible to tell a version of the truth, the truth about ourselves that we tell others, the self as 'I am whom I tell others I am'. It is assumed that in telling their stories participants will reference what other people have told them about their depression; the true discourse as communicated to them by doctors, therapists, colleagues, family and friends, the self as 'I am whom I am told I am'. Enmeshed with these are the truths the person tells themselves about their depression, the conclusions they come to about what has happened to them, the self as 'I am whom I tell myself I am'. Additionally, there are the truths told by others to others about the participant, discourse they recount as having overheard, the self as 'I am what others see me as being'. Finally, there is the discursive truth that it is produced through the measurement and assessment of their depression, the hunted down version, the truth that is to be found, uncovered by practice, the self as 'I am what the test results tell me I am'. What is of analytical interest is that these discursively produced selves may conflict with one another, exploring how, in the narratives, conflicts between these sources of truth are managed and resolved, the tensions between them a site for the operation of power.

Power/Knowledge, Discourse and Truth

Power

Foucault considered that, historically, power had been portrayed as a negative, a way of excluding, repressing, censoring or concealing (Foucault, 1977, pg. 194). He rejected this depiction in favour of the idea that power is constructive as it 'produces reality; it produces domains of objects and rituals of truth' (Foucault, 1977, pg. 194). Yet, in a characteristically bold statement, whilst elaborating this view of power Foucault makes the claim that it does not exist:

> Which is to say, of course, that something called Power, with or without a capital letter, which is assumed to exit universally in a concentrated or diffused form does not exist. (Foucault, 1982b, pg. 788)

What is meant by this is that power is not something that can be possessed rather it is something that is done to modify the actions of another. Discourses of teacher depression, within which the truths are expressed, therefore matter because of the

uses to which they can be put to modify the actions of the depressed teacher. Multiple occasions were evident in my narrative when I was told to change my thinking or behaviour, my actions being directed by others. This alerted me to the possibility that, given Foucault's assertion that power cannot be analysed as an object but is an aspect of the relationships between people (Foucault, 1982b, pg. 788), depression could be interrogated as an element within a power construct characterised by the actions that are taken to modify the actions of another. By de-nominalising power in this way, emphasising that it is something done rather than held, the focus of analysis shifts away from a critique of the effects of power to considering how power is enacted. Entwined with this definition is Foucault's concern to destabilise the view of power as repressive, an action taken to subdue a behaviour. Rather, power could be viewed as a productive force engendering behaviour.

From my story, there was evidence that the operation of power was not concerned with repressing teaching behaviours directly but seeking to replace them with new ones. What became problematic for me was not being able to accept the rationality that underpinned these transformations that were required of me either to become a better teacher or to explain my depression. My personal rationalisation for this enquiry was as an act of rebellion against the relations I had found myself embedded in, the institutions of teaching and psychiatry that had sought to impose a particular way of being and acting upon me, aligning my actions with Foucault's further assertion that 'where there is power, there is resistance' (1976a, pg. 85). Assuming that my experience was in no way unique, it was also a way of giving voice to those points of resistance that the hegemonic forces of education and psychiatric practice had silenced.

Foucault makes it clear that it is not enough to blame the school, other teachers, doctors, or medicine to be rebellious. The orientation of the critical analysis must be toward the rationality that justifies a particular set of power relationships.

> Consequently, those who resist or rebel against a form of power cannot merely be content to denounce violence or criticize an institution. Nor is it enough to cast blame on reason in general. What has to be questioned is the form of rationality at stake. The criticism of power wielded over the

> mentally sick or mad cannot be restricted to psychiatric institutions; nor can those questioning the power to punish be content with denouncing prisons as total institutions. The question is: How are such relations of power rationalised? Asking it is the only way to avoid other institutions, with the same objectives, and the same effect from taking their stead. (Foucault, 1982a, pg.324-325)

If writing the thesis was a means of acting differently, of critiquing the intolerable effects of power I had found myself, and thought others might be, subject to, then, following Foucault's rationale, that critique was not to be found in an analysis which solely dammed the institutions of which I was a part, nor decried the practices, knowledge, and truths they espoused. The limit that Foucault imposes is that one cannot say that the thinking of another is wrong or right, one can only enquire as to how they have come to think what they think and the rules they follow to rationally justify their actions. Therefore, rather than focusing on the negative effects of power, even if one's attention is drawn to those, the analysis must ask a different set of questions of the narratives than merely damning these effects. One must consider how particular rationalities are produced, drawing on the assumption that power is derived from the freedom to think and act differently, to demonstrate the possibility of an alternative.

That it is possible to resist, and that there always exist alternative ways of thinking and behaving, is an essential component of Foucault's conception of power, as power only operates where there is the freedom to act differently given:

> The relationship between power and freedom's refusal to submit cannot, therefore, be separated (Foucault, 1982b, pg.790)

Power does not limit freedom but defines it, the one dependent on the other, appearing in those spaces where there is a constant tension between competing possibilities. Actions are justified on the basis that they are defined as acceptable and desirable because they are seen as rational and reasonable. Power does not constrain; it directs one course of action over another. Foucault (1982a, pg.324) suggests that while the operation of power may be determined by many factors, it is the provision of a rationalisation that is essential for its practice. What is considered rational and reasonable is, however, unstable varying from age to age and place to place, a truth event having the appearance of a truth sky. Therefore, the critique of

power must be orientated toward the grounds taken for justifying the actions that can be taken to modify the actions of another as expressed in the narratives. It is not the drugs that are used to treat depression or the behaviour modifications that are sought by therapists, or the teaching strategies that one must reproduce that are the object of the critique, it is the grounds for justifying those actions that are of concern.

Foucault (1982b, pg. 792) suggests multiple facets that are used to establish a particular set of actions that might be relevant to teachers. First power requires and institutes a differential between groups of people such as the inspector and the teacher, or the doctor and the patient. Second, these groups must justify the implementation of their actions, such as claiming they will prevent harm or improve educational standards. Third, there are the methods by which an action is produced such as the speech of the therapist or being observed, actions which modify the actions of the other. Fourth there are the institutions that validate the taking of those actions such as OfSTED or NICE. All of these are potential points of analysis within the narratives and are likely to be referenced by participants as the grounds for acting. However, it is the fifth aspect, the methods of rationalisation which seem most applicable in terms of understanding the justification for taking a particular course of modifying action, within which depression acquires its meaning.

For Foucault, the rationality which underpins the taking of an action, which seem highly relevant to this analysis of narratives, concerns the effectiveness of the action in producing the desired change coupled with the cost of carrying out that action. Actions are permitted on the grounds that they reduce depression or increase educational attainment and are cost effective.

> The bringing into play of power relations as action in a field of possibilities may be more or less elaborate in terms of the effectiveness of its instruments and the certainty of its results (greater or lesser technological refinements employed in the exercise of power) or, again, in proportion to the possible cost (economic cost of the means used, or the cost in term of resistance encountered). (Foucault, 1982b, pg. 792)

From a therapeutic perspective, there exists an array of alternative approaches to the management of depression, a field of possibilities. The same is true in the case of teaching strategies. It is this diversity of potential actions on the other's actions

that reiterates the formulation of power as operating only where there is freedom. In this field of choices, the question is constantly being posed as to which action to take, a choice rationalised in terms of the effectiveness of the action and its cost.

The first is the extent to which the action modification instruments are effective, for example, does a talking therapy produce results, how are those results defined, and the certainty to which that change might occur. This returns once more to the concept of choice in that therapy might have supporting evidence of its effects, but it is dependent on the client remaining in therapy to ensure that outcome. The outcome measures of compliance and therapeutic change are therefore two key rationalisations of acting in a particular way to modify the depressed. The second rationalisation is in terms of cost which Foucault frames as economic (Foucault, 1982b, pg. 792), but also concerns the likelihood of resistance. Neither of these is fixed as power functions as a system, constantly acting to modify itself according to the context in which it is operating. So, it is to be expected that there will be a diverse set of rationalisations, that diversity being evidence of the ways in which power modifies itself to a given situation.

These analytical points demonstrate the reason for the appropriation of the concept of power for an enquiry into teacher depression and its complexity. Drawing on these themes it can be hypothesised that the field of teacher depression is a space in which it is possible to trace the operation of power as it is characterised by a set of relationships in which the thoughts, feelings, and behaviours of the depressed teacher are constantly being acted upon, to modify them, by others. Those relationships are built from and produce knowledge of depression, its causes and means of remedy, embedded within a discursive apparatus through which power relations are defined and can operate.

Knowledge

For Foucault power is inseparable from knowledge each entailing the other:

> We should admit that power produces knowledge (and not simply by encouraging it because it serves power or applying it because it is useful); that power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any

>knowledge that does not presuppose and constitute at the same time power relations (Foucault, 1977, pg. 27)

Knowledge about any given concept, such as depression, is not a singularity but, as with discourse, is formed from multiple parts coming together in a regulated manner, discourse defining knowledge and knowledge forming discourse (Foucault, 2002, pg. 201). Given that *The Archaeology of Knowledge* (Foucault, 2002) was the methodological accompaniment to the *Order of Things: An Archaeology of the Human Sciences* (Foucault, 1970), it is unsurprising that Foucault contextualises his definition of knowledge in relation to science. This is not necessarily a problem given the construction of depression within the scientific field. Knowledge of depression can be cast as the group of elements assembled through discursive practices that draw on and constitute the sciences of the mind (psychology) and the body (biology). Knowledge about depression cannot, therefore, be seen independently of discourse, discourses which constrain the production of knowledge, and their associated practices, such as science, organising the elements into a coherent whole. That coherence does not exist in the world prior to the organising force of practice, knowledge being an artefact of method. The implication is that there are potentially many other elements that could be used to produce the organising concept of depression, but the discourse excludes other sources of knowledge being voiced as:

>Knowledge is that of which one can speak in a discursive practice, and which is specified by that fact (Foucault, 2002, pg. 201).

For the teacher, there are many things that they might consider important but are excluded from their experience by the discourse of depression as it directs them to focus on certain aspects as defining features of their experience and excludes others.

Narratives are a way of attempting to free the research space from the constraints of dominant discourse as it makes it possible, though not inevitable, for people to reference aspects of their story they are prevented from speaking about by other discursive practices and contexts. It is a space in which a different subject position may be considered given Foucault's assertion that:

> Knowledge is also the space in which subjects may take up a position and speak of the objects with which he deals in his discourse (Foucault, 2002, pg. 201).

Inside the space of knowledge about depression, produced predominantly by being subject to medical practice, it is hypothesised that people take up the position of being depressed teachers. The diagnostic practice of the medical model is built on the assumption that patient talk reflects their everyday experience. However, it could equally be that such talk reflects the medical discourse that infuses everyday life, a position taken up within the available body of knowledge, a position that confirms the truth of the medical model but is only a reflection of it. The narrative interview provides a liminal space freed from the implicit constraints of the medical interview, or therapeutic encounter, where participants can draw on a wider range of subject positions as none are explicitly excluded from being voiced. This does not mean that they will be spoken but there is the potential that the co-existing versions of what it means to be depressed can be voiced.

One final relevant characteristic of knowledge is that it is:

> … defined by the possibilities of use and appropriation offered by discourse (thus, the knowledge of political economy, in the Classical period, is not the thesis of different theses sustained, but the totality of its points of articulation on other discourses or on other practices that are not discursive). (Foucault, 2002, pg. 201)

Knowledge about depression permits things to be done but only within the broader confines of the discourse of which it is a part. Essentially knowledge is knowledge because it has effects either on discourses or practices. What constitutes the body of medical knowledge about depression is produced and stabilised by the effects it has on other discourse of depression, silencing or elevating them, what it permits to be done to modify the actions of those who are identified as depressed, and to everyone else to prevent them from becoming depressed. Knowledge that does not affect action is discarded. It is in these action-orientated relationships that knowledge becomes inseparable from the operation of power. Being subject to the operation of these mechanisms the subject of the depressed teacher takes shape and the subjectivity of being depressed is acquired, owned, and enacted.

Subjectification, Power/Knowledge, Discourse, and the Truth

Power/knowledge, discourse and truth are themes that matter not because of what they are, in and of themselves, but, ultimately, because of their relationship with the subject. Foucault references two definitions of the subject:

> There are two meanings of the word "subject": subject to someone else by control and dependence; and tied to his own identity by a conscience or self-knowledge. Both meanings suggest a form of power which subjugates and makes subject to. (1982b, pg. 781)

The subject of the depressed teacher is therefore both who someone sees themselves as being and whom others respond to them as being. Power has its effects by acting on the field of possibilities to define, direct and delimit the actions of the acting subject. The subject is simultaneously produced by knowledge within discourse deemed to be true and being subject to the practices sanctioned by those truths to modify their actions. Describing the truth about depression, embedded within a discourse of mental health, along with defining what is known about depression all act on the active subject to direct their actions, the relationship of power. Further, Foucault demonstrates that the operation of power can have multiple, and potentially contradictory effects strengthening, transforming or even reversing force relationships (Foucault, 1982b, pg. 792). Extrapolating this idea to the context of depression might mean that some seek a diagnosis as a way of explaining their emotions, others might become angry at being defined as ill, and others might find freedom in their diagnosis which opens avenues that were closed to them without the label of depression, and others might be constrained by that same diagnosis finding that it limits their future options. All these effects can be seen as the outcome of the operation of power, which is, itself, defined by these effects. So, it is within this space that the multiple co-dependent relationships between knowledge/power, discourse and truth take shape.

Reframed as a truth event, the subjectivity of being depressed can be viewed as borne out of being the subject of what is known, the truths that are told about, and the discourses of, a particular set of emotions, behaviours and thoughts, administered through a given set of practices of measurement, classification and treatment; an effect of power that produces the soul, the modern variant of which,

according to May (2014, pg. 497), is personality. It is, however, important to recognise that for Foucault claiming that the soul/personality is manufactured, is not the same as saying that it is unreal:

> It would be wrong to say that the soul is an illusion, or an ideological effect. On the contrary, it exists, it has a reality, it is produced permanently around, on, within the body by the functioning of power that is exercised on those punished – and in a more general way, on those one supervises, trains and corrects, over madmen, children at home and at school, the colonised, over those who are stuck at a machine and supervised for the rest of their lives. (Foucault, 1977, pg. 29)

The critique traversing this thesis is not that when individuals talk of themselves as being depressed or suffering from depression that this is a figment of their imagination, having no reality. Rather their experience of themselves as depressed is manufactured as part of those discursive practices brought to bear on their bodies in the name of supervision, training, or correction, because they have concurrently been identified as depressed, practices which produce and maintain certain truths about them, that have useful effects.

The objective of this analysis is to avoid foregrounding the content of the experience of being depressed, or the signs and symptoms of a disorder, as is the tendency of the psycho/medical approach. Rather, the focus is on how an individual might come to know themselves as being a person with depression; the practices that produce depression. Tracing the appearance of these modes of objectification that turn people into subjects, and the intolerable effects of power exemplified in them is the unifying thread of this thesis.

> The first are the modes of inquiry that try to give themselves the status of sciences … the objectivizing of the speaking subject … the objectivizing of the productive subject … Or, a third example, the objectivizing of the sheer fact of being alive in natural history or biology. (Foucault, 1982b, pg. 777)

The dominant mode of enquiry that the depressed teacher is subject to is the psycho/medical model, a biological orientation which turns emotions into objects for study. It can be hypothesised that a consequence of this objectivization is a separation, manufactured within discourse, between the self and the emotions that one has. The pure subject is framed as being afflicted by unwanted feelings, arising from their biology, which prevents them from being themselves. This separation

underpins a medical view of treating and managing emotions, rather than seeing emotions as an integrated aspect of the person. The second objectivizing force of division amplifies this separation:

> I have studied the objectivizing of the subject in what I shall call "dividing practices". The subject is either divided inside himself or divided from others. This process objectivizes him. Examples are the mad and the sane, the sick and the healthy, the criminals and the "good boys" (Foucault, 1982b, pg. 777-778)

Here Foucault points to the production of depression through separating people from each other in an either/or manner, each group defining the other. The depressed subject does not exist in isolation but only makes sense in comparison to the other, the non-depressed, healthy, sane, good boy. In the space of truth events the subject becomes depressed at the temporal moment they are divided from others, through some form of assessment, that defines good mental health. Making these divisions inevitably requires some form of standardised measurement of mental health against which one can be judged. What is of note is that both the depressed and normal subjects are the outcome of the same tyranny of thought, each acting to define the other.

Such divisions are not only external but within the person, the compartmentalising separation of the depressed self from the healthy self, produced when turning oneself into one's own subject:

> Finally …the way a human being turns him or herself into a subject. For example, I have chosen the domain of sexuality – how men have learned to recognize themselves as subjects of sexuality (Foucault, 1982b, pg. 778)

Here we are not concerned with sexuality but the domain of mental health and how it is that teachers learn to see themselves as subjects of a mental health discourse. This raises the questions as to what are the practices that we enact on ourselves in the name of managing and maintaining good mental health, to become the subject of our own self-management.

Conclusion

So, when it comes to considering the narratives of teachers with a diagnosis of depression their experience of themselves as depressed is rooted, not in something that comes from within but, in how their emotions are described and categorised externally. Those categories are produced in knowledge as they allow certain things to be done to the person because they are held to be true, a truth which is embedded in their personal history and the history of the concept of depression.

> I mean that the conceptualization should not be founded on a theory of the object – the conceptualized object is not the single criterion of a good conceptualisation. We have to know the historical conditions that motivate our conceptualization. We need a historical awareness of our present circumstance. (Foucault, 1982b, pg. 778)

Traversing this terrain of truth, discourse, power/knowledge, and subjectivity articulates the concerns of this thesis. The focus is not the object of depression, nor is its goal to articulate some new theory of depression. Challenging as it might be to cease talking of depression as if it exists, or that what participants recount is the truth of their experience, the task is to consider how the historical origins of the discourse of depression produce the depressed subject. The motivation to conceptualise themselves as depressed is embedded in their narrative history unpacked by considering the work that being identified as depressed does. It is also a recognition that the depressed subject is borne out of a wider history of mental illness, the rules of which are thought to be reflected in their stories.

Recognising that the focus of the thesis is the mode of production of the depressed subject, creates the analytical space in which to engage in a series of ongoing dialogues with the narratives of depressed teachers. The question is constantly to ask how the experience of being depressed is produced in the moment by the organising forces of objectification. Those objectivising forces can be described in terms of power, the methods of acting on the actions of the subject. The analytical strategy is constantly questioning how knowledge is produced and maintained as truth, how depression is produced in teachers as a truth event, a truth event that produces the experience of being a depressed teacher addressed by considering the discursive practices that sanction particular forms of knowledge as true.

Who Were the Interviewees?

Anne-Marie

Anne-Marie came to teaching later in life after getting married and having a child and working as a secretary and dinner lady. She completed a degree through the Open University before undertaking a full-time PGCE. Initially starting as a supply teacher, she had been in post for seven years before her only depressive event. She had gone back to teaching part-time after her depression.

Barry

Barry went straight into teacher training after his A levels and had rapidly been promoted to become a Head of Department and then Senior Leader. He had worked in three different schools, experiencing bouts of depression throughout his career. In his final school, he had been moved to work as a SENCO leaving because of depression after one year. After this episode of depression, Barry did not return to teaching instead running his own retail business from home.

Catherine

Catherine had not considered a teaching career until a recommendation was given to her by her academic tutor during her psychology degree. She did her teacher training in post-16 education and was diagnosed with depression during her first full-time teaching post. She did not recount any other episodes of depression and has continued to be a teacher.

Derrick

Derrick was the oldest participant and had had an extensive career prior to teaching working in the Health Service before leaving to undertake a degree and then moving into teaching in schools and Sixth Form colleges. He had been a lead tutor, a Head of Department and classroom teacher. He described three episodes of depression before finally deciding to leave and retire from teaching.

Elizabeth

Elizabeth had come to teaching after initially training to teach English as a foreign language when she went to live aboard. On her return to the UK, she undertook teacher training initially working in a Sixth Form college, moving to a school and then back to a Sixth Form college. She described several periods of depression throughout her career, but she always stayed in teaching. Having retired she was tutoring and doing occasional supply roles.

Francis

Francis had always wanted to be a teacher and undertook a Bachelor of Education (B.Ed.) degree before starting as a teacher. He had worked in three different schools, being promoted to a Senior Leadership position after seven years. He had been working in his final school as Headteacher for just over a year before his one episode of depression. At the time of the interview, he was considering returning to teaching and has since trained and been appointed as a SENCO.

Hillary

At the time of the interview, Hillary had had the longest career in teaching. She had had a varied career but had always worked in primary school, taking on management and union roles as well as classroom teaching. She described several episodes of depression before the event that encouraged her to take early retirement,

Ian

Having worked in finance and retail and considering training as an accountant, Ian came to teaching three years after finishing his first degree. His success as a teacher was evident in his rapid promotion to Head of Department after five years. Working in three different schools he had been working in his final school for fifteen years, prior to his episode of depression. He had not encountered depression prior to this episode and having left teaching did not return to education, taking early retirement.

Chapter 5. Becoming a Depressed Teacher: The problematic construction of a disordered self

Introduction

In each narrative, there are moments recounted when the thoughts and feelings that a person has had made their life emotionally unbearable, rendering it impossible to teach, as Ian recounts:

> *It was like I had, suddenly the strength of character that I had always felt I had, had simply evaporated, and so even basic decisions that I would have to make on a day-to-day basis suddenly became an issue in a way that I hadn't recalled them being an issue before.*

It is these moments, or an accumulation of them, that are identifiable as prompting participants to seek help from their GP. They then become subject to the practice of a medical diagnosis; their difficulties are officially interpreted as symptoms of the psychological disorder depression. Scientific methods of observation and measurement, which aim to identify the indicative symptoms of depression, are employed to confirm its actuality. Even Francis, the one exception who resisted visiting his doctor, was still subject to this medicalised dispositif, constructing his narrative from elements of the medical model. In this model, the clinician and the patient all assume that depression exists independently of the scientific, social, and cultural practices that define it, that it is revealed by the application of clinical practice, it is something a person can have, uncovered by the clinician's interpretation of the patient's confession.

Utilising Foucault it is possible to question this essentialist positioning arguing that the object of depression is produced, rather than revealed, by diagnostic practices. In the narratives, framing depression as a medical problem acts as a crystallising force, explaining the symptoms a person might express, ordering the elements inside its limits, defining what can be seen, and excluding from commentary that which does not fit the frame. As Horwitz suggests 'naming a disorder provides a coherent frame that organizes experiences in ways that a specific culture recognizes' (2002, pg. 116). This exposes the problem with depression, not as a mental health

condition, but as an unstable construct, an instability masked by its medicalised status as a diagnostic category imposed as an explanation. Within these narratives, each participant confronts these tensions and instabilities, grappling with the questions of how they knew they were depressed, how others came to know them as depressed, and what actions should be taken to manage their depression.

Problematising the diagnosis of depression, and the instabilities within it, starts by using the medical model to trace the expression of the PHQ-9/DSM diagnostic criteria in the narratives. The analysis points to two problems arising from diagnostic practices. First, the use of a diagnostic instrument, such as the PHQ-9, tends to give equal weighting to each symptom, homogenising the diagnosis of depression, which narratively is not the case. Four key symptoms dominate these accounts; crying, exhaustion, anxiety, and self-doubt/worthlessness, which are turned into signs of depression by the participants and their clinicians. This highlighted the second issue that two of these symptoms, which were of considerable narrative importance as indicative of depression, crying and anxiety, are not part of the DSM criteria. These observations emphasise the problematic rationality of diagnosis, illustrating that depression is not the fixed category it might appear but is both permeable and flexible. This leads to the conclusion that masked by scientific and medical authority, the signs, symptoms, and diagnostic practices associated with depression are not, necessarily, as objective, nor as clearly defined as they might seem. In this space there is a tension between seeing the signs as caused by or causing depression, opening the possibility of there being alternative 'truths', voiced by the participants, concerning the existence, causes and consequences of depression.

Symptoms of Depression as they Appear in the Narratives

The pervasive nature of the medical dispositif as the organising mechanism was plain from the narratives as seven participants were given a clinical diagnosis of depression. Using the medical model was a way of approaching the data, undertaking a content analysis to search for evidence of depression in the narratives enumerating the occurrences of the DSM/PHQ9 symptoms, presented in table 3.

Table 3 Diagnosis of depression using DSM from the narratives

Participant	Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.									Number of symptoms
	Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).	Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation.)	Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month) or decrease or increase in appetite nearly every day.	Insomnia or hypersomnia nearly every day.	Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).	Fatigue or loss of energy nearly every day.	Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).	Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).	Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.	
Anne-Marie	Yes			Yes	Yes	Yes	Yes	Yes		6
Barry	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	8
Catherine	Yes			Yes		Yes	Yes	Yes		5
Derrick[11]								Yes		1
Elizabeth	Yes	Yes		Yes		Yes	Yes	Yes		5
Francis[12]	Yes	Yes		Yes		Yes	Yes	Yes		6
Hillary	Yes	Yes		Yes		Yes	Yes	Yes		6
Ian	Yes			Yes		Yes	Yes	Yes	Yes	6

[11] Derrick did not describe any symptoms in detail during his interview, however he had been diagnosed as clinically depressed.

[12] Francis was the only participant not to have been given a diagnosis of depression, though based on his narrative was likely to have been assigned this label had he gone to his GP

Even though it was not possible to determine if their symptoms occurred in the same two-week period, Table 3 shows that it is possible to classify everyone, except Derrick, as clinically depressed. Such an analysis would support the medical view of depression and might have been the conclusion reached using the psycho/medical model. However, presenting the data in such a table masks two problems with the practice of medical diagnosis. First, it implies that each criterion voiced in the narratives was equally weighted, and second that these were the only symptoms described, neither of which were the case.

Even though the table could be used to support the claim that all the participants were depressed, the necessary but not sufficient diagnostic symptoms of depressed mood and or feeling hopelessness were declared but only described in limited detail or implied by the participants' demeanour during the interview. Of the other symptoms, that are neither necessary nor sufficient, nobody mentioned weight change or psychomotor effects. Suicidal thoughts, loss of interest, and inability to think were only mentioned in passing. Sleep disturbance and insomnia were cited but only in the broader context of fatigue which was described in significant detail. The only other DSM diagnostic criteria described in any detail were a lowered sense of self-worth and personal guilt. However, two non-diagnostic expressions of affect were referenced, crying and anxiety. Of these, crying was described in detail. These discrepancies suggest that the identification and declaration of symptoms is partly evoked by the practice of diagnosis rather than being detected by it, demonstrating the capacity for DSM to make itself true through the questions asked of the patient by the clinician. It is therefore possible to problematise depression by problematising its symptoms. Rather than just accepting that it is self-evidently a problem because it is on the list of symptoms and reported as such, it is possible, in the context of a narrative life history, to ask what it is that turns something into a problem.

The Meaning of Crying and its Consequences

Seven participants referenced in detail crying, sobbing, or weeping as indicative of depression, four shedding a tear at some point during their interview. Starting from

the position that there is not necessarily anything inherently abnormal about the act of crying, one can ask what is it that discursively produces crying as a significant problem. Four features, occurring in isolation or as an amalgam in the narratives, were associated with this construction of crying as exceptional and abnormal; that it was unrepresentative of the true self being out of character, appeared to have no direct cause, was uncontrollable, and experienced as shameful and so to be hidden.

From my experience, I had expected crying to be mentioned, but I was surprised by the extent to which the interviewee's described episodes of crying that had overtaken them. This was the first feature that discursively designated crying as a problem, that it was out of character, as Catherine related:

> I spoke to the head of HR[13] and unfortunately, I broke down when I spoke to him, and I said, 'I'm sorry I'm not really like this' because, until that point, I was someone who never cried really, I suppose we all cry but not like that.

Being uncharacteristic means that some other explanation must be sought for its occurrence. Unfortunately, there was often no immediately discernible cause for their crying, producing the second feature of abnormal crying. In Catherine's narrative she did not have a reason for crying when she met her manager. The review of the existing body of teacher stress research (Kyriacou and Sutcliffe, 1977, Eskridge and Coker, 1985, Bertoch et al., 1989, Carlyle and Woods, 2002) had suggested that crying would be narratively joined with specific aversive events, such as unruly pupil behaviour, as a way of explaining its occurrence, and there were some examples of these, as Catherine also described:

> Because of my students I broke down in the staff room.

Having an immediate explanation, a reason for crying, acts to normalise it as an emotion. More commonly, however, crying was not linked to a specific event, rather it was suggestive of a generalised melancholia, a sense of 'I am crying, but I don't know why, so what caused this to happen?', as Ian related:

> I simply, I simply fell apart and I became ridiculously tearful, tearful at just, without any prompting

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[13] Human Resources

Having no apparent cause produces crying as an unreasonable emotion and so abnormal, emphasised by a third characteristic of being uncontrollable, hinted at in Ian's account when using the word 'ridiculously'. As Hillary reports:

> I was just crying, and I couldn't stop crying and everything, it's horrible to think of because it makes, I do get choked up about it.

From the narratives it is possible to conclude that discursively what differentiates abnormal from normal crying is that it cannot be brought under rational control, is uncharacteristic and appears to have no obvious cause. The narrative construction of emotions produces a dissociation as they are described as arising from and separate from the self, to be acted on and controlled by the self. Emotions happen to the person, rather than being a part of the person, problematising them as something to be managed.

The final feature, produced by the other three, is that crying is something that needs to be hidden from others, and that is shameful. Elizabeth specifically relates how she would hide her crying both from her family and her work colleagues:

> I would just, it was like all I could do to get out of the house, and I'd get into the car, and I'd sit, and I'd cry, and I'd think 'right you are still going to go' and I'd drive there and pull myself together and that was it and I was there.

Or as Ian describes, locating his crying out of sight in his car:

> … crying on the way into work in the car, um very often first thing in the morning, ah horrendous, horrendous, horrendous, horrendous.

For all the participants their account of crying is that it was a significantly unpleasant emotion, however, it is not this that turns crying into an indicator of an abnormality rather it is the comparisons that are made with other kinds of crying and the social relationships it produces. It is these features that are most apparent in Francis's account as he freely admits to not crying in the past, his narrative creating the greatest sense of crying as exceptional.

Francis as an example of exceptional crying

Considering Francis's story of crying through the lenses of truth, discourse, and power/knowledge, it is not the crying as such that produces his subjectivity. Rather it

is the interaction between the truths told about his crying, the discourses that circulate around it, and the power relationships between versions of crying that produce his identity. Whilst recognising that all the participants found their crying exceptional, this was particularly shocking for Francis, his story illustrating how a subjectivity is produced in the space between competing discourses. Prior to his episode of depression, Francis claimed that crying was essentially absent from his emotional repertoire, amplifying the importance of this emotion when it occurs:

> There were days when I was driving into the car park, when I felt like I was going to be physically sick, or I was going to burst into tears and, until that Autumn, I was trying to think of the last time I cried, and the last time I cried was probably about fifteen years before that, I cried more in that Autumn term than I ever had as an adult.

The first reading of Francis's account implies that he did not actually cry, saying that he only felt like he was going to, however, the rest of his story confirms that he is overcome by weeping at various moments. Crying is construed as abnormal as it was not something he did very often and hence out of the ordinary. Because it is abnormal, he hides in his car, a space of isolation outside the school, a means of protection that simultaneously intensifies this exceptionality, concurrently signalling and producing his crying as something shameful and abnormal. It is therefore an event that produces a truth about himself as damaged.

It is not as if Francis never cried, but this mode of expressing an effect had been mostly absent from his adult life, describing how his partner thought that he had been 'purged of all emotions at an early age'. He augments the uncharacteristic quality of his crying by relating that:

> It surprised me that I was crying about stuff because I had never been one to get emotional about things, you know family funerals, and things, everyone else around me would be in floods of tears and I'd be the hard-nosed one in the corner, it was weird and I didn't have control over that, and that, not scared me, but it was just 'Whoa what's going on?' and that's what made me think 'this isn't right if this situation is making me react in this way'.

Francis's reflections produce a particular emotionally resilient identity that his uncontrollable crying threatens, something abnormal. However, not crying is also construed as an abnormality given that others see his behaviour as exceptional. Not crying, from the perspective of Francis's partner, in these socially appropriate

contexts, is turned by the discourse into an abnormality, seeing him failing to express the emotions that others possess. He comes to see himself as abnormal when he cries alone in his car which is exceptional for him and requires an explanation. Here there are the competing forces of crying and not crying, a tension between opposing discourses of normality exemplifying a field of power, within which abnormalities are constructed because of their exceptionality. His story conveys the way in which the judgments made about crying are variable, a product of the discursive structures employed to rationalise the behaviour. Given the multiple positionings of crying, it can be argued that there is nothing intrinsically abnormal about crying. Crying, as an emotional affect, is neutral, it needs to be contextualised to give it meaning. What discursively turns the truth event of crying into a truth sky of individual abnormality, are the rules concerning where it occurs, how long for, its intensity, and who is crying, which act together to determine what should be done with the crying person; those actions amplifying the status of the crying as abnormal or normal.

The assertion in all the narratives was that crying had to be controlled as it interfered with being able to teach, reinforcing its construction as abnormal. For Francis, his explanation for his crying, and hence the solution to it, is that it was produced in response to something in his environment. However, Francis encounters an alternative truth, reflected in the opinion of others, that his emotions are indicators of a medical problem, and to bring them under control he ought to take medication, a discourse he is resistant to:

> *They were like, you know, 'You should go to your doctor' and all this sort of stuff, um, I, I'm not the, I've always had really strong views about medication and things like that, and I've always been very much that is something that I would try to avoid.*

Others look to impose on Francis a medical discourse, which determines the action to be taken to resolve his errant emotions through taking anti-depressants. This strategy focuses attention away from a problematic environment onto a problematic person. That Francis is free to choose an alternative, to resist this formulation of his emotions, his actions defining who he is, exposes the conflict between different conceptions of depression, countering the biochemical imbalance discourse by asserting that his symptoms are a product of problems in the environment.

> *… if you've got a problem that's got you to that point of taking medication is just going to mask it and it's just going to numb the symptoms it's not actually going to fix it, I'm all about solve the problem however drastic, that is whether it's go on a training course or leave a job … they were saying 'go to your doctor and get some antidepressants' and I was like 'no that's not me'*

What the narrative provides is a means of tracing the rationality employed to justify a particular perspective. The medical truth is not one that Francis accepts, countering with the view that this solution is no solution at all, masking the problem rather than resolving it. The alternative truth is that the solution to the problem is still to be found in modifying himself, not biologically through chemicals but behaviourally by learning new skills or absenting himself from the situation. Adopting this perspective acts as a means of asserting and confirming a particular identity by justifying a particular choice. Viewed as a truth event rather than a truth sky, his identity does not direct his choice, rather his choice produces an identity that unfolds from moment to moment, choice-to-choice.

Having kept his crying hidden and reaching the decision to leave, Francis relates the first time he cried in front of another colleague. Recounting a meeting with his School Improvement Partner[14], despite his overt crying he meets explicit resistance to his proposed course of action, a power dynamic between competing solutions to his problem, which reciprocally define what the problem is:

> *I need to, I just want to say 'I'm going to hand you my', no 'When we do my performance management this afternoon I'm planning on handing the governors my resignation' (long pause) at which point she put the brakes on everything that was planned for the day, I was struggling emotionally to keep it together at this point so she … was whisking me out of the building and driving me off, there is a hotel in the area, she took me there for coffee and I sort of, she sat me down and she gave me a wedge of tissues and she went off to make some calls.*

The meaning that can be ascribed to his now exposed crying, shifts from a sign of weakness and abnormality, to signalling his need for support. His line manager counter's Francis's narrative of resolving the problem by leaving teaching by trying to persuade him to stay, introducing him to other Headteachers who had found the

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[14] The school improvement partner is an external advisor to the school to offer advice on how to raise standards

work challenging but had remained.

The implication of this strategy is that his abnormal emotions are simultaneously, and contradictorily, normal. This is evidence of the battle raging over alternative constructions of the place of emotions in teaching and what they mean. The Line Manager's perspective is that they are inevitable, and hence normal, but people should be in control of them rather than allow them to control their decisions. It is this threat to rational control that turns them into an abnormality. Francis does not see his decisions as being controlled by his emotions, even if they are something to be managed. Rather they are messengers telling him that something is wrong somewhere. What he needs to divine is where the problem lies. By leaving teaching Francis has determined that the problem is with teaching as an occupation, bringing his emotions under control by removing the cause of his stress. Others however might see this as not taking control, his act of escape showing a lack of resilience. Francis however sees it as an act of taking responsibility and finding a solution that works for him. This encounter with alternative constructions of crying further the assertion that the meaning given to crying is socially fabricated.

Having made the decision to leave it is almost as if at this point there is no longer any reason to hide his emotional pain from others. Staying in post until the end of his notice, Francis's episodes of crying do not cease but now leak out of the confines of his car into the workplace. It is as if having 'come out' as depressed, by resigning, the social constraint on keeping his crying explicitly hidden from others is now abolished. Francis can now be honest. This does not mean it becomes entirely exposed, escaping into shared social spaces, only that he withdraws more often into his office, an architectural component of the discourse, a space within the school to weep which still defines crying as abnormal:

> during that period, I was the one that was having to withdraw myself and go into my office and shut the doors and get the box of tissues, um which I never thought would happen to me.

Such actions continue to emphasise the exceptional, out-of-character qualities of his crying which still needs to be hidden, but now within the school, continuing to produce his crying as abnormal.

Problematically the discourse of what crying means now impinges on Francis's view of what constitutes a good Headteacher.

> *The behaviour stuff was still going with some of these children, and I was finding it hard to cope with those and, I was, you know, where as previously I'd always been the one, if there had been several adults, including me, involved in a situation with a child, I would be the one doing the debriefing, make sure that people were all right, packing them off home if they needed to, making them a strong cup of tea, whereas during that period, I was the one that was having to withdraw myself*

Francis voices the paternalistic discourse of a Headteacher, an idealised version of the good teacher, which his crying disrupts discursively as it is associated with a lack of strength, resilience, and fortitude, challenging his identity. That he does not use this narrative to challenge the emotional outbursts of others produces a discursive tension. Having seen his staff succumb to the emotional pressures of teaching, he is not anti-emotion but feels that he, as Headteacher and the person he sees himself as being, neither should nor can yield to crying. This produces a space in which crying oscillates between being acceptable and unacceptable, normal, and abnormal, its definition depending on the use to which it is put to manage others.

Of note is the possible reading of this account as suggesting that the children's behaviour is causing his crying. Had Francis been surveyed and only asked about the immediate causes of his problems he might easily have identified pupil behaviour, given its antecedent association with his crying. The use of a narrative strategy, providing a historical context to his emotions, demonstrates that this can be viewed as a consequence rather than a cause. The children's behaviour had never bothered him before, but now, his emotional state prevents him from dealing with them as he used to. This provides a counterpoint to those studies which identify poor pupil behaviour as an actual cause of depression.

What is the problem with crying?

To problematise crying in the context of narratives of teacher depression is to recognise, as shown in Francis's tale, that there are multiple, conflicting truths to be told about crying. Crying can either be a problem because it causes other difficulties, or it is a problem because it indicates the presence of another challenge.

In these narratives, the exceptional, shameful, uncontrollable, and apparently spontaneous nature of the crying points these individuals, and others, to conclude that it is a sign of a mental health problem. This is itself problematic as it might appear self-evident that crying ought to be included as symptomatic of depression and, as Vingerhoets et al (2007) identify, it is frequently included in measures of depression other than the PHQ-9, however, it is not an official symptom of depression. DSM does reference feeling sad or appearing tearful, however, persistent crying as described in these narratives is absent from DSM and PHQ-9. This creates a diagnostic problem in that, unlike the DSM symptoms that are dependent on self-reporting, crying can be considered to be a 'true' sign of depression observable by others, yet it fails to reach the standard necessary for inclusion, being seen as neither a necessary nor sufficient diagnostic indicator (Vingerhoets et al., 2007, pg.345). It is the discourse of valid scientific evidence that is used to justify its exclusion as, according to Hastrup et al (1986) and Kozlov & Kozlova (2014), crying has not been shown to be a reliable indicator of depression, as not every person with a diagnosis of depression cries, nor do they cry all the time. This assertion however exposes an inconsistency in the diagnostic criteria that are included in the DSM, as Walters (1997) has shown, none of which are sufficient, and seven of which are not necessary This raises the question as to what other reason might there be to exclude crying, remembering that a discourse is not only defined by what it includes but what it prohibits.

It is possible that there is a relationship between a gendered discourse of crying and depression, illustrated by Francis, its exclusion being a strategy to prevent potential gender bias. Within a scientific discourse, crying's exclusion as an indicator of depression rests on crying's cultural designation as acceptable for girls, as Hill & Martin (1997) have shown, and the gender variations in general levels of crying (Mathell and Van Heck, 2001, van Hemert and Vingerhoets, 2011), women admitting to crying more than men. The conclusion drawn from these findings is that crying in women is more acceptable and common (Hoover-Dempsey et al., 1986, Mathell and Van Heck, 2001), particularly in Western cultures (van Hemert and Vingerhoets, 2011), making it difficult to use as a valid diagnostic measure (Romans and Clarkson, 2008), as it might create a gender bias in the reporting of depression, the

discourse of scientific validity seeking to exclude such a source of bias.

Evidence of a gendered discourse of crying is traceable in the narratives, Barry, for example, describes how, even though he was struggling emotionally at work, he needs to hide his tears and resist them as an expression of his masculinity:

> I didn't seek any help, I didn't go and see the doctor I just thought 'I can get through this I can I can cope I can' you know 'I can do it, I can man up' all the sort of things you tell yourself at the time you know 'what's wrong with me just grow up' I remember crying profusely when I used to go home at weekends, with my wife, and saying 'I can't do this anymore'

Barry interprets his crying as a threat to his masculinity, something he must resist by manning up, as it is childish and irrational, characteristics that can be associated with a feminine stereotype (Sunar, 2016). In the context of teaching practice, this understanding of crying, in what Goodey (1997) describes as a gendered discourse of emotional weakness and irrationality, perhaps contributes to the production of a discourse where crying needs to be hidden, the act of hiding, in turn, maintaining the discourse of it needing to be secret. In crying there is an interaction between the findings of scientific research, such as that by Van Hemert & Vingerhoets (2011), reinforcing and producing a public discourse that associates crying with a feminine stereotype. The conclusion drawn from this is that the discourse might permit women to feel more able to admit to and exhibit crying, biasing its use as a diagnostic measure, even if it may have diagnostic value. Construed as having the potential to invalidate DSM as its inclusion may act to increase the number of women diagnosed with depression, shows the way in which diagnostic criteria are dependent on their ability to produce a scientifically valid category.

An added problem with crying is that the meaning ascribed to it conflicts with an aspect of the discourse of what constitutes a good teacher. Traceable throughout Francis's account are competing discursive constructions of crying as being something to be expressed because it is a signal that something is wrong, as opposed to being something to be hidden because it is inherently wrong. Francis finds himself in a position where he needs support from others but, partly because of his position as Headteacher, which constructs him as being someone who ought to be resilient, he feels structurally isolated and unable to access the social support that

might have helped him. The traceable reciprocal interaction which contributes to the designation of his crying as being a sign of an abnormality is that crying requires hiding, partly because it is exceptional, and that hiding crying makes it exceptional. This pressure to hide is maintained and produced by the good teacher discourse, highlighted by Jiang et al (2016), of excising negative emotions from the classroom, something Francis has and continues to aspire to be, turning teacher crying into an abnormality. Crying becomes the discursive mirror of normality, its existence defining appropriate teaching behaviour as something controlled, consistent, strong, and productive, rooted in an older Victorian dispositif of progress through managed emotions. This is in tension with an alternative discourse in the psychology literature (Hill and Martin, 1997, Hendriks et al., 2008) that crying ought to act as a social signal to engender support from others.

Paradoxically this emphasis on seeking support magnifies crying as the antithesis of the resilience discourse of teaching which promotes positive personal adaptation, and individual psychological stamina (Öksüz and Güven, 2014, Özbey et al., 2014). This discourse of crying as weakness is also found in the psychology literature, Fiori et al. (2013) noting how crying as an adult can be construed as a sign of pathological over dependency, or as Hoover-Dempsey et al. (1986) suggest feebleness, contributing to the discursively constructed reasons for hiding ones crying. Francis's narrative illustrates how one can be caught in a discursive double bind between seeking help and needing to be strong. The act of hiding intensifies this, confirming the status of crying as being a weakness. This is an interpretation of crying based on the dispositif that gives crying its meaning which is not just contained in how we talk about, or represent crying, but where we do it, the architectural space of the office or the car. It is interpreted as a sign of abnormality because it is not adult behaviour and undermines the ideal model of the resilient teacher self.

From the narratives, it can, therefore, be argued that crying is a problem not because of anything intrinsically problematic about crying but the multiple, conflicting, meanings that can be ascribed to it. It is and is not a sign of psychological weakness, it is and is not a signal for support, it is and is not a gendered behaviour, it is and is not something to be ashamed of, it is and is not abnormal, and it is and is

not a sign of depression. The problem is that it can occupy conflicting positions simultaneously. The interpretation made of crying in these narratives is dependent entirely on context, and what is to be done with it, there being no singular interpretation to be made of it. In this space of freedom, there is the constant interplay of power attempting to impose particular definitions of crying and modify the actions of the person who cries.

The ever-present state of exhaustion construed as a sign of the disordered self

> *It's just the exhaustion, I think the exhaustion really, really, ground me down* (Anne-Marie)

Accounts of exhaustion as an abnormality reflect those of crying, described as exceptional, persistent, inhibiting the capacity to do the job, and uncontrollable. Each participant felt that they ought to be able to manage it but found they could not. The accounts of fatigue differed from crying in six interlocking ways producing another version of the discursively produced characteristics of an abnormal emotion. First, as it was not necessarily physically observable, it did not have to be actively hidden, even if it was something to be ashamed of. Second, as there was an existing discourse of teaching being a draining occupation it was the persistence of fatigue that led to it becoming shameful. Contradictorily though, claiming that one was tired could even be a badge of honour, a mechanism of virtue signalling to others that one is a diligent teacher. It only became shameful through an individual's failure to manage it.

Third, unlike crying, it exerted its effect over time rather than having a sudden onset. Fourth, partly because of its gradual onset, it was initially controllable or could be lived with, gradually becoming debilitating. Fifth, it was more frequently associated with an identifiable external cause, often linked to workload. Finally, tiredness is one of the nine symptoms of depression in DSM. Its inclusion as a diagnostic feature turns it from being interpreted as a normal effect of the work environment into a symptom of a psychological disorder. The key difference was that unlike crying, situated as a produced by the disorder of depression, fatigue is located as both a product and a cause. It is this, coupled with its positioning as an effect of workplace practices and a consequence of personal failure in the narratives that problematises

exhaustion as a symptom of depression, producing competing versions of what it means to be a depressed teacher.

Exhaustion as a cause or consequence of depression?

In the data, this ambiguous problematic tension between fatigue construed as caused by or causing depression matters because of the consequences of believing one or other construction. If it is a product of depression, then depression becomes the object that must be treated. Alternatively, if exhaustion causes depression, then the targets for change are those aspects of the work that have produced exhaustion. Its inclusion in DSM does nothing to resolve this tension as DSM provides no explanation for the symptoms it enumerates. However, it can be inferred that, as it is identified as a symptom, it is assumed an underlying condition of depression exists which produces tiredness. The narratives contradict this view. Participants committed to working long hours, see their exhaustion as caused by overwork. Their doctors support this view even if they are directed by DSM to see exhaustion as a symptom of depression, contradictorily communicating that work environments cause tiredness, triggering depression, as Ian narrates:

> *I remember one of the first times my GP saw (me), … I was very fortunate, thank god actually that I had him, and he said to me 'you are running on empty' I remember they were the words he used, he said, 'you are running on empty, you have nothing left in the tank' and that's right, that is exactly how it felt.*

Teaching produces a response in need of interpretation, which leads to seeking medical help. The doctor simultaneously turns exhaustion into a sign of depression produced by the disorder, whilst recognising it as an effect of environmental demands. Employing the biological depletion model of stress, Ian's tiredness is seen as an effect of the teaching environment. The clinician, however, whilst recognising that the work environment has produced the effect, turns the effect into a symptom of a disorder by applying the medical discourse. 'I am tired because I am working long hours' becomes, 'I am tired because I am depressed'. The pressure to turn exhaustion into a symptom of a disorder would seem to originate in the narrative of the good teacher who has a vocation and is therefore willing to sacrifice their time for the work.

In each narrative, teaching is recognised as being a demanding occupation. The potential for becoming exhausted is therefore inevitable. The good teacher is, however, expected to manage this threat as part of doing their job. It is this that contributes to exhaustion's production as a symptom of a disorder rather than a consequence of the job. I explicitly remember my Headteacher, at the beginning of each new school year, referring to teaching being a marathon and not a sprint and told to pace myself to avoid the negative effects of teaching. Failure to manage the potential exhaustion is seen as possibly producing depression. Yet depression was also, ambiguously seen as a disorder that could make one exhausted, exemplified by the comments made by Barry's clinician:

> *The doctor I saw was brilliant and gave me some tablets to help me sleep, gave me antidepressants, just explained to me that my batteries were totally flat and your body like you know can only run on empty for so long you just need to rest you just need to shut it all off and you need to give yourself six weeks to get better.*

Prescribing anti-depressants, which treat the disorder, produces one account of exhaustion caused by depression. Simultaneously prescribing sleeping tablets tells a contrary story as treating the symptom implies that it produces depression. The clinical conversation points to an opacity circulating around the symptoms the cause of or causing depression. The discourse that fatigue produces depression is intensified by studies such as that by Harvey (2001, pg. 1051) who concludes that sleep problems are the antecedents of depression. However, DSM, by naming fatigue as a symptom of depression, intensifies the notion that depression produces fatigue. This illustrates the constant interplay between causes and effects present in the clinical dispositif of depression, where symptoms can have multiple meanings depending on the position one wishes to promote. In both cases the teaching environment is produced as a fixed point, the person being the focus for modification.

The discursive search for a cause of fatigue: The failing individual or a demanding environment?

Enmeshed within this discursive struggle between fatigue as either symptom or cause, there is a second conflict between the role the individual or the environment

plays in producing fatigue, and by implication, depression. In the narratives, there is an ever-present tension between locating the problem within the person or accounting for exhaustion as being a normal response to the demands of the work environment, echoing the discursive struggles over crying. It would also seem to reflect a struggle between two views of the good teacher as either being born or made. As Sir Rhodes Boysen once claimed in a parliamentary debate on teacher training:

> Not so long ago anyone with a degree could be taken on as a secondary school teacher in the state sector. I think that there used to be a better intake of teachers then than there is now. Potential teachers tried teaching; they disappeared after a month or two if they could not cope.
>
> Some 20 per cent. of teachers do not need training. They are simply born to teach and are only spoilt when they go away to train. Whatever we do, some 20 per cent. of teachers will always remain at the bottom of the pile, unable to cope. They will have a riot with a dead rabbit whenever they enter a classroom. The 60 per cent. of teachers in the middle will show some degree of improvement along the way. (Hansard, 1994)

Failure to manage the inevitable stressors of teaching is taken as indicating that one was never going to be a teacher as teachers are born not made. The path to becoming a teacher is a survival of the fittest selection mechanism rather than a training one, weeding out those who are unable to fulfil the task. This runs counter to a discourse of education that everyone can achieve given the right tools.

Viewing symptoms as produced by power, this skirmish is an expression of the struggle over of what to do with the depressed teacher. Viewing symptoms as caused by environmental factors substantiates an argument that their resolution lies in changing teaching practices. The medical discourse, however, tends to position the person as the problem, supporting the use of biochemical and psychological tools to modify the person. The narratives suggest that the discourse of personal responsibility is deeply entangled with the discourse of the good teacher. As the first teacher stress studies suggested (Simpson, 1962), the initial tiredness experienced early in one's career can be attributed to the environment, having to learn the skills of being a teacher. Its persistence, over many years, leads to self-blaming for failing to adapt, to learn how to teach efficiently, even when it is recognised that other teachers are suffering in the same way. As Francis voiced in relation to crying, the

pressure to produce the person as the problem comes from establishing teaching practices as a fixed element within the web of force relations, substantiated by evidence of their positive impact on learning outcomes.

Anne-Marie's encounter with exhaustion

The attributes of a progressive amplification of exhaustion, a recognition of the environmental cause, in tension with a dominant discourse of self-blame, are readily traceable in Anne-Marie's narrative. Whilst all the participants recount persistent weariness, the progressive nature of exhaustion is most apparent in Anne-Marie's story, who relates being tired almost from the very beginning of her career. Despite this she was committed to the job, accepting exhaustion as part being a teacher. She is subject to the resilient discourse of the good teacher who must learn to cope with the inevitable demands of the job, producing her identity as being at fault for not adjusting. This is further evidence of the discourse of teaching as a self-selecting profession weeding out the incapable through exposure to the job

From her initial teaching training onward, Anne-Marie was immersed in the discourse of the 'good teacher' as having to do more than just teach. Outstanding lesson delivery was only one aspect of the job, the spoken and unspoken requirement being to take on more responsibilities than those explicitly prescribed in the job description:

> I'd been to all these lectures at college and the PGCE[15] where they said 'Oh they don't want you on the staff if all you want to do is teach, you've got' you know 'You've got to really give extra, extra to the school' and 'You won't get a job unless you say all the extra, extra things you can do', so I was, you know, I was aware that you weren't supposed to just go in and do a job you know (laughs)

The explicit threat embedded within teacher training is that to progress the teacher must do more than is explicitly required of them. This crystallised discourse of good teachers going above and beyond was reflected in all the narratives, each participant recounting that to be judged as good there was an occupational necessity to compulsorily undertake additional voluntary activities. Resistance to this view was negated, narratively, by the self-recognition that becoming a teacher was always a

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[15] Post Graduate Certificate of Education

choice, and that the positive aspects of the work offset this aspect of the work.

Anne-Marie does not define herself as an ambitious teacher, implicitly differentiating herself from those who are:

> *I didn't want to be on a career path, I did just want a job, I did happen to want it to be teaching and I, of course I, wanted to do a good job, of course I wanted to do it well, there was never any question about my intentions there, you know, but I wasn't at all career minded, I don't know what happened to me, I don't have an ambition gene*

Despite this she commits herself to a significant number of extracurricular activities, the list of which is extensive, which one might consider as legitimately contributing to her increasing exhaustion over the years, even though it taps into the view of humans as eternally adaptable:

> *So anyway I was going getting more and more exhausted, but I did run a **dance clubs**, and I did run **netball clubs**, and I did **facilitate school council**, um and then of course a little bit later I did **go over to Tanzania and forge and create the link with the school in Tanzania**, so and then, I mean obviously, I did everything that we were all required to do, you have to go to all the parents evenings obviously, but you know you have to go to the **school summer fair** and be seen to do your bit, and go to the **carol service**, and the **end of term tea with the parents**, and all these things which actually don't get mentioned in the job description, it's really interesting, but they are absolutely requisite, absolutely requisite you know, no getting out of it you know (laugh), and I mean I enjoy doing those things to be fair, I do love that side of it.[16]*

As has been shown by Perryman & Calvert (2019), in common with many beginning teachers, Anne-Marie initially assumes that she will be able to cope with what she recognises is a demanding career, and that the holidays will give her time to recover. There is no regret about making this significant contribution to school life, participating in those activities without which the school could not function. A discursive tension is, however, fashioned in this space, producing an emotional double bind, as even though they are not an official requirement of the job, they are an absolute obligation.

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[16] Extra tasks are highlighted in bold

Over time Anne-Marie finds that this work is tiring, once more deploying the battery depletion metaphor of human stress, the holidays not giving her the space to recharge:

> It's just the exhaustion, I think the exhaustion really, really, ground me down, and I don't, I don't remember ever being able to recoup even during the holidays.

Initially, her tiredness is interpreted as a natural consequence of the considerable number of hours she is working, rather than as a symptom of a psychological disorder. Even though she is tired, she recounts initially being able to manage, even if she does consider leaving teaching. From her perspective, the relentless work commitment eventually has an impact on her physical wellbeing. There is a narrative chain of work causing her tiredness which eventually causes her to become ill:

> I think I'd reached a point where I just couldn't get enough sleep, I couldn't get enough rest given the remit of the job, and the timetable, and my other responsibilities and I, it was not possible to recoup enough in-between sessions, and I was becoming more and more exhausted.

The concept that her work practices might have caused her to become exhausted is lost in the secondary discourse that it was her personal inability to recoup her resources that made her unwell. All the narratives reflect this discourse of the 'good teacher' embodying the characteristic of resilience, positioning the individual teacher as the problem if they become fatigued. There is an acceptance that teaching is going to be exhausting, this is what you sign up for, and so the 'good teacher' learns to cope.

Two further elements turn her exhaustion into a sign of an abnormality. The first is a contrast she makes with others, recognising that everyone was tired but unlike them, for some reason, she was unable to cope:

> I had two friends Sarah and Stephanie … again they would be exhausted, they would be exhausted as we all were, you know it's this horrible thing isn't it throughout the school year get more and more and more exhausted, you know.

As with crying, this tiredness is not pathological in and of itself, but it becomes a symptom of abnormality through a comparison with others, suggesting that

abnormalities are not absolute but relational. Even though Anne-Marie recognises the contribution work makes to her tiredness, noticing that others seem to cope, drawing on a discourse of all humans being equally capable, she concludes that something must be wrong with her. Further echoing the discursive construction of crying as an abnormality, this is another contradictory position between work as the cause, yet the self is to blame for not managing that cause. This illustrates the role a discourse of abnormality might play where there is a conflict over whom to hold accountable for one's exhaustion of crying, the self, or the workplace. The discourse of individual accountability amplifies fatigue as a sign of abnormality. From this perspective of personal blame, the discourse of tiredness caused by depression is in tension with the personal failure discourse, it being the depression that caused the tiredness, not the inability to cope with the job. Depression almost becomes a means of maintaining the individual in the workplace, as self-absenting had done with beginning teachers, associating failure with an illness rather than a personal inadequacy. Depression also preserves the status of work-based practice which can be maintained as they are no longer seen as the cause of the problem as it is the person who is ill. It is that the discourse does something that sustains it.

The second element amplifying exhaustion as a sign of abnormality is that it prevented Anne-Marie from acting as the teacher she thought of herself as being:

> *Until you are hardly functioning, well until I hardly recognise the way I'm functioning, I hardly recognise myself, you know, so I'm not being the person I want to be, I'm not presenting the face I want to present, um because I can't I haven't got that much energy in me.*

Here is the recognition that her identity is a performance, the person she sees herself is bound to and produced by, the face she shows the world as Goffman (1978) might suggest. Linking together the strands that persistent exhaustion is common among teachers, with her inability to present the good teacher face to the world, and the perception that this is affecting her more than everyone else, an element of self-blaming appears in her narrative, turning her exhaustion into a sign of a damaged internal psychological state. This discourse of self-blame, and subsequent pathologising of the self, can be linked to an academic discourse of teacher resilience, identified by Beltman (2011), which recognises the challenging

nature of teaching as a risk factor that might create stress. Proceeding from the assumption that these stressors are unavoidable, teachers can be taught, as Mansfield et al (2012) suggest, to inoculate themselves against their effects by learning psychological self-management strategies. Clarà (2017) concludes that teacher well-being depends on the good teacher having the capacity to learn how to cope. The intention behind these strategies is framed as empowering the teacher to take personal control of their challenging environment by governing themselves, amplifying the personal responsibility discourse of mental health.

The overall effect of the discourse is to frame the body as the site of struggle, its irrational emotional response to be brought under control through learning resilience strategies. As Kevin, one Facebook respondent commented after my Breakfast Television[17] appearance:

> *Get a grip, It's tough everywhere!! although I'd love 6 weeks paid holidays in the summer*

This public discourse de-legitimates the assertions teachers make about working hard by claiming that everyone is suffering, negating the claims teachers make to be deserving of special treatment even though, as Anne-Marie describes, countering this assertion, the long holidays are anything but long or restful:

> *People were saying 'Teachers they're on holiday for half the year what are they complaining about' you know, I mean I used to find at the end of the summer term we would take a good two weeks to clear up you know, and finish off all the admin and it would take at least two weeks to set it all up again the following years cohort which leaves you two weeks in the middle and you know and that's it.*

Taken together these two accounts show how tiredness can be constructed as a symptom of a psychological disorder. The public discourse is that teachers have long holidays and so ought to be able to cope, and if not, they are damaged, or weak. Anne-Marie's experience conflicts with this discourse noting that the holidays were not as long as others believe. However, the ability of her colleagues to keep on

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[17]
https://www.facebook.com/bbcbreakfast/videos/958552524158886/?hc_ref=ARQ7BqsWNdt_K_CJ2T8mM186p8S4uxs43QjvwhDGECI-RpuhWbcRFk2dPMShTnMjypo&pnref=story

going continually challenged her, magnifying the assumption that something was wrong with her.

The belief that not all teachers seem to suffer, but most are doing these tasks, implies that there exists an interpersonal difference, conceptualised as psychological or biological resilience, which allows them to cope. Tiredness is consequently framed as a failure to learn to cope or a biochemical imbalance, enhancing the self-blame aspect of tiredness. As Barry concludes, whilst reflecting on his career:

> It's a great profession when you're young and I think that people coming into, young people coming into, the profession probably won't suffer because they're young, they're enthusiastic, they will follow the, they will be trained in the way that, you know, schools want them to be trained, you know, in the ways of lesson planning, they will know no different if you understand what I mean, the problem comes when you get to fifty, you hit fifty and you become very tired, you become very cynical, you find it more difficult to change because you've been used to doing something one way all your life and you find that very difficult to change.

Barry voices an individualised biological discourse identifying his age as explaining his failure to cope, even though he has had problems with overwork before reaching fifty. It is just that now he gets tired more often and is less able to adapt to the changes in teaching. It is his fault, his failure to adapt and learn, even though he is cynical of these changes. The discourse continues to frame exhaustion as a symptom of personal rather than environmental pathology. The implication of this for the teacher and teaching practice is profound. If the symptoms are caused by the work environment, then the focus of change ought to be the modification of work-based practices. If fatigue is a consequence of the person having a disorder, then they become the focus for change. The medical model embodies this dichotomy, recognising the role the environment might play, however, the practice of treating the person emphasises the individual. The tension between the environment and the individual is traceable in the narratives which demonstrate both positions, however, the disordered self is the pole that emerges as being dominant, linked to a discourse of the good teacher claiming personal responsibility for their life.

Exhaustion is a problem not because it is a problem for the person who is exhausted but because it exposes them as an incompetent teacher. All of life is difficult, the

environment a fixed point, and so people must change their bodies to fit the work environment. Tiredness becomes a sign of a personal failure to adapt to the demands of the workplace. The dominance of the medical model focuses attention even more on the individual and their degree of adaptability. The problem for the teachers in this study is that they had all been teaching for several years and so ought to be able to deal with their workplace. That they are now failing amplifies fatigue as a sign of an emerging, underlying, personal, disorder in the context of the long careers of these teachers, as they used to be able to cope. Depression is used as a way of explaining this newly emergent exhaustion, rather than seeing it in the wider context of a long teaching career.

Anxiety and its consequences

That constant fear and that's all I know, nothing else. (Catherine)

The problem with anxiety is the tension between its production as the name of a disorder and as the symptom of another disorder. As with crying it is excluded from the diagnostic features of depression, even if it has been identified as a precursor to a depressive event (Batterham et al., 2013), and often occurs with depression (Gorman, 1996, Levine et al., 2001). The issue here would seem to be that having been described as two separate conditions in DSM, one disorder cannot be a symptom of another but can occupy a position of co-morbidity. Anxiety has its own set of diagnostic features, showing how depression and anxiety are discursive constructs produced as disorders and symptoms. Narratively this is of importance as anxiety is seen as one of a collection of symptoms related to the work environment.

Regardless of its position as a non-diagnostic feature of depression, all the participants mentioned being worried, nervous, or anxious as part of their understanding of their emotional problems. Described in less detail than crying, or exhaustion, it was framed as an abnormality because it was unpleasant, persistent and had the potential to interfere with doing the work of teaching. Occasionally it was completely overwhelming, uncontrollable, needing to be hidden and seen as evidence of a personality flaw. The following three examples interrogate these

overlapping attributes illustrating the extent to which anxiety is seen as inevitable but, as with exhaustion, framed as something to be resisted, succumbing to it being the abnormality, a sign of being irrational. Each narrative produces the good teacher as the one who dominates their emotions, capable of overcoming their fears, willingly facing those situations which make them anxious to make themselves better people. The discourse of attempting to escape from the anxiety-provoking situation, or removing the causative agent, is silenced, positioned as demonstrating a lack of control, a sign of weakness. It is the former discourse of confronting their fears that the good teacher must embody if they are going to act as a positive role model for their students.

Francis and uncharacteristic, unpleasant hidden anxiety

Francis's story furthers the argument that emotional affects become construed as indicative of an abnormality when they are uncharacteristic. Working successfully for many years at all levels of management, including being seconded as a Headteacher, he does not associate any of these experiences with anxiety. In fact, he speaks the discourse of the good teacher seeking out new challenges as a positive learning opportunity to be embraced. Francis relates how, historically, he enjoyed taking on things he had never done before, things that might have been anxiety-provoking, such as when he first becomes an Assistant Head:

> *I was responsible for assessment and data, which you know people think 'oh data number crunching it's just going to be spouting statistics all the time', but that was a new area for me, it wasn't an area I had spent a lot of time working on, other than my own class data, I hadn't really spent time on whole school data, RAISEonline[18], that sort of thing, so that Autumn term for me was a very steep learning curve, but it was something I really enjoyed, I took to it like a duck to water, RAISEonline, and SIMS, and databases and stuff, right up my street, so it was a challenge but really enjoyable, loved the work.*

It is this historical perspective that diagnostic and research strategies focusing on the assessment of symptoms alone tend to omit. This history gives meaning to the symptom as it appears in the present as being atypical. Francis typifies the 'can-do'

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[18] RAISEonline are a set of tools for schools to manage and analyse the data from their pupils, set targets and raising performance replaced by Analyse School Performance in July 2017

discourse of the good teacher, embodying an approach to life he looks to instil in his students. The potential threat of not being familiar with the task, and the school's reliance on his analytical skill does not seem to worry him. In his interview he described carrying this positive approach with him when he becomes a Headteacher, being excited by the challenge:

> I think that was what gave me the bug to, to want to, having done the acting Head bit at my own school and done that interim Head bit where I was Head of a school that I had gone into I didn't have a history there, so I really enjoyed that and that sort of spurred me on

Prior to his appointment Francis had been acting Head in two different schools, enjoying the work, now actively seeking the new challenge of managing his own school. This attitude is not something that he can sustain, over time showing symptoms of anxiety on his journey to school:

> So I was going into school each morning and as I pulled up, I'm sure you can relate to this, that driving up the drive way to the school, and that sort of clamminess, thumping heart, heart sinking, pit of your stomach kind of thing, I'd pull up into my parking space and I'd think, 'I've got to leave that in the car, deep breaths', in I go, posture, all this sort of stuff, good, walk into school, greet everyone with a smile which I was doing and it was and it was working – ish.

As with crying, to be a good Headteacher he must hide and suppress his anxiety, leaving it behind in the car, presenting a façade of a person in control. His effective performance is tied to what he does with his body, how he stands, greeting people with a smile, something that anxiety threatens. To enable him to perform he must police his emotions, adopting the self-help strategy of taking a deep breath, and asserting control over his body to manage the threat of anxiety. These all reinforce the separation, fashioned in discourse, between unruly bodies that can betray us, and the rational mind which must exert control over the body. Emotions are construed as a threat to the true self, becoming defined as abnormal if they are permitted to overwhelm the rational mind.

Barry and unpleasant, personality-induced anxiety

Barry voices a second explanation for anxiety as caused by a personality flaw recounting experiencing repeated episodes of anxiety on returning to school after the

summer break, starting when he moved to his second post as Head of Key Stage Four. He initially deploys the discourse that legitimates his anxiety as it has an identifiable cause. What is problematic is that despite loving his job his anxiety returns each year, undermining his sense of being in control of himself, and turning his reaction into an illegitimate emotional response. Deploying the discourse of the 'in emotional control good teacher', he seeks to manage his anxiety through hard work. That the feelings disappear after the first three weeks establishes this as the true discourse of anxiety:

> *I went back in September and had that terrible feeling in the pit of my stomach worked hard built the relationships with the students, gradually built my reputation within the school became respected, still had that awful angst at the end of holidays about going back, not really understanding it, not even really trying to think about it, just coming to holidays totally collapsing and crashing for a week, having a week where I was almost a human being and could possibly communicate to my wife and children and then, you know, having, sort of having, three days before we went back the same feeling, being in total depression, and going back suffering the first week of term, getting better the second week, by the third week I was back in the swing of things, you know, I was totally immersed in it, I was working stupid hours, I was giving everything to it, all the energy, burning myself, totally dead, getting to the holidays crashing out, crash and burn recovering and going back again.*

In this passage, an emotional outpouring spoken without pausing, Barry references the in-control discourse of the good teacher, the one respected by students and staff. He does not understand why his feelings return each year, accompanying his state of depression. Lacking a rational explanation for his symptoms, this ambiguity of cause and effect is what makes the anxiety so profound for Barry. There is a suggestion in his narrative that he had expected his anxiety and depression to resolve with time, his commitment to work enabling him to control his emotions. Not finding a discursively acceptable cause, given that he is only confronting what he and every other teacher faces every year, Barry concludes that the failure must be within himself.

Looking to resolve the ambiguity, Barry employs the discourse that his debilitating anxiety reflects the person he is. His subjectivity is produced through this as someone prone to mental ill health, drawing on a discourse of familial predisposition,

having contextualised his depression earlier in the following way:

> *I mean my mother suffered quite badly with mental illness and depression, although at the time it wasn't really diagnosed properly, it wasn't dealt with properly, but I do remember, as a child, my mother having a nervous breakdown, what was termed then as a nervous breakdown, and going into a local hospital, to have treatment in hospital and then being given Valium, and being addicted to Valium, and finding it very difficult to come off Valium, so you know that was my early experience of it, as a child, I was I was one of three children, I've got two elder sisters both of whom also suffered from depression in their life, as a child I was quite a lonesome child I didn't have a particular happy family life.*

The problem is not with the anxiety itself but with trying to understand the reason for his failure to manage his anxiety. Two explanatory solutions are on offer, one that his emotions are a normal response to an abnormal environment or that there is something wrong with him. His observation that other teachers do not appear to be having the same problem, positions the environment as essentially manageable therefore the problem must be with him. Barry finds support for this argument by looking to his family which, using an inheritance argument, emphasises to him that his anxiety is to do with an innate characteristic rather than any other family issues, or the school environment. In the tussle between the explanatory force of the environment or the self, it is the identification of the self that wins out. This produces anxiety and by association depression, as indicators of personal failure and inadequacy, which can only be resolved by leaving teaching.

Anne-Marie and overwhelming, persistent, unpleasant observation anxiety

Anne-Marie is the only participant to narratively associate their anxiety with a specific trigger, even if it becomes generalised over time. Retrospectively she asserts that her developing anxiety was primarily linked to classroom observations:

> *I am afraid I did develop anxiety, looking back I wouldn't have said this at the time, but I did develop anxiety because it was never far from my mind, I was always very wired up about it so, although I did get observed, and told that I was a good teacher, and I got lots of such lovely feedback from parents always, um I think I was getting very ground down over the years.*

For Anne-Marie, the cause of her anxiety is the constant state of worry about what is coming next, undermining the alternative discourse of her teaching as good

produced by the positive feedback she receives. This worry is tied to a subjectivity that she is never going to be good enough, an effect traceable to the performance management culture. From a psychological perspective, a cognitive behavioural therapist might suggest to Anne-Marie that her anxiety is irrational because she has received good feedback. However, it is not that Anne-Marie does not know that she has been good, it is the threat produced by having to be observed that produces her anxiety. This anxiety persists throughout Anne-Marie's career, amplified when her teaching comes under scrutiny, at one point being subject to weekly observations. These observations are a fixed point in her teaching life, an accepted part of doing the work, her anxiety turned into an abnormality because it is out of proportion to the threat posed by the context as it is something that everyone undergoes. Receiving positive feedback does nothing to reduce her anxiety, its persistence producing it as an abnormality, eventually resorting to seeing her doctor:

> *I finally went to the doctor and said what was going on and they said, 'Don't go into school' and then I never went back.*

The doctor construes the cause of her anxiety is the school, telling her not to return and yet prescribes anti-depressants emphasising the contradictory discourse of personal illness. At the time of the interview, she had recently stopped taking medication, but the memory of the anxiety associated with this period of her teaching was still profound:

> *There's a bit of me that still doesn't want to trawl through those memories because they are still quite recent but, I mean, I think it is worth noting that I'm in a pretty good space at the moment, I mean the doctor said stop taking the citalopram[19], and I wanted too anyway.*

The powerful nature of these emotions is overwhelming. What remains problematic though is how to explain them. In the world of the good teacher as rational, the teacher is made accountable for their emotions. Being medicalised is a further confirmation that something is internally wrong with her requiring modification with anti-depressants. Contradictorily, Anne-Marie draws on the alternative discourse that the school causes her anxiety yet still holds herself accountable confirming that she is the problem:

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[19] A selective serotonin reuptake inhibitor anti-depressant

> *I felt like I was being, you know, metaphorically, um pushed over and stamped on, and that what I can't see is how they thought I would be able to recover from it, and how they thought, you how, much fight do they think I've got in me, and why does it have to be a fight, you know (laugh) I'm just such a fool.*

Anne-Marie narrates the competing discourses of teaching being a fight, a hardship to be mastered, and attempts to resist this by questioning the need for teaching to be a struggle. In this context, her resignation after ten years of teaching can be construed as a final act of resisting this environment and regaining control over herself, even if she still sees herself as the one who was the fool.

Anxiety as an abnormality

From the narratives, it becomes apparent that, as with crying and tiredness, anxiety is generalised and confusing. It is this ambiguity, and the lack of a stable identifiable cause, that partly drives individuals to construe themselves as being the problem. The argument is that 'If everyone else around me can cope, and is doing ok, then I am the problem because I cannot do what they can'. Anxiety may occasionally be linked to specific triggers, such as inspection or observation, but there is an emphasis in the narratives on its inevitability. It is a problem the teacher must learn to manage as Capel (2013) suggests. The good teacher is discursively constructed as the one who can adapt and master their emotions. The effect is to silence the emotional voice.

However, as we know from Francis, that image of being in control may be an illusion, teachers learning how to act, to pretend that everything is all right. The depressed teacher is a discursive threat to the established truth of what constitutes good teaching because they are telling a truth about how difficult teaching is, a truth that if it was revealed would undermine teaching practice. Depression must therefore be reconstructed a sign of personal failure. Structurally it is easier to hold the individual accountable rather than the practice of teaching. It is not that the individual cannot and should not do things to help alleviate their problems, rather emphasising the individual creates a new tyranny. The encompassing dispositif of teaching practice

constructs an image of the good teacher as being in control, capable of producing an almost effortless performance, in a way that excludes voices/understandings of the problematic elements of the role. Those problems that exist are to be managed by the strong, resilient, adaptable teacher. A consequence of this focus on the individual is the production of a culture of self-blame, a recurrent feature of these narratives.

So even if anxiety might have been framed psychologically as a reasonable response to a potential threat (Kandel, 1983), in this context it is not interpreted as a warning that something is wrong but as an emotion that needs to be suppressed. The individual must manage themselves rather than their environments to avoid other negative effects on health, through strategies such as mindfulness as proposed by Mayorga et al. (2016). This produces a discourse of anxiety as a problem because it is out of proportion to the threat that produces it and so it is an unreasonable fear, as Nunn (2015) suggests, that needs to be treated. In effect, the discourse drives the notion that the anxiety experienced by these teachers is unreasonable and needs to be brought under control by them because there is nothing really to fear. It is their failure to control their unreasonable anxiety that is the cause of their problems.

Worthlessness, Self-blame, Guilt, and Suicide

> *You feel useless as a husband, you feel useless as a person, why not go, and throw yourself on the railway* (Barry)

In contrast to crying and anxiety, feeling worthless is one of the possible diagnostic symptoms of depression which is neither necessary nor sufficient to arrive at a diagnosis. Its presence on the DSM list sanctions a view that it is abnormal to feel worthless, positioning feelings of self-worth as the norm to be strived for. This is itself a contradictory position for the good teacher who must be self-critical if they are to improve their practice, succeeding by recognising their failures, and differentiating who they are from what they do. The narratives demonstrate that a lack of self-worth can be construed as an entirely explainable, and possibly normal, emotional response there being three distinguishable kinds of guilt and worthlessness produced by the discourses of what it means to be a good teacher. First, there is the

guilt associated with having become depressed, depression being framed as a consequence of a lack of self-care and resilience, making a judgment about the self as having failed because one has become ill. Second, there is feeling worthless because of judgments made about one's teaching practice either by oneself or others, narratively occurring as a precursor to depression. The third variation is associated with the effect being depressed has on others, that being ill exacerbates the pressure on other members of staff and threatens the education of pupils. This section combines this lack of self-worth and guilt with the DSM symptom of 'Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide' (American Psychiatric Association, 2013, pg. 161) as this was only described by two participants but could be seen as being an irrational thought, a terminal expression of feeling worthless, concomitant with their feelings of failure and a desire to escape from their breakdown.

Self-blame

Running through all the emotional states described has been an underlying theme of self-blame, holding oneself accountable for being ill. This feeling is, however, explicitly excluded from the DSM-5 (American Psychiatric Association, 2013) criteria of dysfunctional thoughts of worthlessness, implying that it is not unreasonable to feel guilty about being ill, a way of the medical model disentangling symptoms caused by, rather than part of the disorder. Though it may be excluded from the diagnostic criteria, self-blame for being ill was described in four of the narratives, discursively seen as indicative of illness. As Anne-Marie says:

> I think there's, there's always been a kind of a negative bit of me that doesn't believe that I'm doing well even when I'm doing well'

echoing the belief that it is her fault that she gets depressed because of the way she sees the world.

Ian's account continues this notion of individual accountability, holding himself responsible for everything that has happened to him, because of a personality flaw:

> *I cannot and, you know, I wonder whether there are, there must be, personality failings in me which led to my crash, sometimes I think was it because I was throwing my toys out of the pram, and I, you know I, think there's always a mixture, there must have been traces of, there must have been things that were not, there must have been things that were not right with me, to have not been able to withstand the impact of what happened.*

Ian's early success produced him as someone who was highly resilient and able to deal with the challenges of teaching. Like Francis, he had relished the challenges of the job, rapidly progressing to the role of Head of Department. He now concludes that this subjectivity was a mask, depression acting to expose the truth about him and establish a new subject position. Attempting to impose an order on the ambiguity of his crash, and reconstruct an identity, Ian infers that his success had disguised a personality failing that must have always been there. He now looks back framing his depression as his fault for having made the wrong decision to move into senior management, amplifying the discursive shift from the disorder being an effect of his environment into a psychological flaw:

> *Because one of my biggest problems, perhaps it speaks volumes as to what I should have done, that I should never have gone into the senior leadership officially, because the whole point of becoming an AST was to stay as a classroom practitioner but to impact on other people's professional life through your acquired skill sets.*

Ian's self-blame for becoming disordered is echoed by Catherine:

> *I was thinking perhaps 'It's me I'm no good as a teacher I'm not dealing with it, it's me as a person', perhaps I'm a person who allows people to take advantage of me, you know perhaps I invite, I don't mean deserve it, perhaps I invite this because, perhaps these managers think 'oh here's a person I can do this too' you know 'she'll get on with it'*

In an ambiguous context, attempting to find a reason for her illness she discursively construes that it is her fault she has become ill because she is the kind of person who lets people take advantage of her. This self-blame seems to be rooted in the ongoing comparison with others who would not have behaved in the same way, discursively turning her into someone with an underlying abnormality exposed by becoming depressed.

Worthless because of the effect of illness

One of the work-based problems that faced Francis in his new school was the disruptive behaviour of a small group of boys who all had specific learning needs. Francis had encountered such behaviour before but not on the same scale. He alludes to his motivation for teaching, to make things better for the children in his care like these, but finds himself in a position where this is compromised, threatening his discursively constructed identity:

> *With my conscience, I want to do the best thing for the children, I also will make sure that I am ensuring the wellbeing of the staff, and the other children, and maintaining safety, and it just seemed to get worse and worse and worse and worse the behaviours, but it wasn't out of the ordinary, and I had to, at the time I lost sight of that, I was taking it very personally, that I was failing because I wasn't able to turn the behaviour round straight away.*

Here there is a double sense of self-blame. Looking back, he recognises that he felt that he was failing because he, as an individual, could not positively influence the behaviour of the pupils in his care. His conscience, or subjectivity, is discursively constructed from the discourse of the good teacher doing the best for everyone, his failure to achieve this threatening his identity. He also concludes that if he did not have this view of himself then his failure would not have mattered to him. In the present, he sees it as a personal failing that he had lost his perspective at that time, overinflating his role in managing behaviour. Feeling that he was failing at the time, he now reviews his history and sees this as a failure brought about by a lack of objectivity concerning pupil behaviour. Francis occupies the subject position of individual accountability, the good teaching taking control, a double-edged sword carving out a position of positive action and personal blame.

Towards the end of her career, Elizabeth also feels that she is failing the pupils in her care, that the work of being a teacher has become something she cannot do anymore, leading to her ongoing depression. To take care of herself she makes the decision to leave. This conflicts with the resilient, persistent teacher discourse, leaving construed by her as an act of failure:

> *I left, and I always felt about leaving, I felt it was wrong, you know, but I just felt I cannot carry on my life like this, I cannot do this anymore.*

Resigning is discursively construed as a selfish act, putting her needs first, rather than acting in the best of their pupils. Leaving, however, is also constructed as an act which does put the needs of the pupils first, as Catherine, comparing herself to the person she used to be, notices that she does not feel as if she cares anymore about her students:

> *As I say, you lose sight of the kids, you lose sight of what you are doing. That last year I'd go into the classroom thinking 'What the bloody hell am I doing', I didn't know what I was doing half the time, I just, it was like, you know, I'd gone from somebody who loved working with all these kids and wanted to do this that and the other, and I hardly knew who was in my classroom in the second term, and yeah people would say 'What about so and so?' and I would say 'What about them?' I'd lost touch.*

Leaving is a way of preserving her identity as a good teacher, protecting her pupils from the harm she might cause them in the longer term had she stayed. No longer the teacher she used to be, because of her depression, produces a feeling of guilt that she can no longer put her pupils first. It is this that can throw doubt on guilt as a symptom of depression, rather it is part of the discursive construction of the disorder. The discourse of persistence is confronted with the discourse of putting student needs first. It is this place of conflict that seems to produce the feeling of guilt, a double bind as both staying and leaving are wrong. Guilt appears as a consequence of staying as her depression may harm her ability to be a good teacher, and for leaving abandoning her work, putting her needs first. The resolution to the conflict is found in repositioning her leaving as an act that foregrounds the needs of both groups.

Worthless because I am not meeting the standards

In Elizabeth and Francis's narratives, there is an element of feeling worthless because they are no longer able to maintain their personal standards of doing the best for their students, turning themselves into the subjects of their own discourses of what it means to be a good teacher. However, there are instances when the teacher is turned into the subject of someone else's good teaching discourse leading them to feel worthless. In Barry's story, he is observed by his Headteacher who, for the first time in his career, gives him a poor observation grade. This has a devastating effect as it takes away from him his belief that he could always teach.

He becomes worth significantly less than he used to be recounting that:

> *She had me in and told me it was one of the worst lessons she had ever seen, and that I didn't know what I was doing.*

Barry's Headteacher subjects him to an embedded comparative discourse of good teaching. Barry's lesson is poor because it is not as good as any of the other lessons she has seen, rather than it is poor because it does not meet an objective standard. On this comparative scale Barry's lesson is worth less than these others, and by extension so is he, given the association between identity and practice. This has a shattering effect on Barry's narrative of self:

> *It was totally devaluing, you felt useless, I did feel useless, and that's part of depression that you feel totally useless, but it then has it has a knock-on effect in your family life and you feel useless as a father, you feel useless as a husband, you feel useless as a person, why not go and throw yourself on the railway, and it did get to that stage at one stage with me it had such an effect on my life, and that was when I realised I had to walk away from it.*

Barry illustrates the contradictory discursive meanings that can be attached to the feeling of worthlessness. The first is that it is produced by work-based practices labelling him as worthless. The second is that it is turned into a symptom of a disorder of depression, a move that delegitimises his critique of others as being the product of a disordered mind. Barry is hit by a double blow as his response is disordering and disordered, he is made ill by feeling worthless and feeling worthless is an indicator that he is ill. Even if the school has produced his response, Barry concludes that the reason he feels useless is due to his depression, rather than being a reasonable response to the critique he has received. His narrative again displays the double position of depression being cause and consequence. As his teaching self is intimately entwined with his other selves this discursive double bind leads to him contemplating suicide as a means of escape, replaced by the act of walking away.

The loss of self and an association with contemplating suicide was found most explicitly in Ian's narrative. Hating the person he had become, Ian considers suicide as a means of escape from this other self, the self that was failing to meet the standards he had set for himself:

> *I do remember the Sunday, that this particularly bad Sunday, where, you know, if I'm candid about it I could have stuck an exhaust pipe, something on the back of my exhaust and finished it really, and I am being…I was quite open with people eventually about how I felt, and, you know, they look at you as if to sort of say 'I can't imagine why would you want to end your life or why would you want to' and the truth of the matter is that you do think about, and you think 'I cannot handle the me I appear to be now'.*

Suicide is framed as an abnormality by others as it is irrational, it is not something they can understand. Ian's rationality is that he has been turned into this other person diametrically opposed to the controlled self he had been. Throughout his story, he talks about losing control over his anger, his ability to make decisions, and his crying. All of these contribute to his loss of the self he once was, turning him into someone he does not want to be. He has become divided against himself, seeing himself as responsible for everything that has happened to him. This self-blame seeps into his explanation of why he did not actually act on his feelings, turning this into further evidence of his lack of worth:

> *I remember going out for this drive and thinking 'If only I had the guts would I do it' um and I suppose if you're a coward you're a coward, aren't you, but I suppose even I was shocked at myself that I was having such overt feelings about just terminating it all.*

Ian is discursively construed as abnormal first for having these feelings and second for not being able to act on them because he is fundamentally a coward, rather than viewing this as an act of self-preservation.

Ian's narrative highlights that central to the conception of self-worth is that the individual is making judgments about themselves becoming their own subject. From the Foucauldian perspective, self-worth can be framed as a discursive construct, produced by the technologies we bring to bear on ourselves. The dispositifs of depression, of which DSM is part, and that of teaching practice, both direct the self to look at the self in a particular way and make certain judgments about that self. Clinically DSM V excludes causal interpretation of symptoms, however, the process of diagnosis and treatment directs the individual to look to themselves for an explanation. They must either change their biochemistry, their thinking, build their resilience or leave the job, the dispositif of depression focusing on the failures of the self. The focus on the self is to see their depression as caused by their inability to

administer their workload, deal with pupils, manage their relationships and/or control their emotions. This in turn reinforces the dispositif of individual accountability, managed through the technologies of self-assessment, manufacturing a tyranny of self-improvement, and producing a state of permanent self-belittlement. Under such conditions, it is perhaps inevitable that the accounts of the symptoms described so far would also be accompanied by a sense of worthlessness, guilt, self-loathing, and shame, which for some escalates into suicidal ideation.

Conclusion: The instability of depression and its consequences

To problematise the diagnosis of depression in teaching, employing the tools of truth, subjectivity, power/knowledge, and discourse, is to do two things: to point to the problems that a diagnosis is meant to solve and to show what is problematic with that diagnosis. The diagnosis of depression is meant to solve two problems in these narratives. First, it is put forward as an explanation for the errant emotions expressed by these teachers. Second, by explaining those emotions diagnosis produces a solution to the problem through the management of emotions either cognitively or pharmacologically. These emotions are viewed as problems to be solved not just because they are unpleasant but because they threaten the concept of the good teacher as resilient and able to resist them. Diagnosing individuals with an illness partially circumvents the need to examine the work-based practices that may have been involved in producing these diagnostic emotions. In fact, the diagnosis of depression supports the view of the good teacher as the one who learns to cope with the inevitably stressful environment of teaching without becoming ill. A diagnosis silences any critique individuals may have of those teaching practices which have been officially identified as good. However, because there are multiple problems with the practice of diagnosing depression it cannot solve the problem it is meant to address.

The first problem with the category of depression running through the narratives is the persistent search for the global truth about what a set of symptoms mean, as opposed to looking for a localised truth to account for them. Subjected to DSM, administered, and sanctioned by the medical profession, produces a truth about

depression as found within the individual, despite the assertion that DSM is not meant to have explanatory power. The narratives demonstrate the way in which DSM can do this through a process of simplifying symptoms to single descriptive sentences. Within the category individual symptoms disappear to be replaced by the global syndrome of depression. The stories show a more nuanced, varied set of symptoms than that presented in DSM, for example in the case of feelings of worthlessness associated with several aspects of the work. Further, the diagnostic criteria limit what can be said, excluding crying and anxiety. Thus, the discourse not only defines but produces the symptoms that individuals describe.

The effect of the dominance of this discourse of depression, as portrayed in these narratives, is to shift the focus of attention away from the local situation and on to the person, whether it is their psychology or their biology, as abnormal. DSM imposes an order on the disordered world of symptoms. Teachers are directed by the discourse to see themselves as being the problem, amplifying the symptom of guilt and worthless, producing the disorder through the application of the discourse. In each case even though the participants narratively recognise that their work environment has played a role in producing their symptoms, the dispositif repositions these symptoms as signs of a disordered self rather than a consequence of a disordered environment. Whilst not suggesting that either of these explanations is true, the Foucauldian position alerts us to what has been silenced through the dominant discourse produced within the practice of diagnosing mental illness.

The narratives do point to a symptom being discursively constructed from three key characteristics; the extent to which it is experienced as exceptional, unpleasant, and having a detrimental effect on their ability to be teachers. What was apparent, however, was the weighting given to each symptom, a weighting obscured by the DSM criteria. Crying, for instance, was heavily weighted, described as the most unpleasant and exceptional symptom, physically preventing the teacher from teaching while they are weeping. In contrast, feeling a lack of self-worth was given less prominence, reported as unpleasant but not as exceptional, nor did it directly interfere with the act of teaching as much as physical tears. This exposes the way the medical discourse problematises affects in a particular way, translated through

the PHQ9, each affect becomes a symptom, each with equal weighting, imposing an order on the disordered symptoms described by patients, driven by the clinical need to make a rapid, reliable diagnosis.

Regardless of their position within the medical discourse of depression, these physical, emotional, and cognitive experiences are important as they underpin the individual's assessment of themselves that something is wrong and that they need help. Prior to diagnosis, symptoms are problematic as they interfere with being a teacher or living one's life. Contextualised through diagnostic practices they become symptoms, the dispositif turning them into evidence of a particular type of problem, having the mental illness of depression. Teachers may have many other experiences that make life difficult, but it is only those that already exist as part of the lay or clinical discourse of depression that are noticed, measured, and enquired about, made decipherable by the dispositif.

Within each story, there is a search for an explanation for the occurrence of these symptoms, a way of organising them and giving them meaning. Assuming that the meaning of the symptom is not contained within the symptom itself and challenging the notion of the existence of depression as an object, there are various elements that produce these symptoms as signs of an abnormality. The first is that they are framed as acting on and through the teacher's body, challenging their ability to physically do their work. The construction of the good self is built on a duality of a separation between the self and the body, produced as someone who exerts control over their body and does not let their body control them. These teachers are produced as abnormal because their body is controlling them, their symptoms taking over their capacity to be teachers, turning them into someone they do not consider themselves to be. This interacts with the second element, the essential ambiguity of these emotional affects. Though in some instances identifiable environmental triggers for each may exist, it is the persistence of these feelings, and the extent to which they become detached from specific causes, that produces them as ambiguous and therefore in need of explanation.

Together this ambiguity in conjunction with the dispositif of depression produces a

norm; the discourse of the good teacher as being selfless, resilient, rational and in emotional control. In some way, all these symptoms challenge this norm and are therefore construed as being evidence of an abnormality. In each story symptoms were experienced as being uncontrollable, attempts to suppress or remove them often resulting in failure, threatening the teacher's perception of themselves as good teachers. Interacting with these there is a fourth, comparative, element, knowing that other teachers are not experiencing the same emotions, or at least not to the same extent, produces these affects as something abnormal in need of explanation.

Problematising the diagnosis of depression among teachers in this way is to recognise that, from these narratives, defining what depression is, and what its symptoms are, is not as straightforward as it would appear. The depressed teacher appears in a space of oscillating contradictions; between having normal and abnormal reactions to the world, expressing or repressing emotions, being emotional or rational, being myself or being like others. The operation of power attempts to crystallise a particular account of depression which supports the idealised version of the good teacher as being emotionally resilient, rational, dedicated and committed to a vocation, willing to go above and beyond. A discourse the emotional expressive teacher threatens.

Chapter 6. Accounting for Becoming Depressed: Using Foucauldian conceptions of power to contextualise teachers' narratives of depression within conflicted workspaces

Introduction

Whilst conducting the interviews, and subsequently reading the narratives, it became apparent that despite only asking participants to tell me their teaching story, that question contained the implicit directive to give a causal account of their emotions. Recounting what had happened to them meant trying to explain to me, and to some extent themselves, why, from their perspective, depression had happened to them. It was also evident that each interviewee was confronted with the same problem of not having an immediately identifiable reason for their uncomfortable, out-of-character, distressing emotions. Despite occasionally identifying such challenges as overwork, negative evaluations, and difficult pupils, as contributing to their struggles as had been previously identified (Kyriacou and Sutcliffe, 1978a, Blase, 1986, Travers and Cooper, 1993), there was an overriding sense that these were not enough to explain their depression. The question remained as to how was it that these things could cause such heightened and damaging emotions. As Anne-Marie alludes to:

> I feel like I've got to this space where I can't make sense of it, and that's where this thing of the diagnosis of depression and, and mostly, they said anxiety and stress, but I can't make sense of it really.

Unlike overtly biological disorders, where a diagnosis explains symptoms, Anne-Marie encounters the discursive problem of a psychiatric diagnosis not fully explaining her feelings, the disorder requiring further explanation. Ian's narrative extends this view, highlighting the ongoing struggle to rationalise and understand what had happened:

> I think I have spent so many hours retrospectively analysing my crash and trying to understand something of me that actually I'm still I'm still wrestling with in a way that I wouldn't have wrestled with in the past.

The diagnosis of depression was one possible explanation offered by medical practitioners and others, however, as with Ian, it failed to explain anything. Each

person was instead left seeking an explanation for the explanation given for their errant emotions. The tension in these stories was that even though their negative emotional states arose before diagnosis, they did not become depressed subjects until they were given a diagnosis. This is a temporal truth event from which it becomes possible, in telling the story, to manufacture a retrospective explanation for their depression, to search for a cause in the emotional turmoil of their past, to know what depression is, producing depression as an object. However, labelling his crash as a product of depression, supposedly imposing order on his symptoms, still fails to explain Ian's emotions, an ongoing theme in all the narratives. Even though each person can identify possible triggers for their depression, and they use the label of depression as an explanation for their emotions and behaviours, there remains an ongoing search for a cause to explain not the symptoms, but the disorder manufactured from their symptoms, the competing representations of depression played out in their narratives.

The lack of explanatory power of the category of depression can be traced, in part, to a problem with the practice of diagnosing mental illnesses, exposed in the history of DSM III, and reflected in the narratives. Two opposing, yet contradictorily synergistic, explanations were readily identifiable in the data reflecting the models of depression Showraki (2019) identifies as prevalent in psychiatry prior to DSM III: Endogenous, caused by something within the person, and reactive, a response to some external stressor. The contradictory space these models produce was invoked in each narrative as each account had elements of both explanations. Barry evokes the endogenous explanation, using a genetically orientated, familial inheritance explanation for his problems:

> I mean my mother suffered quite badly with mental illness and depression, … as a child I was I was one of three children, I've got two elder sisters both of whom also suffered from depression in their life.

Anne-Marie also concludes that her depression is caused by something within her, a part of her personality:

> I think there's, there's, always been a kind of a negative bit of me that doesn't believe that I'm doing well even when I'm doing well, so which may be why

> *the doctors kept saying 'we think you're depressed' cause there's always been a bit of me that won't believe it's going to turn out well*

Her narrative, however, also contains the alternative, reactive, model, Anne-Marie concluding that the demands of the job prevented her from sleeping, leading to her depression:

> *I think it's through exhaustion you know I think I'd reached a point where I just couldn't get enough sleep, I couldn't get enough rest given the remit of the job and the timetable and my other responsibilities*

Barry similarly references the reactive position concluding that his workload has brought on his depression:

> *I worked with a Headteacher who I'd got the up most respect for, but she was the sort of person that worked twenty-four hours herself and if you were prepared to work twenty four hours she would work you twenty four hours you know she was, demanding a lot of those that were willing, and I was willing unfortunately and so I used to do over and above what I perhaps should have done.*

This contradictory voicing of both endogenous and reactive explanations was identifiable in all the narratives. Each person readily pinpointed specific events that triggered their emotional responses whilst simultaneously inferring that those responses were produced as part of their personality. Notably, as in Barry's story, participants resolved this contradiction by ultimately holding themselves responsible for their symptoms and depression. Barry's workload may have been a problem, but the underlying cause of that problem was his personal failure for taking on the extra work, for not saying 'no' to his Headteacher. Rather than framing the work environment as problematic, the individual identifies themselves as accountable for not taking control of their workload, failing to adapt to the demands of OfSTED, being unable to stand up to their line managers, or view their environment appropriately. The influence of this personalised explanation can itself be contextualised within the rise of the accountability culture in schools Perryman (2006) has described. Individual teachers are held entirely responsible for outcomes, reflecting a global discourse of the good humans as being masters of their environments.

An analysis based on this tension between endogenous and reactive explanations within the narratives, was initially appealing, exploring the relational operation of

power between two competing versions of depression. However, this strategy only seemed to replicate the approach of previous research concerned with identifying the factors associated with causing depression. Thinking differently meant simultaneously accepting the existence of the emotions that each participant experienced whilst questioning the existence of depression as an object, produced by, or the cause of, those emotions. From this sceptical stance, a close reading of the data demonstrated that regardless of whether they were voicing the endogenous or the reactive explanations there was an alternative analytical account that could be told.

A more holistic analytical perspective, made possible through gathering life history narratives as opposed to tick box questionnaires, suggested that symptoms could be located within tales of multiple, ongoing struggles over how to be a teacher that the participants had lost. From this perspective, the symptoms associated with a diagnosis of depression could be reconstructed as evidence of a complex grief response (Maciejewski et al., 2016). This is not to position what is said as the truth about depression, only to expose what has been said as a construct, one story among others that can be told to account for a particular set of emotions. Depression could be viewed not as a disorder but as a dominant subject position among others, a way of managing the emotional effects of that conflict, immediately suggesting an analysis using the Foucauldian lens of power and knowledge.

To demonstrate the possibility of telling a different story that the application of Foucault makes thinkable, this chapter starts with a brief account of power and the rationale for focusing on the account given by Francis. Francis's attempts to bring about organisational change foreground four points of force that are brought to bear on himself and his staff, the open sites of conflict in the organisation. It is in this context of the operation of power that the emotions Francis encounters can be reconfigured as evidence of repeated exposure to loss (Harvey and Miller, 1998), something that is inevitable in the field of everchanging practice within teaching. The conclusion that can be drawn, through an analysis using Foucault's tools, is that these stories of depression are perhaps the extreme version of a continuum of loss within teaching.

Foucault, Power, and the Value of Francis' Story of Conflict

Foucault's analytical conception of power is that it is to be understood in terms of something done rather than possessed; it is relational, both parties acting on the other; and it is characterised by resistance, a situation of perpetual conflict which implies the existence of winners and losers. Using power as an analytical tool to tell a different story of depression entails considering what is being done, the methods that are employed to carry out those actions and how it can be resisted. The superordinate power struggle that dominated these interviews was over how to be a good teacher, played out in the methods employed to judge performance and turn teachers into good teachers and the resistance to the deployment of those methods.

Conflicts over practice were traceable in all the narratives, identifiable as contextualising the out-of-character, uncontrollable, emotions described by the participants. Francis's story provided a particularly illuminating path to thinking differently about such conflicts as it usurped the view of the classroom teacher oppressed by management in the stress research, inverting the conception of power as coming from above, instead illustrating how it is relational, coming from below as Foucault (1981a, pg. 94) suggests. As a new Headteacher, Francis might have been expected to impose his vision of good teaching on the school, being authorised to instigate change through his designation as the man in charge. His narrative illustrates that he is, however, enmeshed in multiple, oppositional, relationships confounding the notion of the Headteacher as being in charge, subjected to the effects of power from others subordinate to him in the organisation. That the actions he takes ultimately fail to change educational practices in the school, directs attention away from the Headteacher as a possessor of power toward the multiple force relationships between people and the discourses they speak, typifying the Foucauldian relational characterisation of power (Foucault, 1981a, pg. 92).

This relational conception of power implies the presence of at least two forces, acting in tension with each other, power only existing in the relationship between opposing positions within the sphere of the school, not with the person or the role of the Headteacher. Each of the actors in this context attempt to modify the other and this

relationship by acting on the actions of the other. The relational struggles between people in Francis's story are dominated by a debate over how to manage the behaviour of challenging pupils using either the strategy of inclusion (finding ways of keeping the child in school) or exclusion (removing the disruptive child from the school for a period). Both courses of action can be rationally justified, each drawing on competing discourses of what constitutes good educational practice. Foucault's view is that without such opposing perspectives, and the attempts by each side to subvert or escape from the other, there would be no power relationship (Foucault, 1982b, pg. 794).

Given that power is in the relationship between opposing views, each being a point of insubordination to the other, as Foucault (1982b, pg. 794) suggests, the strategies of inclusion and exclusion define each other, escaping from one by resorting to the other. An implication of this is that for power to operate, people must be free to move from one position to another. Foucault points out that this freedom is limited to the choices that are available in response to the other, which constantly act to provoke the other (Foucault, 1982b, pg. 790). From this it is possible to infer that the inclusion/exclusion debate, which concerns Francis, is not as fixed as it might appear at any point in time, a truth sky, rather each position is continually seeking new ways to promote and justify itself, traceable in the narrative, producing an incessantly mobile web of forces, a set of constantly shifting truth events. To paraphrase Foucault (1976a, pg. 92), this represents the set of multiple force relations, engaged in a ceaseless struggle aiming to transform, strengthen, or reverse them that typifies the operation of power.

It is perhaps the mistaken, alternative conception of power as resting with the person that proves problematic for Francis in not being able to do the work, he envisions a Headteacher ought to be able to do. At various points, in his story, it is possible to identify the processes that are used to alter the force relationships in the attempts that are made to strengthen the use of pupil exclusion or reverse it. At an institutional level, these debates produce practices that justify them, as Foucault (1981a, pg. 92-93) suggests, taking on the appearance of being fixed, codified in the regulations that become a truth sky. The crystallisation of practice that has occurred

in Francis's school, prior to his arrival, is primarily around the strategy of exclusion. Other strategies are mentioned but the focus for Francis is on resisting the direction the school seeks to impose on him by reducing the number of exclusions. To do this he deploys four interlocking tactics to act on the action of his staff: Training his staff in the correct methods to use, using his position of authority, preparing for the OfSTED inspection, and holding his teachers accountable through action planning, monitoring, and surveillance. Each of these strategies, to a greater or lesser extent, embodies Foucault's (1982b, pg. 792) characteristics of the analysis of power relations in terms of their dependence on a system of differentiation, having a particular objective, deploying an instrumental mode, embedded within an institutionalisation structure and rationalisation. In this context, the story of Francis's depression can be retold as one of multiple, ongoing losses, a result of not being able to be the person he sees himself as being.

Staff Training: The rationality of continuous improvement

Chronologically this was the first identifiable strategy within Francis's narrative that he deployed to affect change among the staff and communicate how things were going to be. Narratively training served the additional, reciprocal functions of establishing Francis's position as Headteacher and acting as a means of differentiating him from the staff and his predecessor. Before taking up the post, Francis had become aware, through conversations with the outgoing incumbent, of a different truth than the one presented at his interview and that there were issues the school was going to have to address:

> *He and I had sort of met a few times and talked through some stuff, he had filled me on, on personnel things and, again bits that he was telling me from that were starting to add to those alarm bells that were already starting to ring with me in terms of levels of staff absence, um turnover of staff, um having to chop and change, um, class teachers throughout the year, all that kind of stuff was starting to not quite ring true.*

The discursive indicators that something is problematic are the high staff turnover and absenteeism, both signs that something is wrong with the school. Applying a diagnostic model, staff leaving is a symptom that requires explanation. Francis implicitly locates the source of the problem as endogenous, existing within the staff,

who can be modified through treatment. Making the staff better means resisting how things have been done in the school and establishing a new set of practices. Francis's Headteacher identity appears to be as one operating from a position of benign authority, differentiating himself from other Heads who might behave more ruthlessly and solve the problem through excluding staff:

> *I would much rather work with people and develop them and help them to fit into a role rather than the cutthroat sort of capability procedures and all that sort of stuff, that to me just goes against everything I stand for*

INSET training is an instrumental mode through which he can work with people to change them in an apparently collaborative manner, rather than telling them how to be good teachers in an authoritarian way. However, it is simultaneously a controlling means of imposing his identity and will on the school. Training is exposed as a contradictory method of control, containing a power relationship between a democratic and authoritarian approach to behaviour change:

> *The main thing I wanted to do was get the start of term sorted and the INSET days and make sure they were going to be really impactful, so I did a lot of work preparing for those, moving into my office and putting my stamp on it so that people knew that I had arrived, I wasn't just sort of shuffling in quietly and I wasn't going to be the same as the Head that had just gone.*

Training is a technology of power and a technology of the self (Foucault, 1982c, pg. 18), which has multiple effects through acting on the actions of others. Not only does it serve as a means of modifying classroom behaviour, but it changes attitudes, a mechanism for differentiating Francis from the previous Head, and establishing his authority. The use of the term 'impactful' conveys the corrective function, a technology of power, that the staff need modification, implied by the concept of training:

> *The INSET that I planned most people seemed to enter into the spirit of it and were very much up for, because I'd made them very hands on, very 'get involved' type sessions, it wasn't sitting listening kind of stuff, and they seemed to be up for that, so I thought 'fine' um*

From one perspective, the use of 'hands-on' learning activities appears to be a democratic form of learning, with each person involved making an equal contribution to the learning event, learning to shape themselves, a technology of the self. However, it is a mechanism that hides its authoritarianism, preventing individuals

from escaping from learning, a way of suppressing resistance. Exercising power through the instrumental mode of active involvement acts as a means of simultaneously countering the potential for resistance, establishing the discourse of the good teacher as continuously improving, and stabilising Francis's subject position and authority as Headteacher. What is apparent is that being in a force relationship with the existing, crystallised practices within the school, the staff find alternative ways of resisting change. They counter the perspective of change being necessary or good by actively failing to put their new learning into practice.

Key to the use of staff training is the rationality that continuous improvement is a good thing, which may be problematic in relation to feelings of lacking self-worth and self-blaming, endowing the individual with the capacity to adapt to changing environments:

> It's about always keeping up with the times basically, um, and being prepared to, yeah, you know it is good to have old fashioned values, but things change, things develop our understanding of things like the behaviour, like ASD, our understanding of those things changes over time, and usually for the better.

Here two views of what constitutes good teaching collide. The good teacher must simultaneously embody traditional values and utilise recently developed practices which may run counter to those values. The force that runs counter to change is that of having 'old-fashioned values' that are threatened by change. What is problematic is that the continuous improvement culture can imply that because practices need to be changed what has gone before was not good enough. As the modified versions are also open to critique, nothing and no one can ever attain the status of being good enough. The counterpoint of maintaining old-fashioned values suggests that things can be good enough and therefore do not need to be changed. So, two versions of what counts as 'good' are produced as being a force relationship with one another, each defining the other, dependent on the other for their existence.

This conflict is problematised further as not all new knowledge is necessarily good knowledge. Knowledge needs to be evaluated, there being a limit to the incessant modification of practice as constant change itself can be potentially emotionally damaging, as Francis describes:

It doesn't mean I am necessarily up for every single fad that comes along, you have to evaluate and you have to you have to be selective, you can't just take on every new initiative 'cause then you get just as bogged down, as with all the monitoring and all that other stuff, if you, every brand new initiative you threw at everyone and people would then get confused wouldn't know what day of the week it was.

The view that change is a good thing is in tension with the perspective that too much change can be problematic and that some change has no value. This opens a space within which taking action to bring about change can be resisted, exemplified when Francis brings in external experts to deliver behaviour management training, attempting to change the locally produced expert knowledge:

We had, the local authority developed a new approach to behaviour management and physical interventions, so they came in and did a whole staff training session with that and people were making the right noises and sort of appeared to be enthusiastic about it

Using experts is a means of establishing the changes Francis seeks, a rational response to modify existing practice. The rationality underpinning staff training is that teachers are adaptable, changeable through learning, and that, like pupils, are open to reason and will change when presented with the appropriate evidence to counter their existing perspective. The situation Francis encounters is that established practices are not necessarily open to change through the action of reason, staff finding ways of resisting the new position by exerting an alternative rationality.

One mechanism of defiance is that of passive resistance, teachers publicly declaring their support, yet maintaining their original position, continuing the confrontation between the two strategies of behaviour management:

… but now, now that I've had some time where I've sort of reflected on stuff, there were lots of situations where the staff were saying things and making noises about things, and I've realised that they were saying what they thought I wanted to hear from them …

In the school, people can resist change by fabricating a public identity without having to modify their existing, crystallised identities. The operation of power is made visible in the struggle between the two opposing positions of change versus stasis. The effect of this strategy of resistance is to silence Francis's attempts to bring about

real change as it makes it appears that changes have been made when they have not, destabilising his identity as Headteacher in charge.

> *… and that was the case with this behaviour thing, so on the sessions they were 'Oh yes this is really good we will be able to implement this' and yet once I was out of ear shot it was like 'Let's just carry on the way we were, the way we've always been, not going to change' so there was that resistance to change in all aspects of school life.*

Power is not, therefore, something that Francis holds. He cannot force his staff to change as they are free agents. The view that the school must change, communicated through INSET and by employing external expert knowledge can be constructed as three points of force. These are arraigned against the local knowledge embodied in the school, that things are good enough, justified on the grounds that they have worked in the past. Changing people is not as simple as providing the appropriate strategies or saying that there is a need for change. Implementing a particular strategy is dependent on staff overturning their local knowledge, upsetting their identities and their perception of their teaching skill. The same is true for Francis in that in failing to convince others of his view of teaching threatens his subject position of the type of teacher he sees himself as being. A solution to this problem is for Francis to utilise the system of differentiation between staff, produced by the institutional hierarchy of the school, and invoke his position as Headteacher as a means of bringing about change.

The Headteacher: An institutional force of hierarchical authority

Foucault (1982b, pg. 792) names schools as an institutional form that embodies and is produced by a hierarchical power structure. This configuration differentiates people not necessarily through their expertise or experience but according to their elevation in the institutional structure (from Headteacher to Senior Managers, to Middle Managers, to Classroom Teachers), through which power relations can be established and maintained. Their organisational position explicitly permits the individual to act on the actions of those subordinate to them. Those actions simultaneously produce and stabilise the hierarchy. However, this structure is not as fixed or unidirectional, as it might appear on an organisational chart. Instead what the narratives expose is that the players, as Foucault (1976a) suggests, are involved

in a complex set of mobile force relations, where power comes from below. It is a conflicted space of personal wins and losses that can produce a set of emotions which can be construed as evidence of depression.

Establishing the authoritarian role of the Headteacher in the narratives

The designation of Headteacher supposedly grants the greatest capacity to act over the largest number of people within the organisation. Taking those actions establishes the differentiation, implied by the title, between the Head and the rest of the staff, as Barry outlines:

> *She had total power she, she brought in a deputy from the school who was her right hand man, and basically they made all the decisions, they didn't share, we had a senior leadership team, as such, but they didn't share any of the decision making, it was them that made the decisions and it was us that were then given the tablets of stone to carry out the decisions, there was no questions about 'should we do it this way or should we do it this way what do you think? you know the school what do you think works best?' none of that, it was 'this is the way it's going to be done, I want it done this way.*

These overt manifestations, the focus of other analyses of power according to Foucault (1976a), are not what power is but its consequences, the terminal effect of an interplay of other forces. Barry's narrative deploys a rationality that, being appointed as a Headteacher, this person can see a truth that others cannot. It is assumed that they have greater knowledge than the other, long-serving, experienced members of staff about what constitutes a good teacher:

> *A lady, who basically, to cut a very long story short, came in and didn't want anything to do with any of the Senior Managers, saw it as a totally failing school, there was nothing there that was good, she was gonna introduce her own systems, her own way of doing things.*

The designation of Headteacher establishes the truth that she is a knowledgeable, well-qualified professional, who knows what is best for the school, and that justifies her judgment that the practices in the school are inadequate. Her status differentiates her from other staff members allowing her to take unilateral action without consultation. Taking such actions simultaneously produces her hierarchical position as the Headteacher permitted to take such actions and confirms her status as a truth teller. The effect on Barry is to render him powerless:

> *It was totally devaluing, you felt useless, I did feel useless, and that is part of the depression.*

His truth of how to be a good teacher is negated as it is in opposition to the person in charge. The feelings produced and contextualised within the operation of hierarchical power are subsequently equated with the psychological disorder of depression, a pattern discernible in each narrative.

Elizabeth, for example, recounts the following encounter with her Deputy Headteacher:

> *One of the Deputy Head's called me in and said, you know, she talked to me quite a bit and she said 'Well Elizabeth how would you like to teach year seven IT?' and I kind of looked at her and said 'IT? what computers?' and she was like 'Yes' so I said, 'Well I wouldn't really' you know, she had given me this whole great chat and I said 'No thank you' and she said 'Well actually you have to do it' and I am kind of like 'Well why did you ask me, why didn't you just tell me' sort of and that really upset me, that bothered me, that made me angry, I actually cried when I walked out of her office.*

The Deputy Headteacher engaged in an attempt at persuasion, something Elizabeth resists, resulting in an assertion of hierarchically established authority. Elizabeth is still free to walk away but having lost the argument stays, producing a set of emotions she equates with depression. This top-down, hierarchical view of power in schools, portrayed so far, is reinforced by interrogating depression using survey methods identifying managers as a cause of mental illness (Kyriacou and Sutcliffe, 1977, Kyriacou and Sutcliffe, 1978b, Eskridge and Coker, 1985, Akpochafo, 2012). What makes Francis's story of value is that it inverts this modelling of power in line with a Foucauldian analysis of, where there is power there is resistance, and power coming from below.

The conflicted state of Francis as an authoritarian

It might be assumed that, as in Barry's school, being named Headteacher would have given Francis the authority to bring about change, a position from which he could direct the actions of his staff. However, what can be traced in his narrative is the relational component of power. His status and capacity to act depends not only on what he does but on how others respond to what he does. Francis is embedded

in a set of force relationships with the existing practices in the school, embodied in his Senior Managers, finding that power comes from below:

> *So initially I started off, and the Deputy Head and the SENCO would say 'That should be an exclusion out for a couple of days', and I was going along with it.*
>
> *Not having loads of experience of dealing with that sort of thing I kind of just went along with 'Okay this is what should happen', but I was uncomfortable with it.*

The force relationships within which Francis operates initially grant those with experience the right to act, a rationality standing in opposition to the construct of the all-knowing Headteacher. Francis acquiesces to the demands of those hierarchically below him, acting against his moral code, as they are discursively construed as having greater knowledge. The effect is to destabilise his subjectivity on two fronts. First, it challenges his ethical self, exposed in his assertion that his actions made him feel uncomfortable. Second, it threatens his discourse of the Headteacher being the person in charge. These forces form the basis of Francis's resistance to the resistance from those below, reasserting the rationality of the Headteacher as a leader:

> *Then I started to think 'Hang on this isn't right, I'm the Head', and people should be, um I should, they should be following my lead rather than me following theirs, which, ultimately, I was doing, but I was taking advice you know, I was acting on their advice.*

What is apparent is a tension between the good Headteacher who knows what to do, leading from a position of authority, but who also seeks the advice of others. Contradictorily following the advice of others can produce the problem of destabilising the position of the Headteacher as a hierarchical leader and their capacity to act, forming a mobile set of force relations within which power operates.

Taking authoritarian control is not necessarily a bad thing, as this negative discourse can be countered by the view that the Headteacher is the person ultimately responsible for the effectiveness, or ineffectiveness, of the school and so must take control, as Ian concludes:

> *It led me to conclude that actually, it really must be the fact, the fact that whoever is control of the leadership of a school, the Headteacher, the*

> *Principle, whoever it is, that person has an immense responsibility to take the school, the kids, the parents, the teachers, the support staff, forward, and in the absence of a sense of direction a mission statement, a clear sense of objectives if you like, in the absence of that situation, things start to fall apart very quickly.*

The two forces competing with one another are the view that the vision for the school must come from the Headteacher, yet, contradictorily, this cannot be done by imposing a vision but must come through a process of convincing others of the value of that vision. As Francis found, the Headteacher is paradoxically construed as needing to be all-knowing yet must not appear omniscient, seeking to be conciliatory and utilise the advice of others.

There is a dance in the narrative between these discursively constructed subject positions, the initial subjection to the crystallised exclusion discourse subsequently resisted by reasserting the leader discourse, seeking to impose an inclusive educational strategy, momentarily restabilising his Headteacher identity:

> *I thought 'Actually I need to rethink this' and started doing fewer exclusions and looking at alternative ways of managing behaviour, which really went against the grain with some people, I would use the phrase 'old school'.*

Francis's subjectivity is produced by defining himself as something other than 'old school'. Resisting the direction of his senior staff, utilising the authority given to him by his position as Headteacher, Francis refuses to sanction the exclusions the school demands, his actions producing his position and identity as Headteacher. The opinion of the others is negated by describing them as 'old school'. Taking this unilateral action, however, did not change the school. Unable to exclude pupils without the sanction of the Headteacher the staff's resistance to his directives takes the form of framing his actions as not caring about their needs:

> *When they saw that I wasn't excluding at the drop of hat obviously that started to create almost resentment, they felt that I wasn't, I think that there was an element of, they felt that I wasn't looking after their well-being which is untrue because I was always very mindful of their wellbeing.*

Within the mobile web of force relations each side attempts to rationalise its position by challenging the validity of the others argument. Claiming that the new strategy may have a detrimental health effect is an appeal to a cost-benefit rationality, the

potential benefit for the pupils of implementing the strategy is outweighed by its impact on the staff. Francis, designating their thinking as old school is making an appeal to the rationality of progress, yet also knowing that it will be difficult for his staff to enact change without support. To counter their accusations and convince them of the value of his ideas requires the continued application of the first strategy: the deployment of staff training and the rationality of continuous improvement, which the staff continue to resist.

Preparing for OfSTED: Managing the threat of failure

OfSTED was an ever-present shadow lurking implicitly and explicitly within all the narratives. Frequently feared, occasionally welcomed, and viewed as both a positive and a negative inevitability, this institutional force could build up and destroy a school institution with a single inspection judgment to which everyone was answerable. OfSTED itself can be seen as a complex, superordinate, institutional force directing the actions of teachers (Troman, 2006, Burnell, 2016, Perryman et al., 2017), rationalising Francis's authority as a Headteacher and how staff need to be trained. As an institutional force, it can be equated with Foucault's description of one form of institutionalisation:

> They can also form very complex systems endowed with multiple apparatuses, as in the case of the state, whose function is the taking of everything under its wing, to be the global overseer, the principle of regulation and, to a certain extent also, the distributor of all power relations in a given social ensemble. (Foucault, 1982b, pg. 792)

In education, OfSTED takes everything a school does under its wing (OfSTED, 2009, OfSTED, 2021). It is the lawmaker setting the standards against which the school is judged and the practices that define good teaching. It is the examiner assessing if those standards have been reached, and the enforcer/punisher endowed with the capacity to act if those standards have not been met. Thus, OfSTED is the hidden in plain sight distributor of power relations within a school, identifying and establishing who is ultimately accountable for the success of the school, and producing the organisational hierarchy. The hidden hand of OfSTED must eventually be revealed as the school must face the school inspection, exposing OfSTED as 'both an instrument and effect of power' (Foucault, 1981a, pg. 101), a force that creates, and

a strategy that enforces the definition of a successful school. However, OfSTED can be resisted, establishing its status as a single point in a network of power relations.

Though it is not possible to know what had occurred prior to Francis taking charge, his account points to a resistance among the staff toward the previous judgments of OfSTED, a rationalisation on their part that there was no need to change their practices as their satisfactory rating has enabled them to define themselves as successful. The failure of the combined forces of training and hierarchical authority to disrupt the school's strategies of effective behaviour management, and counter the forces resistance to change, demonstrates the crystallisation of a particular endpoint in terms of the operation of power. The implementation of alternative methods of behaviour management could be opposed discursively because no significant counter force had been raised against the strategies used for many years, Francis noting that:

> The school had been plodding along at satisfactory for getting on for twenty years, they had been plodding on at this satisfactory category of OFSTED which for years was ok, it was alright just to be satisfactory.

The logic of OfSTED might be to improve practice but the risk is that it only produces a performance rather than change. What can come to matter for the school is doing enough to pass an inspection, disrupting any intrinsic value of the occupational motivation of working for the benefit of the pupil might have. That OfSTED was not acting as a force for change in the school was explained by Francis as result of a lack of concern given to its grading. The definition of success is, however, mobile, Governments acting to change the judgment criteria, outcome grades and the consequences for the school. This deployment of new directives, from the hierarchically superior institution of OfSTED, becomes a tool that Francis, in line with other school managers (Case et al., 2010), can mobilise for rationalising and implementing his change agenda:

> Then the framework changed, the satisfactory grading disappeared and was replaced by requires improvement, and the outcomes of being a requires improvement school were very different to being a satisfactory school…

Power here is shown not to proceed from a single point, as changing the criteria of success is not necessarily going to shift organisational behaviour. It is in a force

relationship with the 'everything is okay as it is, traditionalist' perspective traceable in the continuation of the previous extract:

> *… which I don't think that people had really grasped in that school, so their kind of this mind set was 'Oh we can just keep bobbing along', so I think when things changed um and I came in with, you know, this 'We need to make things better in this school, the outcomes for these children need to be better', that I think got a lot of peoples heckles up.*

Recognising that the school will be measured according to a changing set of specific outcomes, means that the school cannot continue as it has. The implication of the need for change for the existing staff is that what they are doing is not good enough, which is true according to the new criteria. Historically though it had been good enough the change now threatening their subjectivity of being good teachers. Though change might be a positive an implicit implication of this rationality is that the school is currently not performing, and neither are the teachers in it, whose needs are made subordinate to those of the pupils. The critiques made of their practices are an implied critique of their beliefs, challenging their mind-set, which in turn is used to suggest that resisting change means that they are not interested in the welfare of their pupils, inevitably upsetting some staff. Thus, the tension that can exist between competing practices is not only theoretical but has an impact on the individual's subjectivity becoming personalised.

At the time of the interviews, the new OfSTED guidelines had produced a point of resistance for Francis to the local operation of power, buttressing the change agenda. Knowing that the data in the school was weak and that the likely OfSTED judgment[20] of the school was hovering between 'Requires Improvement' and 'Inadequate', Francis can deploy the threat of failure as a lever to bring about change, a way of avoiding the horror of failing to be a 'good school':

> *I'd already sort of become aware that the data was not strong, that the school was, that school year the school had just met one of the four floor targets, had it not met any of them then the OFSTED would have, there was*

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[20] OfSTED, at this time, used four criteria to assess the quality of a school: Effectiveness of leadership and management, Quality of teaching, learning and assessment, Personal development, behaviour and welfare, Outcomes for children and learners. The outcome of this assessment is one of four grades: Outstanding, Good, Requires improvement, and Inadequate.

> *only one way that the OFSTED inspection could have gone, but because it met one of the four then we had a fighting chance.*

The operation of power can be located here in the interaction between the competing forces of the schools' internal view that everything is okay, and the impending external judgment of failure. The discourse that OfSTED policed at the time defined success according to four measurable targets of pupil achievement. Having met one target, it was possible for the school to avoid the judgment of inadequate. The final decision would rest on the findings from the physical inspection.

In line with the notion that power is not repressive but productive, the force of the oncoming OfSTED gaze impels Francis to manufacture data and act on his staff to enable them to demonstrate evidence of their success, to build lessons that met the OfSTED criteria of good:

> *There were frantic preparations for that, I had to sort of prioritise, do I spend time making sure that I've got data to present to them, do I spend time working with the teachers that they are delivering the best lessons that they can, which bit of it do I tackle.*

There is a trace of performativity identifiable in this extract, Francis attempting to polish the school, managing appearances to comply with the oncoming OfSTED gaze, as Ball (2000) argues, a fabrication. The force of OfSTED, acting to modify Francis's actions, produces his subjectivity as the authority figure within the discourse of the Headteacher. Francis becomes the 'one' who is responsible for what his staff do even if he has only been in the post for two months.

OfSTED therefore both creates and amplifies a conflicted space in the school. Francis knows that the school is inadequate yet attempts to find ways of resisting that judgment, not wanting to be judged as failing yet contradictorily needing that judgment as a way of producing change. Francis is caught in an emotional double bind in that whatever the judgment by OfSTED he loses in terms of the subjectivity it produces. A poor judgment creates the subjectivity of being a failing Headteacher whereas a good judgment would have undermined his authority in the school and his subjectivity as an instrument of change:

> *So the inspection came and went and, um, unfortunately they graded the school as requires improvement which, having, by that point I knew that the*

school was in that place, and actually if I'm honest, I was relieved to get that judgment and not inadequate um, so you know I was realistic about, I knew that's, I knew that was the best outcome for us, um, and I saw it as 'right this is our driver for everything that I need to implement in the school to bring about change'.

Personal authority is therefore not enough to produce change emphasising the view that power does not rest with the person. The fortunate/unfortunate OfSTED judgment becomes the mechanism for driving a change agenda. The question now becomes how to bring about that change, brought about within the narrative by ever-increasing levels of action planning, monitoring and surveillance to hold individuals to account for what they do.

Enforcing OfSTED through Three Mechanisms of Power: Action planning, monitoring, and individual accountability

In the post-inspection world, it is possible to trace in Francis's narrative the utilisation of the evidence produced by OFSTD to buttress his authority figure status, validating his prior judgments about the school, and establishing the 'continuously improving' definition of a good school; two identifiable points of force to bring about change. The rationalisation for transforming school practice is no longer positioned as what Francis wants (though this is the change he had sought to bring about), nor working for the good of the pupils (though it is implicit in the OfSTED requirements that these changes are for the benefit of the student), but because this is what OfSTED wants. The inspection judgment becomes a point of leverage, a force that requires a response from the school, bringing with it ever closer, overt, monitoring and surveillance of the school. It is the actual and implied presence of this gaze that acts as a mechanism for change to meet the standards of OfSTED. The hidden operation of the unseen panopticon (Perryman, 2006, O'Leary, 2013) is made visible. The diffuse operation of power is exposed in the narrative through being embedded within a web of force relations, marshalled to bring about change through the further deployment of staff training, Francis's position of authority, coupled with the rationality for change proved by the OfSTED's directives and the inspection.

Key to the enforcement of OfSTED is the requirement to develop an action plan, a

road map for the school to move out of the category of 'requires improvement'. The reason for the plan might appear to be to improve the school but it functions as a performative script, a means of providing evidence to OfSTED that progress is being made by achieving targets.

> *We wrote this action plan, when we'd had the OFSTED inspection they outlined now, because of the judgment, what would happen next, which we already knew, we knew that there was a process and that it would be, um, we knew that there would be regular monitoring, um, and that we had to be rapid in what we were doing, and we had to implement the change and show that the school was working towards, working its way to being a good school rapidly,…*

Action planning must be coupled with external monitoring to be of value, establishing each as two instrumental modes through which action can be taken to modify the action of teachers and resist their resistance to change. Each of these modes work synergistically with the other, echoing the scientifically rationalised, evidence-based research cycle. The initial OfSTED inspection produces evidence that establishes the ground rules for the action that must be taken. For the plan, to have value, it must be shown to have been put into action through monitoring visits from OfSTED. The feedback from these visits produces new evidence used to manufacture a new action plan, the school entering an endless cycle of continuous improvement.

What is potentially problematic as that even for those schools judged as good it is not necessarily possible to escape from this cycle, though it is operation might become obscured. As Anne-Marie recalls, even when a school is judged as good, it still is driven by OfSTED to improve.

> *Valerie, she's a young Headteacher and um ambitious, really ambitious, so we'd had an OFSTED and they'd said the school was very good, so Valerie had said 'I want to take the school to excellent'.*

The discourse of the good school, and by implication that of the good teacher, is of continuously changing. The not so hidden reality behind this continuous improvement discourse is that when a school is judged as good, or even as outstanding, it can still be better. Being judged as 'needing improvement' foregrounds the ever-present need to constantly review and modify practice present in all schools subject to OfSTED, which in turn sanctions the authority of the

Headteacher to bring about change.

The hidden operation of power now made explicit by the overt presence of OfSTED's imperatives, adds force to the original plan that Francis had been attempting to put in place since his arrival:

> *… which in the back of my mind I'd been working towards anyway, um, but this kind of gave us the impetus and the sort of, um, justification for why we were doing it.*

There is an elaborate web of force relationships between OfSTED, the Headteacher, the action plan, training, and the implementation of surveillance strategies that are acting to support one another to bring about rapid organisational change. These combine with the additional force imposed by the Local Authority to direct Francis in his strategy of monitoring and surveillance, producing a system of power the terminal function of which is to hold individuals accountable:

> *I was under a lot of pressure from the Local Authority, you know, that I needed to be monitoring and I needed to be doing all of the accountability stuff in a school where this had been going on for a long time.*

There is a recognition here, once more, that the force relationships in the school had crystallised, taking on the appearance of a fixed structure. The school had been operating in a particular way for many years and now the forces of the Local Authority and OfSTED channelled through Francis, in the role of Headteacher, are arrayed against the school to bring about change through action planning, monitoring and the accountability discourse.

The action planning, monitoring and surveillance have their terminal effect in holding individuals accountable for change. In practice what accountability means is to rationalise what can be done to the person who is found to have failed, met or exceeded a standard. As Roberts-Holmes and Bradbury (2016) suggest, the use of data measuring children's performance and surveillance strategies, such as observation, in these narratives, make this level of accountability possible by holding individual teachers responsible for particular outcomes. In Francis's narrative, he makes explicit reference to the use of classroom observations as a strategy for monitoring performance, making the teacher accountable. The problem with the

observations is that they are a truthful untruth. Even when they are meant to reflect the truth of everyday practice, observations are a performance requiring greater investment on the part of the teacher to fabricate a hyper truthful lesson:

> *I was having to do more regular lesson observations, um and you know what that's like, I know what it's like as a class teacher you always put a lot into, you invest a lot into an observation in terms of time, in terms of emotion, so it's hard work and when the pressures on you are expected, you know, the pressures on for you to pull out a good or better lesson.*

The OfSTED inspection changed the frequency and purpose of observations in the school, shifting their role as a source of learning for the teacher, under a continuous improvement discourse, into an assessment of their skill. This is joined to the inclusion/exclusion debate as it relates to disruptive pupil behaviour. The problem for the staff is that operating an inclusion strategy threatens their ability to produce outstanding lessons the assessment type of observation demands from them. This is their point of resistance to following the new behaviour management strategies yet is also what they are expected to do to be outstanding. The inclusion discourse comes up against the performativity/accountability discourse in the production of the perfect OfSTED lesson, creating the performativity terror (Ball, 2003), as Francis describes:

> *There was a lot of pressure on people and that, with the behaviour of some of a small minority of children, people were worried, and quite rightly so that they weren't going to be able to do the best lesson that they could.*

There is an intersection between different forces in relation to the classroom observation acting on the body of the teacher; the OfSTED guidance as to what constitutes an outstanding lesson, the need to keep students in school, the necessity to observe lessons on a regular basis, and the need to invest time in acting differently. This creates multiple problems for the classroom teacher, having to work with the disruptive pupils, being observed, and potentially being judged as poor. Such individualising technologies, along with the discourse of accountability, combine to create a space in which the task becomes one of identifying the individual teachers responsible for the problem. As with the disruptive pupils, the goal is to either change the teacher or exclude them from the school, typified by Francis's problems with members of his Senior Management Team.

Being subject to the discourse of personal responsibility and individual accountability has a direct effect on Francis's narrative who begins to personalise the problems in the school, assigning responsibility for them to SENCO and Deputy Head. He rationalises the school's resistance to change because of the intransigence of these two members of staff:

> *The SENCO, um or INCO, the more I worked with her I realised that her approach to those sorts of situations wasn't helping the situations and, in fact, in some instances it was making it worse.*

> *I'd started to realise that me and the Deputy didn't quite share the same vision and ethos, and it was becoming increasingly obvious that we were approaching things with very different views.*

No longer is it the forces in the school that have crystallised but so have the actions of these two key members of staff. The question can then be raised as to have these individuals been produced by the school or are they producing the school? The individual accountability perspective promotes the narrative of the school as a product rather than producing, the source of the problems allocated to these individuals. In his account, the discourse of 'old school' becomes attached to these two visible points in the web of force relations which can then be countered.

From the inclusion perspective of education, that Francis uses to define his subjectivity, two possible solutions can be traced to solve the problem behaviour of these members of staff. As with the children, the inclusivity discourse directs him to attempt to change the behaviour of staff, emphasised in his narrative:

> *I think about a big part of my ethos is about working with people and developing them, and that's not just with the adults I am working with but everyone in the school community.*

Even though being a nurturant individual is an important part of his identity it is flexible, and modifiable when it confronts conflicting forces. In this case recognising the failure of his initial interventions, he modifies his operational discourse. He seeks to work with them rather than change them into the people he thinks they would be better off being, utilising their strengths to support the organisation through his careful direction:

> *I was going to struggle I think to, to change or to get his thinking aligned with mine.*

> *I kind of got myself to the point where I was like I need to work with this rather than try and change it you know so work with his strengths rather try and try and try and mould him into something different, and the same with the SENCO.*

There is a web of force relations here, acting to direct the actions that Francis takes. The position of Headteacher puts Francis in the position of needing to modify the behaviour of two staff members given the OfSTED judgment. This aligns with his ethical self, and the discourse of continuous improvement, to produce the attempts at changing their actions. When this fails Francis falls back on the inclusion discourse attempting to find ways of keeping these people within the organisation, the action of exclusion being a threat to his ethical self.

What can be traced through the narrative is that even if these two staff members have been identified as the source of the difficulties in the school, because of the accountability discourse, there is an alternative truth. They can only resist the changes that Francis is seeking to make to the school because they are embedded in an existing web of force relations within the school. They do not act alone but with the reciprocal support of the staff. Adopting a Foucauldian orientation shifts the attachment of responsibility away from individuals onto the network of force relationships they are a part of. Removing them from the school may have the effect of changing the school, not because the source of the problem has been removed but because it weakens the network of force relations that maintained a particular perspective.

Regardless, identifying the individuals to be held to account gives Francis a final course of action to take when the problems in the school persist, a course of action he cannot follow as to do so would disrupt his ethical self. This struggle is identifiable when, after declaring that he is going to resign, he explains his reasoning to his School Improvement Partner (SIP):

> *I was having challenges with the leadership team and that things had to change there quite drastically and I just I said to her[21] 'I haven't got the, I haven't got it within me to do I don't think emotionally to do what needs to be done', because drastic stuff needed to be done, moving people on that sort*

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[21] His school improvement partner

of thing, moving them out of the school, which isn't my way of doing things, I would much rather work with people and develop them and help them to fit into a role rather than the cut throat sort of capability procedures.

This emphasises that, as with the children, there are two discursively produced strategies of how to deal with disruptive behaviour, working with people or removing them. Francis is confronted by the failure of the inclusion strategy, meaning that exclusion, through the strategy of the capability procedure, was the only option left to him. This was an action that he might have taken but it confronts his established subjectivity of the kind of person he is. To follow the exclusion path would have significantly destabilised his identity as a good teacher, embedded as he is in his own network of force relations. Despite marshalling the forces of staff training, his Headteacher authority, the OfSTED inspection and individual accountability, Francis is still unable to produce the change he seeks.

I was at the same I was thinking 'this is kind of not what I signed up for, I'm not achieving what I want to be achieving'

This maelstrom of competing forces threatens his subjectivity to such an extent that the centre cannot hold, excluding himself from teaching becomes a third option; the one he takes.

The Consequence of Failure: The state of personal loss

The problem identified at the beginning of this chapter was that seeing oneself as depressed or being given a diagnosis of depression is that these designations fail to explain what depression is, how one came to be depressed or what to do about one's depression. The story that is predominantly told about depression among teachers is that it is an effect of burnout, being overworked, being challenged by difficult pupils, suffering from poor managers, or having to undergo OfSTED. These explanations are problematic in that they cannot account for how they cause the emotional state of depression. Analysing narratives using Foucault's ideas was to find a way to tell a different story about depression by rejecting the concept of depression as a disorder yet accepting the existence of the emotions that are used to produce a diagnosis. Using the relational concept of power, it has been possible to elaborate this story of the emotions in these accounts as contextualised within an

environment of conflict. The factors commonly identified as causing depression are not problematic in and of themselves but become problematic because of the conflicts they produce, embed as they are in a set of force relationships, conflicts that these teachers recount as having lost more often than they won. This was most apparent in Francis's narrative. Throughout his story, Francis is confronted with the obligation to make changes in the school, changes he sees himself as being personally responsible for making. Considering the school as an established network of force relations, it is possible to see that Francis is confronted by the 'permanent, repetitious, inert and self-reproducing' (Foucault, 1981a, pg. 93) aspects of power. Francis is only one element in this network who, by contradicting the existing system, finds that he is isolated by it, exposing the irrationality in the rationality of the individual accountability discourse. Given the diffuse forces arrayed against his strategy for change within the school, it is unsurprising that he is unable to bring about change on his own. What is important is that he personifies this as his personal failure.

Francis references an array of discourses that he seeks to resist and those he seeks to promote but fails to implement. This can be seen as further evidence that the discourses which prevail in his story are not dependent on the hierarchical position of the person promoting them but on the underlying system of force relations. From this, the argument can be developed that being embedded in a network of force relations that discursively define Francis as being the person in power, leads him, and others, to hold him entirely accountable for the failure of the school to change. The discourse of what it means to be a Headteacher, and the culture of individual accountability conspire to produce the effect of Francis coming to see himself as a failure. It is this loss of self that can be related to a state of grief, a state that is medicalised into the condition of depression. Foucault may not be seen as addressing emotions in his work (Zembylas, 2014, pg. 216) and so cannot explain what it is about loss that creates these feelings of grief and melancholia, but what such an analysis allows is the possibility that there is a different story to be told about teacher depression and its causes than the concept of overload and burnout.

Chapter 7. Measuring the Good Teacher: The problematic positioning of the classroom observation

Introduction

One characteristic that OfSTED (2019a, 2019b, 2021) requires of outstanding schools is for them to be engaged in the practice of continuous improvement. Anderson & Kumari (2009) describe continuous improvement as a process that characterises the learning organisation in which individuals evaluate their performance, identify problems, implement action, and monitor their effectiveness. Within this Governmentally directed culture of continuous improvement, participants describe how they were subject to various methods of judging their performance, of seeing the truth about them as teachers, the most contentious of which was the classroom observation. Narratively, classroom observations were cited as having a significant causal role in the development of depression in five of the participants' stories, recognised as problematic by everyone as the most dreaded, feared and yet simultaneously sought out assessment practice. It is a critical site where the struggle over the teacher's identity in these stories was played out, simultaneously creating and destroying their sense of who they were, inextricably linking the observation, as O'Leary (2020, pg. xiv) notes, to the Foucauldian themes of power/knowledge, discourse and surveillance. I would add truth to that list as they positioned as a way of gathering the truth about what a teacher does. It can therefore be argued that the observation is a site where the conflicts over practice are played out in all the narratives as part of the embedded continuous improvement culture in schools required by OfSTED, its effect amplified given its pivotal role in teacher development (O'Leary, 2020).

The fine-grained analysis of these stories, presented in this chapter, suggests that it was not the practice of the observation in and of itself that was problematic. Rather, occupying a broader strategic position in the struggles over how to define, measure, and train the good teacher it carries with it four conflicts that can impact on the teacher's discourse of the self. These are conflicts over; First, the purpose given for carrying out the observation; Second, the relationship of observational data to other

sources of evidence about the teacher's performance; Third, whether the teacher should perform for the observer; Fourth, who gets to be sanctioned as an observer whose opinion counts as valid.

Challenging the Discursive Truth of the Observation 1: What is the purpose of this observation?

> *'I crumbled I couldn't cope with the supportive, '**supportive**' weekly observations'* (Anne-Marie, the 'supportive' in bold was said with force)

In these narratives a constant theme was of the observation as a knowledge gathering tool used to determine what to do to the teacher to modify their actions. As with Foucault's coupling of knowledge and power, the observation can never be detached from what is done to the person because of its findings. The method does not gather data rather it produces evidence, evidence that is used to modify or sanction the teacher, traceable in the history of the observation suggested by O'Leary (2014) and Lawson (2011). Lawson (2011) in particular suggests a dominant association between observations and beginning teacher training, the findings used to support learning and development. Over time a competing, what Ball (2016) might call the neo-liberal, punitive, quality control function took hold in the form of competency procedures, OfSTED inspections and performance management.

As Cockburn (2005) and Edington (2013) point out, this conflicts with the use of observations as a means to support the professional development of the teacher, though it can be argued that both are driven by a continuous improvement discourse. Popham (1988) characterises these two functions as formative assessment directed towards improving the teacher, or summative assessment orientated toward identifying and expelling poor-performing teachers. What is traceable in the narratives is the tension between these two discourses, often appearing in the same observation, though the punitive function tends to be foregrounded even when the observation is meant to support learning. Popham (1988) argues that these two functions are of value in improving the quality of education when kept apart but negate one another when such attempts are made to perform them simultaneously, rendering the observation dysfunctional.

Barry's narrative is illustrative of this conflict on two levels. First, the practice of classroom observation is promoted in his narrative as a learning tool, helping support the professional development, teachers valuing it as a method of confirming their skill, identifying strengths and weakness, and supporting progress. This role is in tension with the other purposes the observation serves, readily identifiable in Barry's narrative; the supportive, staff development function, being fundamentally altered by the quality control imperative of OfSTED:

> *As a Senior Leader, having been on the other side of the fence, when I have had to go in to inspect lessons, I want to give somebody confidence that they're doing a good job, if I think that they're doing a half satisfactory job I want them to feel a thousand dollars, that they're doing a really good job, and they're trying their hardest and, you know, I'm happy with what they're doing, and then lead that conversation round to how they can do it better, but not say to them 'well that was crap, that was crap that was crap' which OfSTED seems to be that, seems to be the OfSTED culture.*

The observation resides in a conflicted space where its findings can be used to praise and vilify, support, and punish. Barry is resistant to the punishment orientation in his practice, focusing feedback on what went well. He is aware of the counter-institutional force from OfSTED, the final arbiter of quality, which may identify outstanding teachers but seems driven by the need to excise failures to prevent harm to pupils. Barry emphasises a view of observations having the potential to be a constructive experience, supporting the continuously improving teacher to make changes to their practice. The problem that Barry's narrative illustrates is that a culture of continuous improvement, which is focused on doing things better (Halim et al., 2018), inevitably foregrounds the errors that need to be rectified, potentially devaluing the importance of those aspects that the teacher already does well, amplifying a discourse of personal failure.

The threat of these punitive outcomes adds a second layer of complexity to the discursive promotion of the observation as a learning tool. In Barry's school, the good teacher had come to be defined as the innovative risk taker. The conception of risk taking is, however, a double bind as it implies that there is the potential for failure otherwise, there would be no risk, a threat Barry identifies, that may be seen in an observation, which may then have unfortunate consequences:

> *It's a horrible thing in teaching, you know, that door opening and somebody coming into your room when you're teaching, and when she came into the Academy she wanted us all to be risk taking and innovative with our lesson plans and stuff like that, but then at the same time was doing inspections of lessons and giving unsatisfactories,*

The insight that can be drawn from Barry's account is that observations foreground the unceasing struggle between competing discourses over how to be a good teacher embedded in teaching. The observation, as a technology, is not the problem. Rather, it is the purposes to which it is put, its rationality, co-joined with the conflicting discourses of how to manage teachers, that creates difficulties. Simultaneously promoted in Barry's narrative as a means of supporting continuous improvement and as a way of sanctioning the failing teacher, the observation puts the teacher on an emotional knife edge under constant threat of being seen as failing yet wanting to be seen as innovative, highlighting the emotional terror of teaching (Ball, 2003). In Barry's school, an identifying failure discourse had come to dominate the practice of observation, predominately associated with punitive outcomes, becoming a mechanism for policing teacher behaviour rather than a channel of learning.

This disciplinary aspect of the observation looms large in all the narratives, being attached to a summative rather than formative form of assessment as suggested by Mathews & Noyes (2014). This suggests a working environment that obscures its positive learning function, becoming a mechanism for failure rather than success. Barry foregrounds this disciplinary function, narrating how his Headteacher looked to use observations as a means of finding and expelling, underperforming staff:

> *She used it as a yard stick to get rid of people, and to put them under competency, I mean that was, I remember a meeting of Senior Leaders we went into where she, this was the first meeting back after the Summer where she basically laid it on the line that we had to do these lesson observations, within this period of time, and we had to tell people if they were unsatisfactory, we had to go and tell her, and we had to start the process for competency, and you know I wasn't able to work within that framework.*

The association with punitive outcomes amplifies the observation as a disciplinary technology, producing emotional responses that are narratively linked with a diagnosis of depression. This is partly due to the highly personalised nature of the

outcomes of an observation, challenging the declared supportive discourse of observations.

The terror of sanctions stands in opposition to the discursive construction of the good teacher as innovative. Barry's narrative illustrates the emotional double bind this discursive struggle produces. To be classified as improving, the good teacher discourse directs the teacher to take risks and potentially make mistakes in learning how to be a better teacher. But to be a good teacher, the teacher must avoid harming the educational outcomes of the pupils in their care. This produces a threat as following the directive to be an 'improving teacher', negative judgments might be made about one's teaching, being seen as a bad teacher, harming pupils' learning. Being attached to a quality control discourse, such negative evaluations can have damaging effects not only on the teacher's career but also on their identity. Barry indicates the personalised nature of the critique of his practice directed at the self by his observer, using the designation 'you' when he says:

> *That's the dilemma isn't it, how can you be risk taking when you're worried that somebodies gonna walk through the door and gonna be totally critically of what you're doing and how you're doing it, to be risk taking you've got to be confident you need to feel confident that you've got the support of the Senior Leadership Team*

Weighted in the punitive direction, in terms of its outcomes, turns the observation itself into a form of punishment, given the amount of work that goes into preparing for an observation to avoid its punishing consequences. For most teachers, such observations are limited to three or four each year. However, if one is seen to be a failing teacher, one can be subject to weekly observations, supposedly to improve one's practice. This struggle between the discursive construction of the observation as means of support yet becoming a mechanism of punishment is readily traceable in Anne-Marie's narrative.

Having upset her line manager Anne-Marie equates the relentless cycle of weekly observations she was subjected to as a means of punishing her. Anne-Marie is never sure how she had upset her line manager but suggests that its roots lie in a conflict over teaching strategies, particularly the delivery of maths. The observation becomes the site where this conflict over practice is played out. Seven years into

her post, this line manager identifies Anne-Marie as in need of special support, not because of any failure on the part of her students, but because she was inadvertently seen, by a colleague, not to be delivering lessons in the way designated by the school:

> *She got cross with me, I'm not quite sure why she'd got so cross with me but, um, she'd got cross me an she basically I mean she undermined me at every, every point that she could, this is the bit that I'm not very keen to talk about but I did keep a record of it I've got a folder and it's got all these horrible things in about, you know, the observations, you know, and the bits I didn't do right and then measures they were going to take to 'support me' which was more observations (laughs) great thanks yeah (laugh). I really should say this part of the story that I gave in I crumbled I couldn't cope with the supportive, supportive weekly observations (emphasised). It did do for me; I did try I did my best I did*

The declared function of the observation is to enable the teacher to become a better teacher, in this case deliver maths tuition effectively in the way determined by Anne-Marie's Line Manager. The observation, promoted as a neutral, objective practice, cannot, therefore, be disassociated from the purposes to which it is put, pulled between being a way of offering support, a means of expulsion and, in this social situation, being used as a weapon. Anne-Marie's Line Manager can be seen as using the observation to punish her for acting contrary to instructions. Entangled with negative emotional states, requiring more work, the cycle of observations becomes a chastisement. This emotional effect, grounded in the personal threat the observation poses to the teacher because of its association with punitive measures, is key to understanding the role observations might play in producing the subject of the depressed teacher.

Traceable in Anne-Marie's narrative is the emotional impact of the observation as it was difficult for her to talk about what happened during these multiple observations in the interview, not wanting to relive the experience, saying:

> *I can't quite face going through them. I can't quite face going through the horrid momentum of how it happened it was like waiting for a steam roller to come over me it was terrible, and then the lying awake at night and you know go to sleep and you are so exhausted and so you fall asleep for a couple of hours and then the adrenaline kicks in pumps round and oh it's like waiting for the guillotine you know it's dreadful you know so I can only be glad that I'm out of that really.*

In the struggle between discourses, the supportive function of the observation has been usurped, in Anne-Marie's story, by the punitive through the constant fear of failure and the necessity of foregrounding inadequacy in the quest for improvement. These emotional responses, which might be seen as reasonable when contextualised within a history of relentless observation, come to be viewed as symptoms of the disorder of depression when excised from their history, diagnostic practices focusing on the symptoms producing a disordered self. The observation becomes a fixed, unchangeable aspect of teaching practice that protects itself, in a convoluted way, as an evaluative mechanism by asserting that the teacher's emotional responses are produced by a disorder rather than a consequence of the observation. Discursively the teacher must learn how to manage their responses, to 'man up', rather than removing their responses by modifying observations. Discursively transferring the problem onto the person, who needs to become more resilient, the use of the observation and its role in the management of teachers is upheld by Institutional and Governmental forces; the line of weakness in the force relationships is to focus on the individual rather than the institution.

Challenging the Discursive Truth of the Observation 2: The observation in a diverse field of evidence.

> *I was told that I wasn't good enough in my actual teaching, which was hilarious because I was getting the results* (Anne-Marie)

The classroom observation may have a central role in the assessment of the teacher, but it is not the only source of evidence drawn upon to determine their quality or guide their professional development. Three alternative sources of evidence are traceable in the narratives: short-term pupil achievements, long-term student success, and the teacher's wider contribution to the school. These are all cited as offering alternative, often positive, conclusions enabling these teachers to resist the adverse inferences drawn about them from their observations. In each confrontation, the narratives point to the observation ultimately having greater truth value than any other method, the gold standard, allocated pole position in the evidence hierarchy.

Whilst the narratives do not directly indicate any reasons for this status, it is worth

contextualising this positioning of the observation within a wider discourse of scientific practice. In line with Foucault's argument that ''Truth' is centred on the form of scientific discourse and the institutions which produce it' (Foucault, 1980c, pg. 131) and his observation that 'the judges of normality are present everywhere' (Foucault, 1977, pg. 304), the ascendance of the observation as a means of producing truth about the teacher can be linked to the rise of scientific psychology. Parker suggests that this 'has reinforced the mistaken idea that it is only what can be directly observed and measured that counts' (Parker, 2007 pg. 111). The logic of a discourse that promotes the view of a gold standard is that other methods, such as self-reflection, as Haep et al. (2016) suggests, or student assessments, as identified by Keeley et al. (2013), carry a greater risk of falsification than the observation. This reflects the diagnosis of depression, where the self-report is also considered to lack validity. Appealing to the discourse of objective empirical science, the observational method is assigned the characteristic of having greater validity, securing its position of authority, even when its conclusions contradict other measures of the teacher's skills.

The difficulty, traceable in Anne-Marie's narrative, is that teachers are positioned within a disputed space, confronted by conflicting discursive constructions of their worth, classified as failing according to their observations yet other methods concurrently pointing to their success. Anne-Marie recounts the contradictory conclusions that can be drawn about a teacher's skill from diverse sources of evidence:

> *I was supposed to go through the threshold[22] (said with emphasis) and that's, you have to tell all these super-duper things you can do, which I had been*

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[22] In order to gain access to the upper pay scale, teachers have to submit an application which demonstrates 'a) that the teacher is highly competent in all elements of the relevant standards; and b) that the teacher's achievements and contribution to an educational setting or settings are substantial and sustained'. DEPARTMENT FOR EDUCATION 2017. School teachers' pay and conditions document 2017 and guidance on school teachers' pay and conditions. *In:* DEPARTMENT FOR EDUCATION (ed.). Crown Publisher. This often meant producing a portfolio of evidence of success including classroom observations. This measure was instigated to reward teachers who remained classroom teachers and whose pay was effectively capped after 6 years

> *doing super-duper things, and um, and I did fill them in on the big long form, and then I was told that I wasn't good enough in my actual teaching so (laugh) which was hilarious because I was getting the results.*

Following the premise that practices do not measure truths but produce them, Anne-Marie's narrative exemplifies a teacher caught in a space between competing truths produced by different measurement methods. Even though the discursive truth produced about her from two non-observational measures, her extracurricular contribution to the school life and her pupil's performance, was that she was a good teacher, she did not secure the reward for excellence, passing through 'threshold'. If the only discourse of education that mattered was the one focused on improving pupils' life chances, then pupil success ought to be the measure of teacher performance. The practice of objectifying the learning of the pupils in Anne-Marie's care, observing what they achieve, produces her as a good teacher, their success evidencing her skills and value for money, echoing the early Victorian discourse of teaching Moore identifies (2004). Her worth is discursively amplified by a second source of evidence, the considerable amount of additional voluntary work she does for the school, contributing further to her production as a good teacher.

However, the historical repudiation of these methods of assessment, erupting into the current era, was that weak teachers might be able to mask their limited skills within these indirect measures; teaching to the test or hiding their inadequacy in the classroom by making other valid contributions to the life of the school. The observation is inserted into this space of teacher assessment as a gaze the teacher cannot evade, escape, or obscure, attached to a wider discourse of the preparation for work function of education. Anne-Marie's discursive construction as a good teacher through indirect observations was opposed by that produced from direct observational evidence, constructing her as a failing teacher as she did not meet the required classroom standards. It is this gaze which undoes Anne-Marie's status as an effective teacher. For the teacher, whose sense of self is produced through the judgments made about them, this is of concern as they find themselves in a discursive double-bind, being construed as simultaneously good and bad.

The observation as gold standard, that Martinez et al. (2016) and others claim it is, is further established, within this diverse field of evidence, through the continuing association with the discourse of empirical science. Schumacher et al. (2015) suggest that this asserts a correlation between what the teacher does now and future student success. The scientific practice of causal modelling through longitudinal research, as shown by Hattie (2008), establishes that if the teacher is seen to use a particular learning strategy in the present, such as the three-part lesson, or reflective questioning, they can be classified as outstanding, because of the hypothesised long term positive impact they will have. However, as with many 'truths' in teaching, this is open to debate given, as Gorard (2013) demonstrates, variations in teachers' skill sets have no apparent effect on test scores, threatening the validity of the conclusions drawn from an observation, providing a discursive point of resistance.

Anne-Marie is immersed in this struggle, narrating the moment when she is told she is using the wrong procedure to teach maths, yet she observes no apparent negative effect on her pupil's test scores. Seen to be failing to follow the prescribed methods of delivery, the observation renders Anne-Marie's as an inadequate, failing teacher, drawing her into a discursive conflict over what constitutes good teaching practice:

> *I am a bit old fashioned about maths, I just think you might as well just learn the facts, what is wrong with learning your times tables, and there seemed to be this great sort of resistance to, actually, chanting a times table, it's like as though you would harm the child if you made it chant it's times tables.*

Within the context of the observation the contrasting discursively constructed measures of success, outcomes, what is learned, and how it is learned, are brought into conflict. There is a sense that this struggle is resolved by asserting that learning outcomes are necessary but require validation by observing that the teacher is using the correct methods to achieve those results. The effect is that it is not only the destination that matters but the route taken, there being right and wrong ways of achieving the same objective. Anne-Marie's pupils were able to pass maths tests, an outcome valued by the school, yet she was seen to be using methods that were no longer judged as valid. Discursively exam scores are constructed as an inadequate representation of her skill as a teacher. This struggle produces a

discourse of the good teacher being the one who gets results in the correct way, the method of teaching superordinate to pupil success. The consequence for Anne-Marie is an ongoing state of bewilderment, pulled between conflicting judgments of her skill, leading to her escape through illness:

> *You know it did confuse me a lot, very confused, anyway, so I went off sick.*

In this context of discursive confusion, the diagnosis of depression can be interpreted as a mechanism of flight rather than fight, understood as an act of resistance rather than a psychological illness.

A further evidential conflict between the observation and long-term student success is, perhaps unsurprisingly, most apparent in the narratives of the long-serving teachers. Hillary, the longest serving participant, comments with a sense of irony on how things have changed:

> *We didn't have the all this, who, what, why, where, when, and walt[23] wilf[24] and all this type of thing (laugh), we didn't do that it just wasn't what we did, but we still managed to, you know, get things out of them, how we ever taught I don't know (laugh) those bottles of milk[25], and the blackboard and an easel, I can't imagine how we managed it you know.*

Over the years practices have changed, change being heralded as an indicator of progress amplifying the continuous improvement culture. Whilst not necessarily a bad thing, the discourse of constant improvement subtly implies that past practices were inherently inadequate because they needed enhancement. Illustrating further the connection between identity and practice, this discursively produced assumption leads Hillary to question her value as a teacher, wondering how she ever managed to be successful. Negative observational feedback now not only passes judgment on the teacher's current practice but also on their previous work, a judgment amplified by being tied to the teacher's sense of self. A retrospective conclusion this discourse imposes on her is that her teaching may have always been weak,

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[23] This strategy was meant to frame the learning out comes for the lesson 'We Are Learning Too …'

[24] This strategy was meant to frame the evidence pupils we required to produce to prove they had meant the learning outcomes of the lesson 'What I am Looking For …'

[25] In school all pupils were given a third of a pint of milk every from 1946, being stopped for Secondary school pupils in 1968 and Primary school pupils in 1971

potentially harming the pupils in her care. As Hillary says:

> *To have that happening so much you begin to think 'well I am no good, what have I done'*

The 'happening so much' are the constant negative evaluations of her lessons, and the 'done' refers to the impact that she has had on the lives of the pupils, classroom action attached, discursively, to the third source of evidence, long term effects. Together these produce her identity as being no good

Hillary provides a comprehensive list of the teaching strategies she was meant to implement and the issues she raises with the training staff brought in to support her development, that can be inferred as having been identified as problematic. These included methods of setting clear aims and objectives, not giving the pupils the opportunity to contribute by talking too much herself, not utilising the classroom assistant effectively, her use of 'walt' and 'wilf', completion of paperwork, and the use of technology. Apparently resistant to new learning strategies, and engaging too frequently in previously sanctioned methods, she is constantly judged, in her story, as inadequate. Even though these strategies were not previously required, she draws the retrospective conclusion that her previous work was also lacking, harming her students, leading her to assume that she may never have been any good as a teacher. This observational assessment opposes the evidence that comes from the long-term impact of her work, which she uses to reassure herself that she has enabled rather than harmed:

> *The only light at the end of the tunnel would be when you met previous sort of kids that you'd taught, I am now teaching with some of the children that I had taught and they've gone off and got degrees, I know some children from years ago and are now doctors and architects, and that bit you have to embrace, and take on board otherwise you would quickly down spiral.*

It may be the case that over time she has changed, that her teaching skills have become jaded, however the implication of the judgments made about her, produced in discourse in the present, is that she was also a failure in the past, an account she can resist by looking at the success of the students in the now.   Discursively this amplifies the discourse of teachers having a pivotal role in a person's life, a discourse Larsen (2010) describes and has sought to trouble. This discourse

elevates the teacher's status as an agent of change, foregrounding the hypothesised long-term effects they have on their pupils, diminishing the impact of all the intervening life experiences that may alter their life path. The teacher becomes the focal point of blame and praise.

Hillary's story exemplifies the way in which a teacher's identity and sense of self can be produced by the methods of assessment imposed on them and the outcomes. The compelling account of a negative self, produced through the short-term observational assessment method, is resisted by, the positive self, produced by taking long-term historical success. Both sources of evidence are truth events from which conflicting truth skies are produced about the value of the teacher. In this conflicted space it is the temporally immediate assessment, through observation, that usurps any other evidence as being the truth sky of who Hillary is in her eyes, and the eyes of her observers. Unable to resist the imposition of this incongruent identity Hillary's diagnosis with depression appears more readily as a means of escape than an illness.

Challenging the Discursive Truth of the Observation 3: To perform or not to perform that is the question?

> *They always say, 'oh just do what you normally do', but … this is education speak for 'you'd better put on a really good performance'* (Anne-Marie)

As with the PHQ-9's status as a truthful measure of depression, the standing of the observation as a 'gold standard' rests on the discursively produced assumption that it is a method capable of capturing the truth of what a teacher does. If the observation is to adhere to the scientific standards of objectivity and validity, and so function as a reliable assessment strategy, the observer must employ a set of predetermined criteria against which to assess the lesson. These criteria are drawn from the OfSTED standards in much the same way that the PHQ-9 questions are derived from the DSM depression criteria. Effective classroom strategies can be identified, based on their long-term positive impact on learning, as represented in Hattie's work (2008), which are then turned into the criteria of a good lesson. The discursively manufactured assumption is that what the teacher does when being observed is representative of their everyday practice, furthering its 'gold standard'

status.

Traceable in these narratives is an effect, not so much centred on a conflict over the features that are on the list, though these do occur, but on the impact that the list has on what the teacher does when they are observed, undermining its status as a truth-gathering device. The problem with the criteria is that they not only inform the observer's direction of gaze and so what is seen, but the list also becomes a script for the teacher to follow. Knowing the criteria of success, as having a list of prepared interview questions might do (Kezar, 2003, pg. 397), fundamentally alters the observation, threatening the assertion that it is a means of assessing the everyday practice of the teacher. Instead, it becomes, in every way, an abnormal, constructed, event. It may be that the teacher does the same thing in every lesson but as Ian comments on his Advanced Skills Teacher observation:

> *I was immensely proud of that, because even when you're teaching normally it's not the same as somebody coming in and watching you*

Each participant, in common with Ian, reported altering their lessons when they knew they were going to be observed. Being observed changes what teachers do even though it is meant to be representative of their everyday practice and is heralded as objective evidence of performance. As Perryman (2006, 2009) has shown, the national school inspection process produces a high degree of performativity and fabrication which Ball (2003) asserts pervades the teaching environment, including, as Edgington (2016) notes, the classroom observation. As Page (2016) emphasises, this level of surveillance turns teaching into a simulation, the observation acting to confirm the model of teaching rather than uncover the truth of teaching practice.

Traceable in the data is a recognition of this fictious, performative, character of the observation. The conflict for the teacher is whether to try and 'fake it' efficiently, in tension with the desire to receive honest feedback on how to be a better teacher. Co-joined with the performative aspect of the observation, hinted at in the narratives, is the discursive assumption that if the teacher cannot produce a good performance when being observed then their everyday lessons must be worse. So regardless of the possibility of counterfeiting a lesson when being observed, the findings from an

observation are discursively rendered as being a good enough approximation to the truth sky that they can be used to classify and modify the teacher. The outcome of these struggles exposes the observed lesson as singularly unrepresentative of everyday teaching practice, producing a performance that if it were representative would potentially be indicative of an inadequate teacher. An awareness of this dishonesty produces a traceable narrative resistance to the extrapolation of the findings from the truth event of the observation to the truth sky reflection the teacher self. Problematically, the teacher, unable to resist either the conclusions drawn about them, or the demands imposed on them by the observation, finds themselves turned into someone they do not conceive of themselves as being, losing their identity, contextualising the appearance of the grief like symptoms that can be associated with the diagnosis of depression.

The struggle over performance

Anne-Marie is particularly cognisant of the discursive double-speak that surrounds the observation. She recognises that teachers know there is a difference between everyday teaching and observation teaching, yet seem to pretend that it does not exist:

> When I was asked to do observations and things, when, to be observed, I wasn't able to up my game really, you know, you're supposed to put on this really good performance, they always say 'Oh just do what you normally do', but actually they mean, this is education speak isn't it, education speak for 'You'd better put on a really good performance', you know, so unfortunately I wasn't able to do that, I was not able to up my game at that point.

The narrative construction of teaching as a game in the context of the observation is telling. There is a sense in each story of the teacher's fear of not being good enough, that observation will expose them as being imposters, the observation framed as a truth-telling technology. Contradictorily, there is also a recognition that as a practice it turns them into imposters, producing the performance it claims to measure. It is not the fear of being a fraud that is problematic here but the teacher's fear of failing to be a convincing fraudster. The good teacher is narrated as one who can stick to the script and produce an undetectable fiction. The criteria through which the validity of the observation is established can now act to undermine it,

informing those who are being observed what they need to demonstrate to be judged as outstanding. The logic is that if they learn to do this while being observed they will do this in their everyday lessons, an assumption that is not necessarily true. The observed lesson becomes a stage rather than a window, every teacher seeking to put on the best show possible because of the very real consequences that follow their reviews. What is traceable in the narratives is the discursive double bind that these teachers are held in between knowing that the findings produced by observations are fictitious yet having to accept that them as true. The problem this produces is a further loss of identity and a blurring of one's ethical status as a good teacher.

Anne-Marie elaborates on this contradiction of the observation producing and concealing dishonesty within education. From her story, she shows she knows that everyone is in on the lie. Yet they act as if it were the truth, internalising the discourse of accountability, legitimising the gaze, and making it true. As one observer tells her:

> *The Assistant Head, who was one of the ladies observing me, at one point she said 'You just have to learn to play the game Anne-Marie'*

Being voiced by a senior school leader establishes a truth that, far from assessing the truth about an individual's teaching ability, the observation comes to measure their capacity to perform the truth. Anne-Marie can pass if she plays the game convincingly and does what is expected in the moment. However, even when she has learned to play the game, tied to the discourse of continuous improvement culture, the requirement to do better negates the positive outcome of the observation:

> *You will see if you look at these forms[26] in every lesson they did give me good feedback, none of them said that it was all rubbish, in fact they gave me very good feedback, which was astonishing really, but then said, 'but it's still not good enough' and it's just too confusing, I couldn't make head or tail of it.*

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[26] Anne-Marie did not want to talk about her observations in detail as this was too upsetting for her. Instead, she did give me all her observation notes, which confirm that she was graded as generally good and yet there would be one feature, such as a lack of a plenary, that would lower her grade.

The successful observation simultaneously, and contradictorily turns Anne-Marie into a failing teacher, the culture of continuous improvement necessitating a focus on those aspects that could be better, and a good teacher when judged against the OfSTED criteria. The problem for the teacher is how can they be both? Whilst not implying causality this contradictory position has been linked by Edgington (2013) to the negative emotions associated with observations that Hillary describes:

> *I can remember bursting into tears then over this observation and I said, 'I don't get it, I don't, I don't understand what I am doing wrong' and 'I've done everything, but I am really worried' and I had never, that was the first time I recognised the fact that I was getting really uptight about these observations.*

For Anne-Marie and Hillary the diverse discursive forces that simultaneously produce them as failing and successful teachers, tugging on them to perform in particular ways, results in a permanent state of confusion. A resolution to the problem for Anne-Marie is to stop playing the game:

> *… and I thought 'I just don't want to play this game I don't want to', you know and' what game anyway? It's all 'What?' (said with emphasis) you know, it did confuse me a lot, very confused, and so I went off sick.*

It becomes impossible to embody these contradictory discourses, producing a state of emotional confusion. Given the link between practice and identity, it is possible to infer that this is associated with a loss of self. Absenting herself from the workplace can be reframed not as an illness but as a final act of resistance, a way of restabilising her identity.

The penetration, and acceptance, of the discourse of the factually fictitious observation is traceable in Elizabeth's narrative who, speaking from her position as Head of Department, is complicit in supporting this fabrication. Elizabeth occupies a dual role of subject to and subjecting others to the observation. Contrasting with Anne-Marie, who is unable, or unwilling, to play the game, Elizabeth discovers that, as her career progresses, she ceases to find observations problematic, having worked out how to perform a good lesson. From her Senior Leader position, she has privileged access to the checklist to be applied during each round of internal college observations. This enables her to adapt her lessons in advance to amplify the characteristic of an outstanding lesson:

> *What happened was the Head of Department went to the previous departments feedback ok, it was always a two-day thing, and everyone got observed once but you went to the, and all the observers were people in college, we ended up not having OfSTED, OfSTED did not come to observe us, they came to observe the observing, just to check we were doing it right.*

Elizabeth adopts these strategies as they will be seen by others as indicative of outstanding teaching, even though she knows that they were not necessarily representative of her style, or even supportive of learning. College observers function here as surrogate OfSTED inspectors. OfSTED maintains its authority through its imagined presence, the threat that they might review any observation at any time, echoing the Foucauldian panopticon metaphor (Foucault, 1977). The observation now creates the problem it was meant to circumvent of teachers teaching to the exam, teachers now teaching to the OfSTED checklist.

What intensifies the problematic nature of the observation is that the criteria of success are constantly under review, as Courtney (2014, pg. 631) suggests teaching norms become 'fuzzy', rendering them unstable. Elizabeth elaborates the instability this produces, the observation bound to the discourse of continuous improvement, the criteria of the truth sky relentlessly shifting from one set of observations to another:

> *So, yes, so, if you went to that previous meeting well then you picked up on all the things that they were looking for, so I do remember the last one that, basically, I was at this meeting and I kind of wrote down my little list and I went away and started doing it with all my students so by the time two months later we had ours I was doing, it was part of the normal lesson.*

The threat of being subject to the truthful observation now produces an untruth in the observed. Discovering the features necessary to achieve a good grade Elizabeth modifies her practice, training the staff in her department to do the same, to meet the standards she knows are going to be assessed. From one perspective the threat of OfSTED fulfils its function of raising standards, ensuring that everyone implements the same practices to meet the good grade criteria. However, the observation is a technology which produces what the observer wants to see in the moment. The teaching strategies employed during the observation are not necessarily embedded in everyday practice, partly because of the ever-changing criteria of a good lesson:

> *So, all I had to put round, it was things that is partly the structure of the lesson, oh we had so many INSET days on how to do a grade A lesson, and every time they came there were different INSET days on how to do a grade A lesson, the grade A lesson changed every time we had a new INSET on it, a nightmare.*

The discourse of continuous improvement, coupled with the practice of the observation, produces a culture in which new strategies must be seen in each observation as a means of confirming the discourse of continuous improvement. The underlying logic within Elizabeth's narratives is that new practices are only implemented if the threat of inspection exists. Once that threat diminishes teaching reverts to its earlier form, teachers knowing the criteria are going to change again in the future because of the continuous improvement culture, contradictorily producing stasis. The observation becomes a truth game 'a set of procedures leading to a certain result' (Foucault, 1989, pg. 445), outside of everyday practice, which you can win, once you know and embody the rules.

The discursive association between the teacher's identity and what they do multiplies the problematic nature of the performance aspect of the observation. Elizabeth had deduced that lesson observations were a pretence, something she had to follow to be a successful teacher. The grade she obtains comes to reflect her ability to play the game rather than assessing her everyday teaching skill. The effect of this pretence is to undermine her identity, turning her into someone she did not want to be:

> *I couldn't cope with being who I was supposed to be at the college, the teaching actually got better and better, that was what always made me laugh, I actually, let me say I ended up getting outstanding for all my last observations at college, and it was really 'cause I had just worked my way round the system.*

There is a dichotomy here in that her teaching had improved but so had her ability to fake a good lesson. She knows that she is a good teacher but has also become a good actor. Teaching is discursively construed as not only a job but an identity. Acting in ways contrary to her previous actions, even though this results in her being classified as outstanding, conflicts with her established identity as an honest individual. Recognising that identity is produced through practice, this constantly changing environment is a relentless threat to the person one perceives oneself as

being, contributing once more to a permanent state of confusion resolved by leaving the profession:

> *So anyway I left, and I always felt about leaving I felt it was wrong, you know, but I just felt 'I cannot carry on my life like this I cannot do this anymore', and as I say you lose sight of the kids, you lose sight of what you are doing, that last year I'd go into the classroom thinking 'what the bloody hell am I doing' I didn't know what I was doing half the time.*

The individual caught in this tussle between competing versions of themselves is confronted with those emotions that can readily be described as symptomatic of depression. Elizabeth had considered leaving teaching at various points in her career, but the discourse of the suffering good teacher mitigated this decision. For her, the discourse of the pupil-orientated teacher that defined who she was, had become lost within the ever-changing criteria of lesson success, the discourse of what the teacher does superseding the discourse of what the teacher produces. Concluding that this was having a negative impact on her mental health provided her with a way out, giving her a personal protection reason for leaving and avoiding the condemnation of the discourse of it being wrong to leave.

The struggle over the teacher's professional identity

Knowing that there is a struggle over the essential validity of the observation, these narratives expose the role the practice of classroom observation plays in the struggle over what constitutes a professional teacher. The need to standardise the observation acts to discursively define a good teacher as the one who is prepared, follows their plan, and can demonstrate all the relevant criteria within a single lesson. There is an alternative discourse of the teacher professional as the one who, even though they are prepared, can adapt their lesson to the learning needs of the pupils in their class in the moment, which may necessitate deviating from their plan, and consequently failing to demonstrate the criteria of success.

This discursive struggle between the fixed or flexible professional is traceable in Ian's account of his school's interpretation of the OfSTED criteria. The three-part lesson had become the gold standard, taking precedence as the definition of success, supplying a script to follow if a lesson was to be judged by any observer

from the Senior Management Team, as good or outstanding. There was a focus on signalled plenaries[27] without which a lesson would automatically be unsatisfactory regardless of the quality of any other aspects. This he felt was a misinterpretation of the Government directives (Department for Education and Skills, 2004b, Department for Education and Skills, 2004a):

> *I felt more and more and more and more that teachers were being expected to perform to a particular pattern of delivery and everything hinged around the three part lesson, which I think is one of the biggest misnomers ever given, because I think its intentions became almost its own undoing, and the reality is there are some scenarios where the style that you have in a classroom will be vastly different from, on other occasions, and it's up to the professional person in the classroom to make that judgment.*

Constraining the teacher to act in a particular way the three-part lesson may solve a problem of ensuring equality of teaching for all pupils, but it produces a problem by the rather rigid way it is enforced through the discourse of good teaching operating in the school. The observation elicits a performance unrepresentative of everyday teaching, which contradictorily if it were representative, would render the teacher inadequate through their failure to adapt. This constraint is discursively justified by an appeal to institutional authority, establishing a hierarchical chain starting with the criteria of good practice, codified by OfSTED, interpreted by the school's management to produce an observation checklist, put into practice within the classroom, fundamentally altering the behaviour of the teacher. The list comes to drive the lesson rather than the teacher's professional judgment of the learning needs of their pupils in the moment.

This discursive tension between the needs of the pupils in the moment, and the need to produce a standardised observation checklist, underpinned by Government directives, policed through OfSTED, and implemented through the lesson observation, is illustrated within Barry's narrative:

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[27] The emphasis on plenaries can be traced to the National Key Stage 3 strategy and the training guides produced by the Government to direct teachers in how to effectively structure lessons to ensure progress. The plenary was an activity to enable the teacher and the pupils to demonstrate that progress had been made toward a set of learning objectives, not only focusing on what had been learned but also how it had been learned. These criteria tied the quality of a lesson to the extent to which progress could be shown to have occurred, without a plenary progress could not be shown thus the lesson was inadequate.

> *I mean some of the best teachers that I've ever seen in action don't follow any of the rigid lesson planning standards that OfSTED sets out, and the three-part lesson, and all this malarkey, they don't do any of it, it's all intuitive.*

Barry voices, as had Ian, the flexible, intuitive, responsive discourse of good teaching. The implication is that good teachers are disobedient, resisting the rigid discourse of practice implied by OfSTED. It can be argued that the problem for an accountability-driven culture, which requires data, is that intuition is not observable, impossible to quantify and is not amenable to standardised observation. Further, it does not ensure that every child will receive the same education, as teachers vary in their levels of intuition. The fixed, standardised criteria established by the Government as indicative of good value, alongside the discursive need to ensure that every child receives the same high-quality education, linked to the scientific principle of conducting observations in a reliable way to avoid bias, avoids these problems. The practice of the observation validates itself as a truth-discerning mechanism, establishing a fixed set of criteria, producing, and maintaining a discourse of what an outstanding, professional teacher looks like. The effect is to de-professionalise teachers in the name of re-professionalising them as identified by Beck (2008b). It is this aspect that may produce emotions which become diagnostic of a psychological disorder that could also be seen as a normal response to a conflicted environment.

Challenging the Discursive Truth of the Observation 4: Who gets to be the expert observer?

> *I looked at her, I said 'I really don't think you know what you're talking about'*
> (Barry)

The discursive truth of the evidence the observation produces is not only established through the discourse that it is more representative of a teacher's performance, seen as having greater veracity than other, potentially fraudulent, sources, but also because it is carried out by someone with supposedly expert knowledge of teaching practice. This mimics the establishment of the truth value of a diagnosis of depression because it is carried out by a knowledgeable clinical expert. The value of the observation is therefore dependent on the discursive construction of what

constitutes an expert. When it comes to the diagnosis of depression this is established through the observer having a medical qualification. So, while there is an agreement in the narratives that observations ought to be carried out by experts, what is traceable is the conflicts of what constitutes an expert, various attempts being made to destabilise the findings of the observation by challenging the status of the observer.

The designation of 'expert' is established by a diverse set of discursive moves in the narratives; how long the expert has been teaching, if they have undergone the required training, and do they hold or have they held a position of authority. Ian's account of his AST observation highlights these statements that together produce the discourse of the expert:

> *I do remember the inspector who watched me, who was a previous Head, I mean the Government basically employed people who were clearly experts and highly regarded, so they either had OfSTED backgrounds and or they had been previous Headteachers, or they were an advisor to, um, Heads or whatever else, it was a very, very stressful day, and er I do remember him saying to me that the Sixth Form lesson that he'd watched was, he'd seen a hundred and eighty lessons all in, all from these assessments and he said 'that was in the top three'*

The elements in the narrative of having been a Headteacher, the experience of observing one hundred and eighty lessons, and being appointed by OfSTED, interact with each other to describe a traceable discourse of the expert as someone who has the knowledge, the inspector exemplifying Foucault's 'teacher-judge' (Foucault, 1977, pg. 304). The value of their knowledge as an arbiter of normality is conveyed discursively by their length of service, the number of observations they have conducted, the hierarchical status they have achieved, and being sanctioned by a legitimate other. The synthesis of these features turns the observer into a truth teller. If the expert is a teller of truths problems with the observation, therefore, arise when there are disagreements between experts, one of whom is the long-standing classroom teacher, the other the officially sanctioned observer, over the judgments made about a lesson. If both are truth-tellers, how is it possible for one to disagree with another?

Observable fractures in the façade of expertise appear in the narratives when there are disagreements between experts over the findings of the observation. These provide a point of resistance to the conclusions that experts attempt to impose on these teachers. In these accounts the symptoms of depression are once more associated with losing, the observed failing to resist the judgment of the observer. Given that identity is a product of discourse, as Urbanski's (2011) review of Foucault's work concludes, this puts the teacher in a conflicted state of having to relinquish an existing identity and accept an identity imposed on them by the expert if they are to continue as a teacher.

This struggle over expertise was most apparent in Barry's account. A Senior Leader, with thirty years Design and Technology teaching experience, and twenty years of observing colleagues, Barry had never been judged as being anything less than a good teacher. His observer, Julie, was the Headteacher. This role implies that she is an expert as to become a Headteacher she must have taught and observed many lessons, expertise sanctioned and validated by the school's Board of Governors who employed her. On the first, and only occasion, that Julie observes Barry, his judgment of his own lesson, based on the evidence of his position as a participant with considerable teaching experience, was that it was good:

> The first time she came to visit one of my lessons, I thought the lesson was great, you know, the kids, the students were working, also I had a good relationship with them they really wanted to please me, they wanted to please her.

This judgment significantly differs from Julie's judgment who told Barry:

> it was one of the worst lessons she had ever seen and that I didn't know what I was doing

This damming, highly personalised, assessment of Barry's practice, and by implication his identity, produces a moment of struggle over the validity of this conclusion. Within that struggle it is possible to trace how experts are discursively constituted through the practice of the observation, expertise imparting validity to the verdict.

The first discursive element in Barry's narrative is that the observer expert is a person who has knowledge about the subject, curriculum, or pedagogy. These areas of knowledge, that the expert is meant to recognise, are drawn from, but also produce, the criteria of a good lesson, validated by empirical research. Barry is an expert given his years of experience, having extensive subject knowledge in the field of Design and Technology. Julie's expertise is established on pedagogical grounds, having a generalised knowledge of how teaching should be done, this being her line of attack in defining Barry's lesson as unsatisfactory:

> *I wasn't following the standards that the academy had set down, the melded curriculum, which none of us ever understood, Julie's example to me was that, what Julie said to me, Julie said 'If you're teaching somebody how to join two pieces of wood with a nail it's not about hammering the nail in, it's about how you how hammer the nail in, and the angle the nail has to go in, and why it has to go in at that angle, that's what you need to teach the children'*

The key criteria of the successful lesson that Barry's school has adopted is the pedagogical requirement to make cross-curricula connections where possible, a strategy identified as improving learning by experts. Julie, tasked with improving the schools' results, is positioned as an expert because she has knowledge of what the melded curriculum ought to look like in practice. Barry's failure to reference aspects of physics and maths when he had the opportunity to do so devalued his teaching expertise.   Barry may have subject knowledge, knowing how to hammer a nail correctly, but he lacks the essential pedagogical requirement of teaching why it is done that way. This failure renders him unfit to judge the quality of his own lesson because he does not know what good teaching is anymore. Barry's riposte is to undermine Julie's ability by claiming that she was the only person who knew what was meant by the melded curriculum, discursively repositioning himself as an expert:

> *So, I looked at her I said, 'I really don't think you know what you're talking about' (laughs)*

Using the discourse of the expert as the person with knowledge Barry tries to remove Julie's expert status, proclaiming that she has no knowledge, asserting his own legitimacy as the Design and Technology expert. In this debate it is possible to trace the tension between two of Sockett's (2008) discursive variants of the good

teacher as a Scholar Professional holding subject knowledge, losing authority in the school, under the direction of the new Headteacher, to be superseded by that of Nurturer Professional.

The second discursive element constituting the expert is the ability to 'see' what is occurring in the lesson, interlinked in Barry's narrative with a third element; the discourse of professionalism. Unlike the students in his class who were on task, Barry notes that:

> *Julie sat, this is the type of lady that she is, she sat with a mobile phone texting throughout my lesson, can you imagine it (laughing)*

Barry draws two conclusions from this behaviour; first, if Julie is texting, she cannot see what is occurring in the class, and second, she is not behaving in a way that conveys professionalism.

> *At the end of the lesson, she didn't say anything to any of the students, at the end of the lesson she walked up to two girls that were sat on a desk together and said, 'I want to see you in my office afterwards, come to my office at break time', walked out of the room and didn't say a word to me.*

Julie's lack of communication, either with the students or Barry, adds to the evidence of her lack of professionalism, discursively devaluing her status as an expert. This interacts with Julie and Barry's capacity to 'see' the lesson. Barry has positioned himself as being an expert within his classroom given his years of experience observing others. Discursively he has the capacity to see, his self-observation revealing nothing exceptionally untoward about his student's behaviour:

> *These girls were like 'What have I done Sir?' and I was like 'Well I don't know what you've done, I am sorry I don't know what you've done, you haven't upset me, that's all I'll say to you, you've done the work, you've achieved the targets I've set, I'm pleased with the work you've done' I said 'You've been a little bit talkative but I don't mind that as long as you do your work'*

However what Barry has 'seen' is at odds with what Julie has 'perceived', who damns the behaviour of the students:

> *Apparently, she tore them off a strip and told them that they were very rude, and that they shouldn't be in school, that they should be ashamed of themselves and grow up.*

The validity of Julie's judgments, and her status as an expert, are narratively produced through her position as being the objective observer drawing on the discourse of empirical science, which silences Barry's capacity to see the truth about his lesson. Even if Barry, as a professional classroom teacher, is meant to be able to see what his pupils are doing to support their learning, the implication of this encounter is that his vision and expertise are diminished by the threat of subjectivity. Julie is discursively positioned as the truthful expert observer because her outsider status confers objectivity on her judgment.

The interaction between these elements that produce the discourse of expertise is furthered in those accounts where there is more than one external observer. Problematically, given that each observer is meant to be objective, deploying the same criteria, if they fail to reach the same conclusion the question arises as to which expert is the truth teller. Catherine's account embodies a conflict produced between three experts; herself, her current observer, and the observer of her lessons in the past, projecting on to her previous managers the grade, she thinks they would have given her:

> *Paul[28] then came and observed me in the lesson, he gave me a three[29] at the time when three was satisfactory, cause of some stupid, I don't even know what he was going on about actually, I don't even understand what Paul was going about, but that was the way he talked, according to him I couldn't get a grade two because when I did an evaluation … he said that I didn't take the evaluation far enough so for that reason it's a grade three, absolutely petty.*

As with Barry and the melded curriculum, Catherine tries to negate her grading by discursively positioning the commentary from her Line Manager as being nonsensical. Not making sense implicitly devalues the observer's status as an expert. Echoing Barry's narrative Catherine's self-observation leads her to a contradictory conclusion:

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[28] Catherine's Line Manager

[29] The grading system at this time was 1 = Outstanding, 2 = Good, 3 = Satisfactory, 4 = less than satisfactory, 5 = poor provision

> *I thought it was really good, they really enjoyed it when we got to the points to evaluate the study[30] as a discussion, for me personally I thought 'not my best lesson', but I thought 'it's good enough'*

The Catherine's establishes her observer expertise through the discourse of experience, knowing that this lesson was a good lesson by comparing it to previous lessons. A judgment confirmed by the expert observers of her students who have seen many lessons, buttressed by referencing the expert judgment of other independent, objective observers:

> *Everywhere else I've been I know that I would have been graded as a two at the very least.*

Catherine's narrative illustrates that the singular evidence from one observation can be used to tell competing stories. There is a discursive struggle between two opposing assessments of the same lesson, each claiming to extrapolate a truth sky from what has been seen. Catherine discursively attempts to undermine the position of her line manager as an expert by questioning the lucidity of his explanation, and comparing his judgment with other experts, as means of establishing the truth of her own conclusions. The Line Manager discursively establishes his expert, authoritative judgment through his institutional position and his greater number of years of teaching experience. The verdict imposed on her does not alter Catherine's own conclusions, she does not acquiesce, continuing to resist by referring to her Line Manager as petty. However, she is unable to oppose or overturn her official classification as satisfactory rather than good, this becoming the truth that others see, silencing other truths. Catherine is inserted into a conflicted space, pulled between two teacher identities, the one she thinks she is and the one she is told she is.

Hillary's narrative further illustrates the struggle over the conclusions drawn by experts where, unlike Catherine, the conflict occurs between the judgments made by two different designations of expert within the same school; the hierarchical position of her Line Manager, who is also the Headteacher, and the expertise of external

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[30] Catherine was teaching psychology A level, a key aspect of which is the critical evaluation of key studies in psychology

observers brought in to support her practice. This is a division which further emphasises the dichotomous conflicted role of observations as developmental and judgmental. Receiving repeated unsatisfactory observations from her Headteacher, the school took the decision to bring in qualified teacher trainers to help Hillary identify the issues with her lessons, and offer training on how to resolve them:

> *They came in and, I'd have six weeks, and they'd come in and watch my teaching, same sort of things 'remains anonymous'[31] so when they fed back, and I actually asked, and I had a couple of goes at that, and I said, 'What do you see wrong?' well they said 'No you are doing everything fine'*

Hillary's position in this struggle is between two conflicting interpretations of her skill. Even though her lessons have been judged as unsatisfactory, these new observers can find nothing wrong with her practice. Questioning her observers, highlighting to them all the things that might be wrong with her lesson, Hillary looks to ensure that they are telling her the truth and confirm this judgment:

> *and I made them look at things like … 'Oh perhaps it is talking to the kids too much and not letting them get on' or my question and answers techniques', … I asked them that, you know is it, 'I don't get my aims and learning objectives right' or, you know, 'Am I talking to much not letting the children contribute', or you know 'Do I go off at a tangent, I want you to know', you know 'I want you to help me identify if I am doing those sorts of things'*

It is a reasonable assumption, given the context, that this list represents the errors Hillary had been told needed correcting that the new observers were there to help her address. There is a hint of resistance to these conclusions that had been made about her performance in the last line, a suggestion that Hillary wants them to help her identify if she is 'really' doing these things. The truth of her resistance is confirmed as these experts do not see the same things as the school observers:

> *… and they said no, whatever I was choosing to do was okay, so where was I going wrong for observations that all these other people were saying, 'Oh it's great coming in your room, your children are so, they give so much, and you get so much out of them, they interact so well with anybody that comes in', so why was it that I was doing so much wrong?*

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[31] This meant that the feedback would not be given to the Headteacher it was just for her

It is possible, considering the performative construction of the observation, that Hillary had been putting on an extra special performance for these observers. Whilst there is no evidence for that conclusion there is support for the claim that Hillary did perform for her Line Manager:

> *You would be almost planning the sort of observation for a week before it was going to happen. you'd know it was gonna, so you'd be getting the LSA to do all the stuff for that one lesson, so therefore in a way, you were not doing a good job the rest of the time because you're putting all your effort into that one lesson that's coming up because you're worried sick about it.*

Hillary's own expert judgment is that performativity drives her to work at ensuring her performance management observation lessons are the best that they can be, detracting from the work that she puts into her everyday lessons. Far from preventing harm, the observation is positioned as indirectly harming the education of others. That the Headteacher expert still finds these performance lessons inadequate is damming. From the rest of her account, it is possible to conclude, as the learning advisors were in her lessons for six weeks, that Hillary was observed multiple times by them. It is therefore likely that these repeated observations were more representative of her everyday teaching practice given her assertion that she wanted to know what it was she was doing wrong.

The practice of being observed places Hillary in a conflicted position pulled between the contrary judgments of two experts. Those lessons where she produces her 'normal' lesson are judged as good whilst those for which she works the hardest to put on a good show, the performance management observations, are contradictorily judged as being the weakest. She is skewered between being considered successful and failing. Even though it is the Headteacher's verdict that has the greatest pull, the practice of the observation produces a fog rather than rendering her practice observable, impacting her emotions which become evidence of depression.

Tying practice to identity the outcome of this struggle between experts, can be devastating, as shown in the final part of Barry's narrative. In the feedback meeting, trying to repel the expertise of his Headteacher by suggesting that her knowledge was limited, his line of resistance is seen to fail, the conversation being brought to an

abrupt halt:

> *Julie wasn't happy with this (saying she did not know what she was talking about) and then the secretary knocked on her door 'Oh the parents are here for the exclusion meeting' so she said 'Oh I am gonna have to leave it here now' so I said 'hang on this is fundamental to me, you have criticised my teaching' I said 'I need to continue with this conversation at a later date because' and she said 'I will ring you later today', I'm still waiting for that conversation with her about my lesson.*

That the criticism of Barry's teaching is framed as being fundamental makes clear the discursive tie between identity and practice. Using her position as Headteacher, Julie can silence Barry by physically closing the door on him, other tasks taking precedence, crystallising her judgment as the hierarchal authority. Denied any further recourse, Barry is unable to resist this discursively established truth sky the observer extrapolates from the observational event through their organisational position. Even though Barry disagrees with the judgment made about his lesson, rationalised from his position as an expert practitioner, the effect of this single observation is to diminish his capacity to teach, taking away his previously established good teacher identity. This is the power of the observation, embedded in a culture of personal responsibility, its findings extrapolated from practice to person:

> *You know, after she'd totally destroyed me, she didn't even have the decency to call me in and try and sort of raise my morale, … I used to struggle with a lot of the, you know, the other the official Government, the OfSTED, but I could always teach, I think once she took that away there was nothing left for me.*

Viewed through the psychological lens of CBT Barry's response may be framed as out of proportion, however, when one considers the evaluative weight ascribed to the observation, contextualised within a personal history, it is not surprising. In this way Barry's story shows the potential for an observation to paradoxically obscure as well as reveal, foregrounding certain elements with a particular discursive structure. Having become the primary means of teacher assessment, the findings from an observation, conducted in a particular way, with a given set of criteria, become the truth about the teacher. The systemic effect is that a single, poor, observation can erase Barry's past as an effective teacher. He is recast as failing, the accountability structure blaming him, producing a discourse that he is only as good as his last

observation.

So, the tensions that are traceable in the narratives concern how legitimate the legitimate expert is, the conflicts between competing elements of the discourse of the expert producing a hierarchy of validating statements. The participants are engaged in various attempts to reassert their identity as good teachers by discursively undermining the expertise of the observers of their lessons. This involves a struggle over refuting what the observer says they saw, annulling the conclusions that are drawn from what they say they saw and thus invalidating the remedial actions that are taken to modify them based on what they say they saw. In each of the struggles in these narratives, it is the conclusion produced by the person with the higher organisational status who has the greater truth value. Once again, the participants are on the losing side, failing to nullify the judgments of their observers, and unable to challenge their discursive construction as bad teachers by others.

Conclusion: Observation as a battleground of identities

On the surface the classroom observation may appear to be a simple practice; an objective 'other' attends a class, records what they see, and reports back to the teacher on what they have seen. My analysis of the data challenges this simplicity. The observation, in these narratives, is found to be a site where the operation of power is exposed given the struggle between competing views as to what has been observed, and the actions that are then taken to modify the actions of the teacher. Framing the observation as producing, and located within, a field of competing truths about the teacher, the Foucauldian tools of power and discourse provide a means of tracing opposing discursive constructions of what constitutes a good observation, a good teacher, and the attempts made to resist and destabilise the institutionally crystallised versions of each. Rather than praising or condemning the observation as a practice, it is possible, through a more fine-grained analysis, to trace four struggles that circulate around the observation and the attempts made to resist the judgments made about them; the purpose of the observation, the criteria of teacher success, the representativeness of the lesson observed, and the characteristics of the observer.

The first site of struggle/resistance is that the observation may have become a primary source of diagnostic evidence, its validity having been sanctioned by the scientific discourse, but it is not the only one. The observation enforces a rigid set of performance criteria excluding those features, such as student evaluations, from the assessment. What these teachers know from their experience is that these other features may be equally valid and may contradict the findings of the observation yet cannot be used as they are not sanctioned by the scientific method as valid. The second site of struggle/resistance is the knowledge on the part of these teachers in that being experts they are quite capable of putting on a performance during the observation, amplifying the features they know will produce a positive outcome, even if this does not reflect their everyday practice. Third, there is the struggle over who gets to be the expert. All these teachers had considerable classroom experience and yet the construct of the observation places them as having less expertise than the observer. This destabilises the judgment made about them by their observer, yet that diagnosis is accepted as the truth, a truth they cannot challenge. Finally, there is a conflict of over purpose. There is a recognition that the observation may be portrayed as a means of accessing the appropriate treatment to make the teacher a better teacher but is frequently used as a mechanism of punishment through the competency procedure.

These four struggles can be situated within the Foucauldian oeuvre by positioning observations as a mechanism for manufacturing, rather than measuring, truth:

> Truth is a thing of this world: it is produced only by virtue of multiple forms of constraint. And it induces regular effects of power. (Foucault, 1980c pg. 131)

Purporting to tell the truth about the teacher, the evidence the observation produces, and the struggle over its validity matters because it may be used to reward them in terms of career progression through threshold, supporting them or punishing them. This struggle also matters for the teacher because, given Foucault's assertion that 'the individual, with his identity and characteristics, is the product of a relation of power exercised over bodies' (1980b, pg. 74), the observation is not only an assessment of what they do but is a forum in which identity is produced, and a space in which identity can be critiqued and deconstructed In those accounts where the

observation was most problematic various attempts to shatter the observational mirror are met with failure, imposing a particular identity that conflicts with the identity produced by other practices, losing an identity that has been previously established. From this, it is possible to reposition the figure of the depressed teacher not as a person suffering from a mental illness but rather as someone who has experienced loss. The only way to resolve the incongruent reflection is to walk away from the mirror metaphorically or actually.

Observations may be problematic, but these narratives demonstrate that it is not the observation as such that is the issue, rather it is the discursive struggles that circulate around it that turn it into a site of emotional turmoil. Traceable through these stories is the way in which a teacher's identity is attached to their practice, and that the judgments passed upon their practice through the observation become judgments about the self. Being embedded in the discourse of continuous improvement, the observation magnifies those areas of practice that need development, implying that what is done, and by association the teacher self, is never good enough. Given this threat to the self, various discursive attempts are made to modify the impact of the observational findings. Highlighting that the observation is only one source of evidence, recognising that the observed lesson is not representative of everyday practice, noticing that different experts reach different conclusions from the same observation, or even that the observation is being used as a method of punishment, are all discursive means of struggling against the negative identity the observation can impose. The teachers in these narratives find themselves unable to resist the institutional forces aligned against them through the observational gaze. Depression in this context can be reframed as a way out, a path of resistance to the designation of being useless, a means of escape from the otherwise unavoidable judgments made about the self.

Chapter 8. A Conclusion: Reconceptualising the function of teacher depression

Introduction

> The answer to the crucial question 'how is it that one particular affirmation [*enonce*] comes into being rather than another which could have stood in its place?' cannot be found in merely identifying the individual and his intentions behind the statement or act. It has to be found in the network of links with other statements and events in which that particular statement can be placed. (Pizzorno, 1992, pg. 207)

Pizzorno's reading of Foucault succinctly frames the direction of travel, the conclusions I have drawn, and the contributions to knowledge I have made from this analysis of depressed teacher narratives. The act of producing my own narrative was a key moment in the development of my research questions, highlighting my concern with how it came to be that, as an experienced teacher of psychology, the assertion of suffering from depression was applied to me when other statements might have equally described the emotions I was seen as expressing. Being asked by the Assistant Headteacher in charge of Teaching and Learning to leave their room because I was crying over the observation feedback given me as part of my teacher training, was a pivotal encounter in my story. Embedded within that encounter was a series of unspoken assumptions about what my tears meant, what constituted acceptable teacher conduct, and that my behaviour ought to be managed, assumptions this thesis sought to unpack through the interrogation of narratives.

Reflecting on my narrative there seemed to be two contrasting stories that could have been told about my tears, assuming they had to mean something. The first, the way my manager seemed to view me, was that crying was unacceptable, a symptom of an underlying psychological/medical abnormality, indicating a lack of emotional control, exposing a deficit of personal resilience, something to be managed, or excised, through medical or psychological means. The second, the way I initially viewed myself, was that crying was an expression of personal frustration at not being heard and my goal directed behaviour being blocked by another. They were a manifestation of a loss I could not put into words, a signal of being hurt by something

in the world around me. Each of these could have stood as the truth of my tears, among other stories that had not yet been articulated, prompting me to question not which one was true but how it came to be that the personal pathology, rather than personal pain, story became the one accepted as the truth concerning the expressed emotions of some teachers.

The literature review suggested that the ascendence of the psycho/medical account could be traced, in part, to it having been shown to be the truth through empirical research, depression being taken to exist as a measurable object. However, that review exposed the contradictions, inconsistencies, and assumptions within the medicalised view of the depressed subject, contributing to knowledge by adding to those voices critical of the medical hypothesis (Szasz, 1960, Horwitz, 2002, Parker, 2007, DeRubeis et al., 2017). Adopting Foucault's (2008, pg. 3) encouragement to be sceptical and think differently was a means of opening the space for interrogating these contradictions and theorising an alternative account of depression among teachers, the thesis contributing to the continuing body of work utilising Foucault's ideas. By tracing not what depression is but what the designation is employed to do, contextualising it within its relationships with other statements about teaching and the actions taken to modify teachers, I was able to question the medicalised actuality of depression.

Employing Foucault's assertion that power is productive (Foucault, 1977, pg. 194), and relational (Foucault, 1981a, pg. 92), it was hypothesised that the objects of depression and the good teacher are fashioned, rather than described, in the tension between statements. The objective was to elicit discourses from teachers who identified, and or had been diagnosed, as depressed, using a narrative method, to produce statements that might be in contradictory tension with one another within and between stories. Drawing on the evidence from my own story and observations, three objectives were framed as a means of tracing those tensions hypothesised as producing the depressed subject within teaching:

- To trace the discourses of depression as they appear in the narratives of teachers with depression, the conflicts that might exist between them, and how they are resolved.

- To trace the discourses of the good teacher as they appear within narrative histories of teachers with depression, the conflicts that might exist between them, and how they are resolved.

- To trace any interactions between the discourses of good teaching and depression

Appropriating Tamboukou's assertion that 'The philosopher's task is … to criticise, diagnose and demythologise 'truth phenomena'' (Tamboukou, 1999, pg. 202) my analysis has made a contribution to knowledge by furthering the argument those critical of the construct of mental illness such as Szasz (1960, 2011), Parker (1990, 1995), and Horwitz (2002) make, by criticising, diagnosing and demythologising the 'truth phenomena' of depression in teachers as a mental illness.

By utilising elements from the Foucauldian toolbox, my analysis of these eight narratives of teachers with depression offers a counterpoint to the dominant medicalisation of affects as abnormalities in need of biological or psychological removal and control, building on Szasz's claim that:

> … the phenomena now called mental illnesses be looked at afresh and more simply, that they be removed from the category of illnesses, and that they be regarded as the expressions of man's struggle with the problem of *how* he should live. (Szasz, 1960, pg. 117)

Research that seeks to explain the disorder of depression is construed in this study as a potential distraction as it is not necessarily depression that needs explaining. What the analysis of these stories suggests is that it is the specific acts of crying, fatigue, anxiety, and exhaustion some teachers experience, that need investigating rather than the meta category of depression. Depression comes to stand in as an explanation for these but diverts attention from the other identifiable, understandable, causes elaborated in these narratives such as work hours, surveillance, professional criticism, and contrasting perspectives with others on what counts as good teaching.

It is these issues that I suggest need addressing, not the disorder that supposedly causes the symptoms that define it.

From this perspective, I have drawn four conclusions as to what depression in teaching might be construed as being in relation to what it does. First, depression appears as a wayfinding landmark in a landscape of a disrupted personal history, a means of making sense of a diverse set of errant emotions. Second, depression can be framed as an emotional consequence of being subject to conflicting subjectivities and the outcome of that conflict. Third, depression can be recast as an element within a landscape of power relations where battles are fought and lost over what it means to be a good teacher. Fourth, depression becomes a conceptual device that enables the maintenance of an institutional belief in the infinitely adaptable and constantly evolving teacher. Together these constitute an argument for de-pathologising the emotions that teachers may experience as part of their work, reframing them as a normal response to a pathological environment. From these conclusions, it is possible to view depression as a heuristic device rather than a disorder. The limitations of the study in terms of my own subjectivity and the use of Foucault are elaborated, opening the possibility for further research in relation to offering a psychoanalytical account of the emotions these teachers experienced.

A Set of Four Conclusions

Even though it has been argued that narratives offer nothing that is not available in other texts (Fadyl and Nicholls, 2013), this study makes a distinct contribution to knowledge by showing that it is possible to deploy Foucault in the analysis of narratives gathered for the purpose of research. The conclusions presented here buttress Carabine's (2001) view that Foucault can be applied to texts produced in the moment as a useful adjunct to the analysis of historical documents. When reading each interview, it was apparent that the interviewees were drawing on discourses of depression that had been produced in history. The texts were dominated by the view of depression as mental illness, the endpoint of relentless stress in the work environment, reflecting the historical positioning of stress, burnout, and depression.

The penetration of this psycho/medical discourse into the everyday explanations of

teacher depression was evident in the relatively unchallenged narration of various aspects of the model in each of the participants' stories, accepted as offering a truthful explanation of their emotions. Even Francis, who was resistant to being medicalised, accepted the general principle that the problems encountered by his staff were potentially medical. These stories could therefore have been read as providing confirmatory evidence for a medical/cognitive/behavioural view of teacher depression. Looking at the data through these psycho/medical lenses, however, would have side-lined the contradictions threaded through each account, that adopting a set of Foucauldian lenses was able to expose, suggesting a different set of possible stories.

Through applying a subset of Foucault's tools to this data set my conclusion is that an analysis of depression needs to include a consideration of the work that the concept does in the lived lives of teachers. It cannot only be understood by studying the object of depression, which is shown to be problematic. The work invoking the concept of depression does in these stories is to provide a landmark, a narrative point of anchorage, within the landscape of the emotional lives of teachers. That landscape is sculpted from the teacher's personal history, by the practices of subjectification that define them, the power relations between competing versions of good teaching, and the ongoing unintended, tyrannical discourse of perfectibility in schools produced by a culture of continuous improvement.

Depression's appearance in a historical landscape

Foucault is clear that it is historical conditions that motivate a particular conceptualisation (Foucault, 1982b, pg. 778). Even though he was applying that idea to history over the long term, I would argue that this thesis contributes to knowledge because it has been able to show that is possible to utilise this approach to interrogating an individual's history. In their narratives, these participants seem to accept the existence of the psychological disorder of depression as an explanation for their emotions, yet they are also seen to seek an account for how they became depressed, the diagnosis failing in its role as an explanation. To do work as an explanation it is possible to conclude, from these stories, that one way of doing that

is to locate depression within a personal history, the event of diagnosis being made to make sense in relation to what has gone before. Having the space to talk as extensively as they wished, without constraint, or explicit guidance, the narratives highlighted the contrast that, unlike other medical disorders, depression is made decipherable to the individual telling their story by framing it within a wider historical context. This historicization may have been amplified by the research strategy of asking people to tell their teaching stories. However, participants knew the focus of the research was on their depression, so it can be assumed that their choice of historical events were those that enabled them to make sense of their depression and that they thought would communicate that to another.

From the data, it was possible to construct a generalised timeline of this history present in all eight narratives. Whilst not implying an actual causal chain linking events, events could be used to form a narrative chain, a way of explaining to the self and others what happened. The chain seemed to give meaning to the events in their lives, depression being one waystation on that journey. In these stories understanding depression meant starting with an account of who they were before becoming depressed. That context enabled them to foreground the extraordinary emotional affects that erupted into their lives that were so exceptional in relation to their previous history. However, what was apparent was that rarely did they have the discursive tools to understand what was happening, or why, in the moment. Their officially sanctioned recourse, in these exceptional circumstances, was to seek medical advice. Only having this option meant turning their understanding of their emotions into a clinical disorder. Depression within this history becomes a relational term that is seen as a disorder because it is different to what has gone before. In this way, it becomes possible to recast depression as a descriptive heuristic of events and emotions rather than a singular psychological disorder. A landmark used to decipher a landscape of shifting emotional states.

Depression's appearance in a landscape of conflicted subjectivities

The challenges confronting each participant throughout their teaching careers were the constantly shifting definitions of who they were as teachers. These changes

might happen locally, with the feedback given from an observation, or the evaluation of their work in performance management meetings. It might even have happened globally with Governmental shifts in defining what counted as good teaching, evidenced in the changing inspection criteria (Maw, 2006). The key association drawn from the narratives is that the emotions associated with depression appear in a world of conflicted subjectivities concerning the kind of teacher they are meant to be. What was apparent was the extent to which the person they saw themselves as being was cojoined, narratively, with their teacher selves. Teaching was construed not just as a practice they performed, separate from the self, but as a reflection of the self. The practices and actions associated with doing the job of teaching were deeply rooted in, and produced, their identities, defining who they were as people. It was this relationship between action and identity that was narratively organised as contributing to the emotional pain that the subsequent conflicts over teaching practice produced. They were not just struggling over how to be good teachers but also about the person they saw themselves as being.

Through my reading of Foucault (1982b, pg. 777-778) I identified three ways of considering the production of subjectivities through the dividing practices one is subject to, turning oneself into one's own subject and the modes of inquiry that interrogate the subject. Tracing the practices of subjectification in the narratives led to the conclusion that these teachers were embedded in a constant struggle between different versions of what counts as the valid criteria of good teaching, the validity of the methods employed to assess teaching practice, and whose judgment of that practice counted as the most valid. What was shown to be particularly problematic was the conflict produced between the subjectivity shaped by the individual's gaze and the one fabricated for them by the gaze of others.

Thus, even if teachers recognise that they are not perfect, some more so than others, they do not initially see themselves as failing. Into this space are inserted two potential sources of conflict with the judgments they make about themselves. The first is over what counts as good, the dividing practices that label one as an outstanding, good, in need of improvement or failing teacher. The second is the judgment made of them through the modes of inquiry, primarily the classroom

observation. Each participant found themselves on the losing side in this set of conflicts; their self-assessment at odds with the judgment made by others, or their criteria of success differing from others or a combination of both. This environment of struggle and loss contextualised the symptoms of depression as they appeared in the narratives. Depression among these teachers can therefore be reconceptualised as an expression of being on the losing side of the debate, a manifestation of grief over the loss of a particular subjectivity rather than a psychological abnormality.

Depression as an element in the landscape of power relations

Entwined with the landscape of subjectification, in these narratives, was the operation of power given that it was a landscape littered with conflicts and struggles over what constitutes good teaching, the definition under constant revision. This produced an environment an analysis of which furthers the application of Foucault's conception of power, understood through force relations (Foucault, 1981a, pg. 92). It is this form of power that creates the subjectivity of what it means to be a good teacher. This analytical space contributed another voice to Tamboukou's (2013, pg. 90) construction of genealogical analysis, particularly in relation to classroom observation as a site of power, identifying what was done to the teachers, how it was done and the tools employed to do it. The practices of managing teachers; the observation, the inspection, performance management, threshold, and continuous improvement, coupled with the practices of teaching; the three-part lesson, assessment for learning, inclusivity, differentiated learning, and reflective learning, all impose a law of true teaching on the individual. It is through being subject to these practices that they come to recognise themselves, and others, as teachers. Narratively these points are not fixed but are in constant struggle, battles being continuously fought over practice. These individuals come to know who they are as teachers, the kind of teachers they want to be and what they think teaching is for through those conflicts, producing a particular identity.

The data from these narratives suggest that these confrontations are an inevitable part of being a teacher, contributing to knowledge by adding empirical support to Foucault's (1981a, pg. 93) view of power being everywhere. The ongoing changes

within and outside schools mean that these battles are never over. For these participants their previous, historically identified, wins are followed by losses, losses which threaten their identities, imposing alternative subjectivities upon them. It is this inevitability that re-orientates the perception of the concomitant emotional affects away from being a sign of an underlying abnormality, toward being a normal response to a loss of identity as collateral damage in the ongoing tussle between ideas. The evidence from the narratives suggests that, unlike taking off an old overcoat, changing identities is not an easy thing to do. Adopting new practices potentially entails a modification of the teaching identities that have been produced through histories deeply embedded within the discourse of the self, making them resistant to change.

In each narrative there comes a point where it becomes impossible for the participant, for whatever reason, to be the teacher other teachers want them to be. In this space depression can be recast as an act of resistance, a way of saying 'I can't stand it anymore', a means of escaping from implementing those practices that would entail a fundamental change of an established identity. The established identity of a good teacher can be maintained behind the diagnosis of an illness. Depression becomes an act of resistance through withdrawal, damming the practices that are imposed through the designation of becoming ill. It is not that the illness is a fiction but looking at it from the perspective of what it does rather than what it is, it is the provision of an escape route that contributes to the depressed identity.

However, it is not only the teacher that can protect their identity through the diagnosis of depression, but the organisation is also shielded from having to modify its stance. In each story, it appears that the organisations of which the teachers were a part can use the diagnosis of depression as a means of managing the teacher who is resistant to modification. By designating the person as ill the organisation can continue to enforce changes to practice as it is not the change that is the problem but the individual teacher's lack of ability, their incapacity to adapt, their unwillingness to modify their practice, their personal lack of resilience. If they fail to respond to treatment and adjust, the organisation can use the diagnosis as a

means of excluding the individual from the body of the school. Depression becomes a means of managing the emotional effects of power relations.

Depression within a landscape of teacher perfectibility

Ball (2003) makes the argument that the performativity culture in schools is one that potentially creates emotional terror, a terror this thesis elaborates further, tying it to the concept of becoming a better teacher. One of the overriding conceptions of depression within the narratives was the extent to which each participant held themselves accountable for becoming depressed. They may have identified various environmental factors but ultimately the reason for their depression was that there was something fundamentally wrong with them which meant they failed to be the good teachers they were attempting to be. There was almost a belief that, in some way, they deserved what happened to them. Underlying this conclusion drawn by the participants about themselves was a conviction that if only they worked harder, learned the correct strategies, followed the correct rules, or talked to the right people, they would not have become, or could have alleviated their depression. I would argue that this represents a dispositif of the good teacher as infinitely adaptable and totally perfectible, and it is a failure to perform this role that produces emotions akin to depression. Depression within this view, an unintentional by-product of the psycho/medical model, becomes a sign not of a problematic work environment but of a problematic individual, an indication of personal failure to work at modifying themselves.

Embedded throughout the narratives are references to the culture of continuous improvement, supported by regulatory decisions governing the definition of the good teacher previously identified as a source of teacher depression (Kidger et al., 2016). The evidence presented here argues that a possible reason for this are the problematic tensions this culture produces, the perpetual search for the perfect teacher implying that one is never good enough but can be made so, inserting a potential irrationality into the system. Whilst their practice as teachers is not necessarily causal of depression, it produces a particular way of thinking about the self, defining the rationality of teaching. The rationality of teaching comes to

resemble the irrationality the CBT model identifies (Beck, 1976, Chawathey and Ford, 2016) as caused by and causing depression. One reading of the narratives would have been to conclude that, from the psycho/medical perspective, teaching has caused depression because it has produced irrational thinking. However, the narratives expose the contradiction that, even if teaching practice has contributed to the development of irrational thought, the psycho/medical dispositif focuses on the individual as the point of change in the system. This maintains the rationality of a particular model of teaching practice as it foregrounds the individual as the problem. It is within these moments of incongruity in the histories that the hidden mechanisms of power, subjectification and the dispositif are made visible, suggesting that it is possible to apply Foucault's macro approach to the micro context of an individual's life. The diagnosis of depression is reconceptualised not as a means of helping the individual but of maintaining a particular model of teaching practice, of sustaining the discourse of good teaching by holding the individual accountable for failing to manage their emotions. It is the negative consequence of the positive belief that you get what you deserve through hard work, and anything can be overcome through individual effort echoing the tyranny of merit outlined by Sandel (2020).

Reconceptualising Depression as a Heuristic Device rather than a Disorder.

From these four conclusions, it is possible to suggest that one way this thesis can contribute to knowledge is by repositioning what depression in some teachers might be. The established answer to the question of 'What is depression?', reflected in these narratives, is that it exists as a measurable mental health condition (Kroenke et al., 2001, Simon and Von Korff, 2006, Lux et al., 2010), precipitated by work-related challenges (Simpson, 1962, Kyriacou and Sutcliffe, 1978b, Kyriacou, 1987, Desouky and Allam, 2017, Soria-Saucedo et al., 2018), amplified by psychological studies that emphasise the individual as the source of change treatments (Beck, 1979, Ebert et al., 2014, Elder et al., 2014, Ugwoke et al., 2018). The acceptance that they had a disorder called depression was traceable through each story, each participant considering that their work environment had wounded them in some way, creating an illness that was treatable by medical and psychological practitioners. I could have used the narratives to retell this story, confirming it as a truth. However,

using Foucault was a means to question this story and take an alternative perspective, to problematise depression by considering what problem depression was employed to solve and what was problematic with the concept of depression. It was within the extensive accounts of being a teacher, enabled by using a narrative approach to gathering data, that it was possible to identify what depression, as a concept, was doing in the lives of these teachers and what was problematic about it. This enabled me to reconceptualise depression not as a disorder but as a tool for managing the emotional lives of teachers.

Within these narratives, the problem with the trope of depression was deployed to explain and solve a complex set of errant emotions primarily crying, fatigue, anxiety and feeling worthless. As a conceptual tool depression solves the problem of these emotions by reproducing them, through DSM, as evidence of a single disorder, without having to account for each emotion. Depression acts as a means of unifying this diverse set of emotions, each being caused by the same underlying problem, through the statistical production of a disorder (Beck et al., 1961). Depression can then be marshalled as a mechanism for solving the problem of what to do with the person who has these emotions, sanctioning the use of medical and psychological interventions to manage them. The problem with the concept of depression, exposed in this study, was that even though it was deployed as a solution to the problem of errant emotions, and what to do with the person who has emotions, it turns out to not be the solution it promised to be, adding further empirical support to the critique of the category of depression suggested by Horwitz (2002) and DeRubeis et al. (2017). A diagnosis of depression may have been positioned as an explanation for unruly emotions in the narratives, yet it left each participant having to explain how they became depressed, and what it meant to be depressed. Part of that problem, traceable in the narratives, was of depression being simultaneously positioned as the cause of abnormal emotional states, the consequence of problematic work environments, and as a disorder identifiable by the set of emotions it is meant to cause. Depression becomes a problematic heuristic device that is meant to offer an explanation and yet requires explaining.

By reconceptualising depression not as a disorder but as a heuristic device, a tool for describing the world, this thesis contributes to knowledge by questioning the necessity of the category. Providing participants with the space to detail their stories it is possible to view their emotions as normal responses to the conflicts arising in the teaching world. Adding support to the perspectives of Ball (2003) and Perryman (2007) who both account for the production of emotional states that are experienced as negative under the performative culture produced in schools as a consequence of the ongoing necessity for teachers to be accountable. In this context, the emotions encountered by these participants can be reconstrued as evidence of a world that has become disordered, rather than a disordered self. It is reasonable to become exhausted given the curricular and extracurricular demands placed on the teacher. It is reasonable to question one's value as a teacher when confronted with evaluations that constantly seek to identify one's failings. It is reasonable to be anxious when there is the constant threat of others making judgments about one's performance. It is reasonable to find oneself weeping when one finds one cannot achieve the goals that one sets for oneself or are set by others. It is also reasonable to assume that for some teachers all these events may occur simultaneously, leading to the expression of a set of emotions that, through their co-occurrence, are seen as being caused by and evidence for the disorder of depression. The question this analysis raises is, whilst accepting emotions as an inevitable aspect of teaching, are those practices introduced to supposedly improve teaching, associated with those emotions, necessary?

The Value of Narratives as an Analytical Tool

As well as making an empirical contribution to knowledge by providing evidential support for the position sceptical of mental illnesses, the thesis makes a methodological contribution by asserting the value of narratives. Gathering narratives was explicitly a way of resisting a truth that has been established about teacher depression because it has been primarily studied using one strategy (questionnaires) from one perspective (medical). The unintentional effect of this approach is to potentially silence alternative voices as not making a valid contribution, creating a gap in knowledge, and contributing to the creation of a

medicalised depressed subject. The argument for using narratives, as a way of hearing those other voices, was rooted in Combs & Freedman's (2012) view that they are a meaning-making activity, a means of creating order from a disordered experience, as suggested by Riessman (2014, pg. 370). The analysis of the narratives presented here complements and supports these perspectives. The activity of sense-making was apparent in all the narratives, the data showing both the confusion created by having the symptoms of depression and the attempts made to create order out of the disordering experience of depression.

Using Foucault's lenses, made it possible to interrogate the narratives to produce a different account than that provided by other methods. By troubling depression among teachers in this way, it contributes to the body of work using narratives as a means of studying depression (Vega et al., 2012, Lopes et al., 2014, Goncalves et al., 2016) in three distinct ways. First, it addresses the problem in much depression narrative research, identified by Robertson (2005), of narratives being viewed as producing the disordered self (Carr, 1998, Combs and Freedman, 2012, Lopes et al., 2014) and in need of correction, by treating them as objects in their own right. Though it was challenging to do so, it was possible to show methodologically how the texts could be analysed without passing judgment on the individual and what they said. Second, it furthers Carabine's (2001) view that Foucault can be applied to texts produced in the moment as a useful adjunct to the historical. Through each interview, it was apparent that the interviewees were drawing on discourses of depression that had been produced in history. The texts were dominated by the view of depression as a mental illness, the endpoint of relentless stress in the work environment, reflecting the historical positioning of stress, burnout, and depression. However, these histories were used in these narratives to produce a local history of events and an explanatory account of their emotional state.

Third, the narrative interview adds something more than merely reflecting existing texts as Fadyl & Nicholls (2013) suggest. The act of interviewing did support Reed et al.'s (2018) view of them as a meaning-making activity. The narratives did replicate the steps, though not necessarily in order, of stating the facts as the participant saw them, describing the various models that had been applied to them,

and identifying the account that seemed to produce a shared understanding with others. Anne-Marie, for example, described the facts of the workload she experienced and the emotions she felt, she gave accounts ranging from her personal failure to medical exhaustion, settling on the overall view that her depression was a result of her own failure. What the narrative interview produced that was not available in other texts was the production of meaning in the moment. In the future, it is perhaps worth mapping the relationship between existing texts and narrative texts to determine how much they reflect each other.

The Value of Foucault in the Analysis of Fixed Truths

At the core of this thesis was the work of Foucault adding another voice to those who have found resonance with his ideas as a means of interrogating educational practice (Wain, 1996, Perryman, 2006, Allen, 2012, Ball, 2019). The implicit/explicit theme running through the analysis was to be experimental with Foucault's (2006b) thoughts on abnormality as a means of establishing and enforcing the normal. To do that meant being sceptical of the concept of depression that I, and my participants, were embedded in, to see if standing in Foucault's shoes might be a way of transforming my own thinking. Whilst it was the case that I already had doubts about the medical model of depression, the problem was finding a means of offering a positive critique, not just damming the model for the sake of it. That route was found in utilising the concept of problematisation (Foucault, 1990, pg. 257). The thesis has shown that it is possible to adopt this approach to the analysis of narratives by tracing both the problem that depression is meant to solve, trying to account for errant emotions in teachers, the problems with the concept and its failure to explain those emotions it is meant to account for. In tracing those problems, the deployment of the concepts of truth, discourse, power/knowledge, and subjectivity were of demonstrable value. So, whilst not making any claim to having produced a Foucauldian method the thesis has contributed to knowledge by showing it is possible to deconstruct the narratives of depression among teachers using Foucault.

The distinction between truth skies and truth events (Foucault, 2006c) was found to have practical use in determining how an event in the life of the teacher can take on

the appearance of a universal. Sharing a commonality with the CBT directive of not extrapolating from single events, this distinction was a useful analytical tool in showing how individuals determined they were depressed from single events. Further, using this separation of truths was a way of exploring the inbuilt problems with diagnosing good teaching practice from single observations. The concept of discourse (Foucault, 2002, pg. 121) was found to be an effective analytical tool, looking for incidences of the regulatory practices and systems of formation associated with both the diagnosis of depression and the identification of good teachers. Conducting the analysis in this way demonstrated the constructed nature of these concepts even when they are talked of in the narratives as if they were fixed.

The close association between power/knowledge (Foucault, 1977, pg. 27) was equally of value in producing an analysis of the narratives, which exposed the relationship between what was found out about the teacher and what was done to them to modify their actions. The diagnosis of mental illness and good teaching are shown to reflect one another and embody the power/knowledge couplet. Treatment to modify emotions was dependent on the knowledge produced by the clinician, and progression as a teacher was dependent on the knowledge produced by the observation. The thesis also contributed to knowledge by supporting further that power is accompanied by resistance, each teacher contesting in some way their diagnosis or classification. Finally, the narratives demonstrated and amplified Foucault's assertion that power was related to subjectivity (Foucault, 1982b, pg. 792). Being subject to the practices of diagnosis in the classroom, and in the doctor's surgery, were shown in the narratives to be the sites of identity construction. It is in these practices that the teacher's soul is produced (Foucault, 1977, pg. 29).

Limitations and an Alternative

The problem with engaging with the limitations of the work is to fall into detailing the obvious. It is apparent that the conclusions made about teachers are not generalisable to all depressed teachers given the small sample size, however, this was never the intention. Nor could it be concluded that the stories recounted were

fully representative of the experiences of these teachers, but once again this was not the objective. The intent was to be sceptical, experimental, and transformational and in this way, it has succeeded by offering an alternative strategy for studying depression among teachers considering not what it is but what it does. It is also the case that the study has been directed and influenced by my own subjectivity regarding the problems within teaching. That is certainly not to be denied as part of the reasoning for undertaking the study was to find out if I was the outlier. However, this was the function of the thesis to discover the resonances between stories. There is however a key limitation that proceeds from an ethical concern relating to the potential implication of questioning depression. Foucault's work cannot be applied to the analysis of the cause of these emotional states only to their use in extrapolating from them the existence of a disorder called depression.

Ethically questioning depression, positioning it as an object manufactured by practice, generated a tension, a fear it might be assumed that I was also questioning, denying, or negating, the emotional affects from which the medical model fashions a diagnosis of depression; indirectly harming the participants by relegating their emotions to being an epiphenomenon of discourse. As Rosenhan noted:

> To raise questions regarding normality and abnormality is in no way to question that some behaviours are deviant or odd. Murder is deviant. So, too, are hallucinations. Nor does raising such questions deny the personal anguish that is often associated with "mental illness." (Rosenhan, 1973)

This work could not claim that emotional affects do not exist, deny them, or negate them as it was apparent that every participant experienced significantly painful emotions; emotions that were so profound they required and demanded an explanation found in their medicalisation. The Foucauldian oeuvre decentres emotions from being the object of study, having little to say about their origins, even if emotions, as Heaney (2011, pg. 266) argues are implicit in Foucault's work and can be seen as an effect of power. Rather the Foucault-orientated analysis presented here has directed attention away from explaining the emotions toward the work emotions and the talk about them does within the dispositif of depression, a discourse of emotions. Putting aside attempts to explain the cause of these emotions was a cost in pursuing the directive to think differently in this study,

potentially implying that they are irrelevant, and it is this area that would benefit from future work. In the context of my own academic developmental trajectory, it was a consideration of Freud's (2005) work on Mourning and Melancholia that really deepened my understanding of my Foucauldian analysis and that a synthesis between the two might be a productive avenue for further study.

What a Freudian inspired analysis might do would be to return depression to being a symptom rather than a disorder and demonstrate how that symptom might arise in a context of loss. This echoes the conclusions drawn here that the symptoms used to construct the disorder of depression can be viewed as entirely rational responses to challenges in the teaching world, particularly bereavement and loss which runs through all the stories. There are losses in the battles over which is the best way for the teacher to teach, judgments over how the teacher is teaching, control over how the teacher should manage their teaching and even loss of control over their life outside of teaching and themselves. This is not to say that this is the truth about what happened, replacing one tyranny with another, but to elaborate on the position that there are multiple ways of viewing depression which can have a diverse set of consequences for the individual and society.

The problem with the losses recounted in these narratives is that they are contradictorily made persistent through the practice of teaching. The conception of loss being the absence of something that was once present may be self-evident. However, this is a paradoxical position because to be recognised as absent one must refer to what has gone. In this way, at least discursively, what has been lost endures, as Eng & Zazanjian (2003, pg. 2) describe, loss being 'inseparable from what remains, for what is lost is known only by what remains of it, by how these remains are produced, read, and sustained'. This state is amplified in the teaching environment, evidenced in these narratives, through the constant requirement to lose the person one once was and become someone else through continuous improvement. Previous experiences cannot be ignored and persist as a permanent memory of what has been lost. These emotions are repositioned as a normal response to loss. Just because they are uncommon does not make them an abnormality.

Freud provides a list of losses that might produce such anguish, 'a beloved person or an abstraction taking the place of the person, such as fatherland, freedom, an ideal and so on' (Freud, 2005, pg. 203). What the analysis has shown in the conflicts over practice and the judgments made through observations is that such losses are present in all these narratives, each having lost at some point their independence to act as teachers, losing their ideal of what education is for and losing their position as people with expert knowledge of teaching, their knowledge replaced by the knowledge of others. The consequences of these losses for the individual might be either mourning or melancholia. The Freudian perspective suggests that mourning is the process by which the individual can detach from the object they have loved and lost and redirect their love to a new object. In Freud's words, it is 'characterized by a profoundly painful depression, a loss of interest in the outside world, the loss of the ability to love, the inhibition of any kind of performance' (Freud, 2005, pg. 203) in both mourning and melancholia, the introduction of the psychoanalytic perspective acting to normalise the emotional responses of these teachers. That these emotional responses to loss expressed by these teachers are more likely to be viewed as pathological is, from Freud's perspective, because abstract loss cannot be seen by others.

A possible way of supporting those teachers experiencing such emotions and educating those around them is to make what has been lost visible. When we can see, or understand, the loss that an individual suffers, their grief is normalised. It is when the cause of their suffering is hidden, or cannot be understood, that it becomes pathological. What I am arguing is that these individuals have been turned into pathological beings when what is occurring may be an entirely normal response to a pathological environment, produced by the dispositif of the infinitely adaptable and totally perfectible, the expression of emotions becoming a sign of imperfection. What is occurring is that each person is having to adapt to changes in their working environment, some of which they disagree with. By disagreeing, and entering a permanent state of resistance, they remain attached to what has been lost. This may turn their mourning into melancholia that perhaps they should be allowed to express and work through, rather than repressing through chemical or therapeutic means.

Summary

What this journey through the territory of teacher depression has exposed is that depression is problematic, though not in terms of its effects on individuals, but in failing to solve the problem it is produced to answer and how it is constructed. This journey has emphasised that these problems are not an intentional creation of those who seek to support those with depression, rather they are an unintentional by-product of the uses to which the construct of depression is put. The first role that it plays is as an explanation for emotions that are portrayed as irrational and something to be excluded, or at least managed, by the teacher. The good teacher is the one that understands that change is a permanent feature of the teaching world and that they are required to implement those changes others identify as necessary, even if that contradicts their local knowledge of what works in the classroom.

Second, it pathologises the person, transforming the individual into the epicentre of their disorder. The dispositif of the infinitely perfectible and adaptable frames the person as the cause of their disorder, shifting focus away from ongoing conflicts in their environment. By framing the teacher as responsible for the disorder frees the institution and Government to change practice without questioning the effect they might have on the individual. The individual is produced as having the capacity to, and be the site of, change, turned into the problem.

Third, depression acts to make itself true. Working in conjunction with the model of good teaching, depression is seen as a consequence of personally failing to be a good teacher. Whilst not suggesting that there is nothing that individuals can do to help protect themselves from the impact of the environment, the medicalisation of emotions reduces the importance the role of changing work-based practices can have on the teacher. In effect, teaching potential ceases to be a vocation, the teacher is turned into one element in a production line of attainment. Good results can be achieved if the teacher follows the blueprint instructions given to them for how to conduct the good lesson. The teacher's capacity for professional judgment is eliminated on the grounds that this might create inequalities in the teaching system if some teachers teach differently to others.

Freed from the constraint of viewing what has happened to these teachers as evidence of a psychological/biological disorder, it is possible to envisage alternative models such as the psychoanalytic view of loss, mourning and melancholia. This thesis attempts to de-pathologise the individual, returning their emotions to being a normal part of being human rather than a symptom of being ill. What this understanding does is recognise that in an environment riven with conflicts over practice many teachers will always experience symptoms that may lead them to be seen as being depressed. That is not going to change, but what is open to change is what is done with those emotions. Perhaps, by seeing them as something normal, schools can make better modifications to allow those emotions to be expressed rather than suppressed under the cloak of abnormality. I would suggest that greater emphasis needs to be placed on the emotional consequences of being a teacher and more done to manage the environment of the teacher rather than managing the teacher. Second, it opens the space to question the rationale for making changes in teaching when it is recognised that it can have a significant impact on the emotional lives of some teachers. It is this that should be questioned further rather than the response of the teachers to those changes. Finally, adopting a Foucauldian approach is of value for teachers in enabling them to think critically about their work and what is being asked of them. It is a way of opening the crack to let the light in.

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Appendices

Appendix 1. PHQ-9

<div align="center">Nine-symptom Checklist</div>

Name _____   Date _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

(For office coding: Total Score _____ = _____ + _____ + _____)

If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet BW Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at *rls8@columbia.edu*. PRIME-MD is a trademark of Pfizer Inc. Copyright 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Figure 1 The PHQ-9 Questionnaire

Appendix 2. Online Questionnaire 1

Thank you very much for considering completing this online questionnaire. This questionnaire forms the first part of a wider study into teacher's experiences of stress and depression. From the responses to this questionnaire, I want to develop a set of more in depth interview questions based on the thoughts and feelings describe below. Before completing the questionnaire, I would like you to consider the following;

1. Completing the questionnaire should take no more than fifteen to twenty minutes and you are free to leave out any questions you choose not to answer.
2. All the information you provide will remain confidential.
3. Any names of people or places you use will be changed, if reference is made to your responses, to keep your anonymity
4. Your responses may be used to develop further questions for more detailed study.
5. The answers you give may be published in an anonymised form in a Doctoral thesis, academic papers and in a book describing teachers experiences to help other teachers.
6. You do not have to answer every question if you chose not to.
7. You do not have to provide your contact details if you do not wish to participate any further in this research. If you do provide your details they will be held confidentially until the publication of the research, they will then be destroyed.
8. If you do provide your details and are contacted in the future please be aware that you are free to refuse additional participation at any time.
9. If you would like to talk to me about any aspect of this project before completing the questionnaire then please call me on 000000000 or email me at gcalvert@me.com

By proceeding with the questionnaire you are confirming that you are agreeing to take part, your participation is voluntary, your data can be stored electronically for the duration of the study, and you know that you can withdraw your data at anytime.

Thank you once again for agreeing to take part in this study

Graham Calvert

Research Student (The Institute of Education, University of London)

1. How long did you or have you been working as a teacher?
2. Which subjects did you or do you teach?
3. Are you
   a. A classroom teacher
   b. A teacher in charge of a subject
   c. A Head of Department
   d. An Advanced Skills Teacher
   e. An Assistant Headteacher
   f. A Headteacher
4. Have you ever been off work with stress or depression?
5. If you have answered yes to question 4, please outline briefly your experiences of stress and or depression
6. Please outline what you think could be done to help reduce teacher stress and depression
7. If you would be willing to be interviewed further about your experiences then please give your contact details, for example your name and a contact email address and or telephone number.
8. Finally, over the past 2 years how often have you been bothered by

	Not al all	Once in a while	Sometime	A lot of the time
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
Trouble falling asleep, or sleeping too much				
Poor appetite or overeating				
Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
Feeling tired or having little energy				
Trouble concentrating on things, such as reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?				

Appendix 3. Staffroom recruitment poster

CAN YOU HELP?

Is Teaching Stressful?

There is a lot in the news currently about how stressful teaching is. According to government figures teachers are one of three professions most likely to be off work with stress related symptoms. The first way of dealing with those things that cause teachers stress is to find out what they are. I am looking for teachers who have experienced or who are currently experiencing, or know people who have experienced stress, anxiety or depression to take part in my Doctoral Research project at the Institute of Education. Initially you will be asked to complete an anonymous questionnaire. You can then choose to volunteer for a more in-depth interview if you wish.

If you would like to participate please contact me at gcalvert@ioe.ac.uk or go directly to the survey at

https://www.surveymonkey.com/s/IOETeacherStress

Thank you for your help

Graham Calvert

Stress, Anxiety, Depression
gcalvert@ioe.ac.uk
https://www.surveymonkey.com/s/IOETeacherStress

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Appendix 4. Participant information and recruitment email

Personal Experiences of Teacher Stress and Depression

Participant Information Sheet

Thank you for considering participating in my research study. The project forms part of my research dissertation as a PhD student at the Institute of Education, London. This information sheet is designed to explain the reasons for the research, what it will involve and so help you decide if you want to participate or not. Please take your time to read it and talk with others about it if you wish. If there is anything that is unclear, or that you wish to know, please ask me.

About the Research

Statistically it has been shown that teachers are one of three professions most likely, in the UK, to suffer from episodes of stress and depression that interfere with their everyday life. It is has also been highlighted that people with depression commonly feel isolated, a feeling that can be amplified by the general lack of understanding as to what depression is. Further, based on my own experience of stress and depression in teaching it is clear that everybody's situation is different, even if all those with depression are assumed by others to be the same.

This is why I would like to interview those who have experienced significant episodes of stress and depression while they have been teaching. I hope to interview between ten and twenty teachers and use these stories to help our understanding of depression. These are not therapeutic interviews but may have some beneficial effects.

Why have you been chosen?

I am approaching you because you agreed to have a follow-up interview from the online questionnaire that you completed. It is up to you to decide to join the study. The rest of this information sheet describes what will happen if you agree to take part. Please note, if you do agree to participate you are free to withdraw at anytime, without giving a reason.

What will Happen?

You will initially be committing yourself to one interview that will last between one and two hours. This time can be split over two or more occasions. The interview will be held in a private place where you feel comfortable, at a time that is convenient for you. This might be your home or a mutually agreed alternative venue. You will be given a payment of £10 to contribute to any travel expenses if the interview is anywhere other than your home. At this stage I will ask you to sign a consent form.

During this first interview I will ask you to tell your story of being a teacher. The second part of the interview will be a chance for me to ask you questions about your story, and ask some additional questions about your experiences. Finally you will be given the opportunity to say anything you feel is important or that you forgot in telling your story. As the research will focus on potentially distressing experiences, you need to know that you do not have to talk about anything you do not want to or that makes you feel uncomfortable.

Following on from this interview I will send you a summary of my interpretation of your story. At this point you will be given the opportunity to have a second interview, at a time and place convenient to you, to discuss my interpretation. You do not have to participate in this second interview, but it is a chance for you to add anything you think is important that has been left out, ask me to remove anything from your story that you feel you do not want to be used, or correct any misinterpretations I may have made. You may also decide to withdraw your story from the study completely.

Other things you need to know

For this study I will need to tape the interview and type it out so that I can study it in detail. Each interview will be recorded on an encrypted hard drive and backed up on to a second drive. I will be the only person who will hear your recording. If you wish, you can have a copy of what is typed out. I will keep the recording and the typed-out version for two years after the publication of research thesis, after this time they will be destroyed.

What comes out of the interviews will be confidential. This means that no one else will be able to know your name or be able to identify you from the research study. I will change your name in the final research report and any other names of people or places that you use.

The research findings from this study will be made public in a doctoral thesis. Parts of your story may be used in a book on teacher stress and depression to help others going through similar experiences. If you decide that you do not wish your story to be used in this way you will be given the opportunity to withdraw your data.

What will happen next

I will be I contact with you within the next seven days to arrange a convenient time to carry out the first interview. If you have any questions about the research before I contact you, or you have decided that you do not wish to participate any further please call me on ▮▮▮▮▮▮▮▮ or email me ▮▮▮▮▮▮▮▮).

Thank you

Graham Calvert

Research Student (Institute of Education, University of London)

Appendix 5. NUT Survey

Introduction

Thank you for considering completing this questionnaire, which is the start of a wider study into teacher experiences of stress and depression. The responses to this questionnaire will help identify the key issues and devise a set of in-depth research questions.

Statistically it has been shown that teachers are one of three professions most likely, in the UK, to suffer from episodes of stress and depression that interfere with their everyday life. A common thread running through many stories of stress and depression is the sense of isolation, a feeling that can be amplified by the general lack of understanding as to what depression is. This survey will help us get an overview of the levels of stress in the local area and the common causes of anxiety/depression.

Before completing the questionnaire, please consider the following;

Completing the questionnaire should take no more than fifteen to twenty minutes and you are free to leave out any questions you choose not to answer.

1. All the information you provide will remain confidential which means that only the researcher (Graham Calvert) will see your initial responses.
2. Any names of people or places you use will be changed, if reference is made to your responses, to keep your anonymity
3. Your responses may be used to develop further questions for more detailed study.
4. The answers you give may be published, in an anonymous form, in a Doctoral thesis, academic papers and in a book describing teachers experiences to help other teachers.
5. You do not have to answer every question if you chose not to.
6. We recognise that every person's experience is different and that a limitation of questionnaires is that they lack detail. We would like to carry out in depth interviews in the future to correct this, and you have the option of providing us with your contact details if you choose to do so. If you do provide your details they will be held confidentially until the publication of the research, they will then be destroyed.
7. If you do provide your details and are contacted in the future, please be aware that you are free to refuse additional participation at any time.
8. If you would like to talk to me about any aspect of this project before completing the questionnaire, then please email Graham Calvert at gcalvert@ioe.ac.uk

By proceeding with the questionnaire, you are confirming that you are agreeing to take part, your participation is voluntary, your data can be stored electronically for the duration of the study, and you know that you can withdraw your data at any time.

Thank you once again for agreeing to take part in this study

Graham Calvert (Research Student, The Institute of Education)

PS If you would prefer to, you can complete an electronic version of this questionnaire at https://www.surveymonkey.com/s/IOETeacherStress

Section 1: About You

These demographic questions help us to determine how representative our sample is and if there are any issues relating to particular groups. Please tick the group you belong to in each question. Some questions allow you more than one option.

Question 1: Your gender

Are you:

Male ☐   Female ☐   Transgender ☐

Question 2: How old are you?

20-24 years	☐
25-29	☐
30-34	☐
35-39	☐
40-44	☐
45-49	☐
50-54	☐
55-59	☐
60-64	☐
65-69	☐
70+	☐

Question 3: Where do you live and work?

To make sure we know which areas are represented in this survey can you please give the first three characters of your work and home postcodes.

Home Postcode ☐   Work Postcode ☐

Question 4: Are you a member of a union?

Please indicate which unions (if any) you are a member of:

Association of School and College Leaders (ASCL)		National Association of Schoolmasters Union of Women Teachers (NASUWT)	
Association of Teachers and Lecturers (ATL)		National Union of Teachers (NUT)	
National Association of Headteachers (NAHT)		Voice	
Not a member of a Union		Other (Please Specify)	

Question 5: Which ethnic group do you consider you belong to?

We have based these categories on the ones used in the National census.

White	English/Welsh/Scottish/Northern Irish/British	
	Irish	
	Gypsy or Irish Traveller	
	Any other White background, please describe	
Mixed / multiple ethnic groups	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other Mixed / Multiple ethnic background, please describe	
Asian / Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background, please describe	
Black / African / Caribbean / Black British	African	
	Caribbean	
	Any other Black / African / Caribbean background, please describe	
Other ethnic group	Arab	
	Any other ethnic group, please describe	

Section 2: About your teaching

Question 6: Your current teaching role.

From the choices below please indicate your current teaching role or roles. Please tick all that apply to you. If you are not currently in teaching, please also indicate your role(s) prior to leaving teaching.

Currently not in teaching	
Primary school teacher	
Secondary school teacher	
Tertiary college teacher	
Advanced skills teacher	
Teacher in charge of a subject	
Head of Department	
Assistant Headteacher	
Deputy Headteacher	
Headteacher	
Any other teaching role, please describe	

Question 7: Which subjects are you qualified to teach?

Please name all the subjects you are qualified to teach

Question 8: How long have you been teaching?

In total, including training years, have you been a teacher?

Years

Section 3: Teacher stressors

Many things can cause stress at work. The questions in this section measure the extent to which you may be experiencing things that might result in stress.

Question 9

Please rank each of the statements from 1 to 5:

1 Strongly disagree, 2 Disagree, 3 Neither agree not disagree, 4 Agree, 5 Strongly agree

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My job is too demanding	1	2	3	4	5
My classroom's physical working conditions are very good	1	2	3	4	5
My working hours are excessive	1	2	3	4	5
There are too few after school meetings	1	2	3	4	5
The range of tasks with which I must cope creates an unacceptable workload	1	2	3	4	5
The number of pupils I have to teach is about right	1	2	3	4	5
Our rest facilities are shoddy and dispiriting	1	2	3	4	5
Reasonable deadlines and time pressures are often given to me	1	2	3	4	5
OFSTED/ESTYN inspections cause me excessive pressure	1	2	3	4	5
The number of school improvement targets/government initiatives is realistic	1	2	3	4	5
There is too little flexibility in my work arrangements	1	2	3	4	5
I do not feel it necessary to put my job before everything else	1	2	3	4	5
The school does not acknowledge the time we put in at home	1	2	3	4	5
I get proper breaks from work during the school day	1	2	3	4	5
I am overstretched because of the number of unfilled vacancies/staff on long term sick leave	1	2	3	4	5
When I have raised concerns about my workload to my Headteacher/line manager effective measure have been taken to address the problems	1	2	3	4	5
I have no control over my job	1	2	3	4	5

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
There is enough consultation in the school	1	2	3	4	5
I find the pace of the school day stressful	1	2	3	4	5
I am given the freedom to use my own initiative in my job	1	2	3	4	5
I am not given the support I need to do my job	1	2	3	4	5
We receive appropriate training in school	1	2	3	4	5
I do not have enough support in dealing with paperwork	1	2	3	4	5
I am well supported by my managers	1	2	3	4	5
There is no one I can talk to if things get difficult	1	2	3	4	5
The organisation of the school is good	1	2	3	4	5
There are too few support staff in school	1	2	3	4	5
The school has an effective leadership team	1	2	3	4	5
Senior managers are invisible	1	2	3	4	5
I feel secure in my job	1	2	3	4	5
I am worried about my career development	1	2	3	4	5
I feel at home in the staffroom	1	2	3	4	5
I have asked for practical support to carry out my job, but none has been given	1	2	3	4	5
I am rarely in conflict with my managers	1	2	3	4	5
I find problems of conflict with colleagues	1	2	3	4	5
I feel I can approach my line manager	1	2	3	4	5
The management culture of my school could be called 'bullying'	1	2	3	4	5
Staff feel able to complain	1	2	3	4	5
I feel discriminated against because of my race/sex/disability/religion/sexual orientation	1	2	3	4	5
There is an 'anti-bullying' policy in my school	1	2	3	4	5
I often have to deal with violent pupils	1	2	3	4	5
I rarely have to deal with disruptive pupils	1	2	3	4	5
I have no concerns about violence from aggressive parents	1	2	3	4	5

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I often struggle with uncertainty about my roe and responsibility	1	2	3	4	5
I feel that teaching has a good status in society	1	2	3	4	5
Many staff are on temporary contracts which fragments the school community	1	2	3	4	5
My skills are used appropriately	1	2	3	4	5
I feel under-valued	1	2	3	4	5
I rarely feel isolated in the classroom	1	2	3	4	5
My work objectives are not always clear to me	1	2	3	4	5
I can cope easily with the pace of organisational change	1	2	3	4	5
I find it difficult to cope with the changes to the curricular requirements	1	2	3	4	5
I can cope easily with new technology	1	2	3	4	5
There is insufficient staff consultation when a change is proposed	1	2	3	4	5
Changes are accompanied by appropriate support and training	1	2	3	4	5
Management are constantly introducing new procedures	1	2	3	4	5
Please list any issues that may be causing or reducing work related stress not highlighted above					

Section 4 Your psychological well being

Being stressed can cause a range of symptoms. The questions in this section measure how stressed you might be.

Question 10:

Please indicate how often you are bothered by any of the following symptoms at the moment.

	Not at all	Once in a while	Some of the time	A lot of the time	All the time
Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because his/her mind is troubled all the time. Do you feel this kind of stress these days?	1	2	3	4	5
You have little pleasure in doing things	1	2	3	4	5
You feel down, depressed or hopeless	1	2	3	4	5
You have trouble falling asleep, or sleeping too much	1	2	3	4	5
You have a poor appetite, or you are over eating	1	2	3	4	5
You feel tired or have little energy	1	2	3	4	5
You feel bad about myself, or that you are a failure, or that you have let yourself/family/friends down	1	2	3	4	5
You have trouble concentrating on things, such as reading the newspaper or watching television.	1	2	3	4	5
You move or speak so slowly that other people could have noticed, or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	1	2	3	4	5

Question 11

Here are the same questions again but, this time think, about how often you have been bothered by any of these symptoms over the past year.

	Not at all	Once in a while	Some of the time	A lot of the time	All the time
Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because his/her mind is troubled all the time. Have you felt this kind of stress over the past year?	1	2	3	4	5
You have little pleasure in doing things	1	2	3	4	5
You feel down, depressed or hopeless	1	2	3	4	5
You have trouble falling asleep, or sleeping too much	1	2	3	4	5
You have a poor appetite or you are over eating	1	2	3	4	5
You feel tired or have little energy	1	2	3	4	5
You feel bad about myself, or that you are a failure, or that you have let yourself/family/friends down	1	2	3	4	5
You have trouble concentrating on things, such as reading the newspaper or watching television.	1	2	3	4	5
You move or speak so slowly that other people could have noticed, or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	1	2	3	4	5

Question 12

During your time as a teacher have you ever taken time off work because you felt (or were diagnosed with) stress and/or depression?

Yes ☐   No ☐

If you answered yes to question 12 please answer question 13a, if you answered no please answer question 13b.

Question 13a

Please briefly describe your experience of stress and or depression in teaching in as many words as you wish. It would help if you can indicate in your story if you took time off work during your episode(s) of stress/depression, and if you received, or are receiving, any medical treatment or counselling

Question 13b

Please describe those things, in your experience, that might lead to some teachers becoming stressed or depressed. It would be useful if you could explain why you think these things might have a negative effect on teacher wellbeing.

Question 14

Please outline what you think could be done, if anything, to help reduce the levels of teacher stress and depression.

Section 5 Further participation

Statistics are only one measure of the impact teaching may have on teachers. They do not tell us very much about what it means to be a teacher in stressful circumstance. We would therefore like to interview some of you about your experiences and opinions. If you would be willing to be interviewed further then please give your contact details including your first name and a contact email address and/or telephone number, together with your city/town. These details will be kept confidential and only used in relation to this project. They will not be shared with anyone else.

Name	
City	
County	
Email Address	
Phone Number	

Section 6 Thank You

Thank you very much for taking the time to complete this questionnaire. If you have submitted your contact details, I will be in touch with you to talk about the next stage of the research. Please return the completed questionnaire to your union representative in the envelope provided. They will then pass the questionnaires on to me for analysis. If you have given your contact details, you will be sent an electronic version of the final report.   If, having answered this questionnaire you think you might be suffering from stress, depression or anxiety you can go to the teacher support website for some useful information (https://teachersupport.info). Thank you once more for your participation.

Appendix 6. Characteristics of questionnaire respondents

Table 4 Demographics of questionnaire respondents

Group	Category	Survey Respondents Percentages (n)	Those who had taken time off work percentages (n)	National Statistics 2014 (Department for Education, 2015) percentages
Gender	Female	74.5 (123)	83.3 (45)	76
	Male	25.5 (42)	16.7 (9)	24
Age	Under 25 Years	5.5 (9)	3.7 (2)	6
	25-29 Years	15.2 (25)	9.3 (5)	17
	30-34 Years	24.8 (41)	14.8 (8)	17
	35-39 Years	12.7 (21)	14.8 (8)	14
	40-44 Years	12.7 (21)	20.4 (11)	13
	45-49 Years	7.3 (12)	13 (7)	11
	50-54 Years	7.9 (13)	13 (7)	9
	55-59 Years	8.5 (14)	7.4 (4)	7
	60 and over	5.4 (9)	3.7 (2)	2
Ethnicity	White - British	84.8 (140)	85.2 (46)	87
	White - Other	6.1 (10)	7.4 (4)	5
	Asian / Asian British: Indian	3.6 (6)	1.9 (1)	2
	Asian / Asian British: Pakistani	1.8 (3)	0 (0)	1
	Black / African / Caribbean / Black British: African	1.8 (3)	3.7 (2)	1
	Other ethnic group	1.8 (3)	1.9 (1)	4
Union Membership	National Union of Teachers	42.4 (70)	40.7 (22)	40
	National Association of Schoolmasters Union of Women Teachers (NASUWT)	24.8 (41)	25.9 (14)	34
	Association of Teachers and Lecturers (ATL)	10.9 (18)	9.3 (5)	17
	Association of School and College Leaders (ASCL)	3.6 (6)	0 (0)	<1%
	National Association of Headteachers (NAHT)	0.6 (1)	1 (1.9)	<1%
	Voice	0.6 (1)	0	2
	Other union	6.7 (11)	5.6 (3)	
	Not a member of a union	10.3 (17)	16.6 (9)	3

Table 5 Teaching roles of questionnaire respondents

Role	Percentage (n)	Percentage of those who had taken time off in complete group	Percentage of those who have taken time of with group
Currently not in teaching	6.7 (11)	7.5 (4)	57
Primary School	30.3 (50)	35.8 (19)	47
Secondary School	65.5 (108)	55.6 (30)	36
Tertiary school teacher (Sixth Form)	2.5 (6)	7.5 (4)	80
Teacher in Charge of a Subject	8.5 (14)	7.5 (4)	28
Head of Department	15.8 (26)	11.3 (6)	27
Head of Year	1.8 (3)	1.9 (1)	50
Assistant Headteacher	4.8 (8)	3.8 (2)	40
Deputy Headteacher	1.2 (2)	1.9 (1)	50
Other teaching role (level not specified)	3.6 (6)	7.4 (4)	100

Table 6 Years spent teaching among questionnaire respondents

Years Spent teaching	Percentage (n)	Those taken time off with stress
1-5 years	16.4 (27)	10.9 (5)
6-10 years	27.3 (45)	26.1 (12)
11-15 years	12.1 (20)	17.4 (8)
16-20 years	11.5 (19)	21.7 (10)
21-25 years	5.5 (9)	8.7 (4)
26-30 years	4.2 (7)	8.7 (4)
31-35 years	4.2 (7)	2.2 (1)
36-40 years	3.0 (5)	4.3 (2)
41-45 years	2.4 (4)	0 (0)

Table 7 Subjects taught by secondary teachers

Subject	Percentage (n)
General science	16.1 (18)
Biology	9.8 (11)
Chemistry	8 (9)
Physics	8 (9)
English	17 (19)
Drama	5.4 (4)
Media Studies	5.4 (6)
Maths	15.2 (17)
Geography	4.5 (5)
Travel & Tourism	1.8 (2)
History	8.0 (9)
Politics	2.7 (3)
Art	6.3 (7)
Business Studies	7.1 (8)
Economics	6.3 (7)
Information Technology	6.3 (7)
Computing	4.5 (5)
Psychology	4.5 (5)
Sociology	4.5 (5)
French	6.3 (7)
German	3.6 (4)
Spanish	2.7 (3)
EAL	4.5 (5)
Music	6.3 (7)
Physical Education	4.5 (5)
Religious Education	4.5 (5)
Textiles Technology Food Technology Resistant Materials PSHE Italian Classics Child Development Mixed Media Photography	All 0.9 (1)
Citizenship	3.6 (4)
SEN	2.7 (3)

Appendix 7: Interviewing script

Narrative interview on teacher experiences of stress, depression and anxiety

Initial briefing

1. I would like to begin with a couple of housekeeping points
    a. First ethics
        i. Your participation in this interview is entirely voluntary. You do not have to answer any question if you do not want to and you can stop the interview at any time.
        ii. After the interview is over you can choose to withdraw your data at any point
        iii. I need to remind you that parts of your interview may be published in a doctoral thesis, in a book and at presentations related to this research. Of course your contributions will be made anonymous. Again you will be able to withdraw your contribution if you decide to.
        iv. The length of the first interview will probably be between one and two hours.
        v. I will be recording the interview which will be held on two encrypted hard drives until two years after the publication of the research.
        vi. Part of my research framework is to ensure that participants have some input into my use of their data. I will provide you with my interpretation of your data and you will then have the opportunity to comment on my conclusions. You can do this in a second interview or in writing. You may also decide not to make any comment.
        vii. Do you have any questions so far?
        viii. Is that framework ok?
    b. Second, the purpose of the interviews
        i. As I have discovered depression and stress are common among teachers. There are many surveys, which attempt to identify the things that cause teacher stress, but there is very little research into how teachers who are suffering emotionally make sense of their experience, just lots of lists.
        ii. I have come to this research based on my own personal experience of depression that has led me to leave teaching.
        iii. I am working from the perspective that human beings create stories to make sense of their experiences and it is those stories I am interested in.
        iv. I am also exploring the possibility that stress, depression and anxiety are a way of resisting some of the things that are done too us by those in power, those things that we find unacceptable.
        v. So I want to hear your personal story of your experiences.
        vi. Are there any questions so far?
    c. Third, how the interview will be conducted

      i. There are two parts to the interview
1. In part one I just want you tell me your story. I will not interrupt but may take some notes for the second part of the interview
2. In part two I might ask some follow up questions to help me clarify your story.
   a. it is quite possible that we may enter a discussion where I will share some of my experiences and my interpretation of them. Please feel free to disagree with my interpretations.
     ii. Two things that are different about this interview
1. First, I do not want it to be an interrogation; rather I would like you to see it as an opportunity to share experiences that have been important in your life. Please feel free to elaborate on your answers in any way.
   a. So I won't be asking you lots of questions.
2. Second, please treat me as if I know nothing about the issues. Please describe these experiences using any examples that you feel are relevant.
    iii. Is that ok?

2. As you know I am collecting the life stories of teachers who have experienced significant episodes of anxiety, stress and depression and I would like to record your story. Take your time and start wherever you like. I'll listen first, I won't interrupt, and I may take a couple of notes that I'll ask you questions about later. So can you tell me your teaching story, the events and experiences that have been important to you up till now.

3. Things to cover
   a. Can you tell me the story of how you came to be a teacher?
      i. Initial motivation
      ii. Training
   b. Can you tell me about your first experiences as a teacher?
      i. Where did you teach
      ii. What were your early classroom experiences like?
      iii. Can you describe the kinds of schools you worked in?
   c. Can you describe how your experience of teaching changed over the years?
   d. The focus of this research is on stress/anxiety and depression. Can you tell me your experiences with any of these?
      i. How did it begin?
      ii. How did you deal with it?
      iii. How did others inside and outside school deal with it?
   e. If you were trying to explain what happened to you to another teacher what might you say to them?
   f. Can you tell me about what happened after these events
   g. Describe what you see the future holding for you in relation to teaching, stress, anxiety and depression?
   h. Is there anything else you would like to add to your story?
4. Some additional questions
   a. What do you think could have been done to prevent your negative experiences?
   b. What do you think about the support you received?
   c. Drawing on your experiences what advice would you give to new teachers?