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Engaging with communities and precarity theory to bring new perspectives to public mental health

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ABSTRACT

In this paper we explore the role of precarity theory in bringing new perspectives to public mental health. The paper draws on a qualitative, participatory research study carried out in Glasgow that illuminates the entangled and complex relations between the social, bio-political, cultural, economic, and environmental conditions that produce mental health and ill health. Through the accounts of Sassy Queen, Tony, Simba, John, and Rhianna, we explore the attrition of everyday lives that are lived in constant states of crisis, the forms of precarity that it precipitates, and how this plays out for them concerning how they talk about and experience 'mental health'. Their experience provides an alternative vantage point to understanding mental distress to those which are made possible through recourse to prevalent social determinant and behavioural models of public health. The paper concludes that the operations of the political as everyday biopolitics must become more visible within public health, and this requires interdisciplinary and narrative approaches to fully understand the border zone between macro-level politics and the biopolitics of everyday life.

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Introduction

As the acute stage of the COVID-19 pandemic recedes and the cost-of-living situation intensifies in the United Kingdom what has been called a crisis of mental health has come to the fore (Broadbent et al., 2023). This 'crisis' occupies a longstanding fault line in public health situated between the medical and the political. Major public health bodies premise a social determinants of health model (SDH) that claims the major causal factors of poor mental health are social, economic, and environmental (Bonnar, 2017; Herrick & Bell, 2022; WHO, 2014). This proposition sits in tension with health policy that is often preoccupied with individual bodies, minds, and ailments (Goldberg, 2017). Articulating the complex relations between the social, political, cultural, environmental, and individual factors that shape our mental health experiences is a challenge for public health. Several critical mental health scholars (Prozorov, 2021; Rau, 2013; Stiegler, 2008; Thomas, 2016) argue that both the tendency to medicalise social problems and the associated data-driven technologies of measurement are a facet of both biopolitical and psychopolitical governance of life. They bemoan the displacement of economic and political failures as individual pathology of mental ill health and argue that it is a new politics that is required to address these issues to improve population mental health. But what forms of political understanding can offer insight into the relations between systems of governance and individual anxieties/worries/troubles? Despite the political nature of

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health being recognised in behavioural and social determinant models of public mental health, it is often enacted through a medicalised lens of objectivity. These enactments include public health programmes that focus on screening and prevention which are underpinned by the belief system that 'mental health' is individually experienced and is identifiable, knowable, and preventable. Further, although these behavioural and social determinant models often identify 'political' factors as determinants of health and as spheres of influence they tend to do so in a realm beyond the individual. They are therefore ill-equipped to understand how the political is implicated through life as it is lived.

In this article we look at the biopolitical theorisation of precarity as it articulates a relationship between the current 'politics of crisis' (Gentili, 2021) and individual suffering (Butler, 2004, 2009; Vij, 2019). On a practical level, precarity theory is useful for understanding 'mental health' and has much to offer public mental health as it brings a biopolitical lens to a complex phenomenon and through doing so offers an understanding of the 'uncertainties' of 'life worlds' (Kelly et al., 2009). Thus, it provides public mental health with new perspectives not necessarily visible from more deterministic viewpoints. As Kelly et al. (2009, p. 18) state 'it is not possible to predict individual health outcomes' based on population models, as individual lives are complex, dynamic, and unique. In contrast, precarity theory implicates the 'political' as it exists in everyday life rather than as a set of political responses to human suffering encapsulated in a set of pathological categories of mental health. In turn, it shifts the emphasis from signs, symptoms, and manifestations of mental ill-health which might be experienced by individuals to seeing these as expressions of a system at work.

Using contemporary theory of precarity, we make sense of the complex ways in which political, social, economic, and embodied experiences of a group of people who live in the North of Glasgow are expressed as struggles with mental health. We offer insight into how the everyday precarity expressed by Sassy Queen, Simba, John, Rhianna, and Tony relates to the politics of crisis encapsulated in precarity theory. Following an outline of our use of precarity theory, we summarise methods adopted for this study.

Precarity: a new lens for public mental health

The term 'precariat' (Standing, 2011; Lorey, 2015) is increasingly used to define the gig economy workers whose precarious economic conditions are the result of insecure employment. However, Butler's (2004, 2009) precarity theory has much deeper and wider implications, that connect contemporary models of governance and their perpetual crisis, with the crisis experienced by individuals, foremost those living at the harshest front of unequal societies. For Butler, precariousness is a facet of life. She states: 'precariousness is coextensive with birth itself' and that 'precariousness implies living socially, that is, the fact that one's life is always in some sense in the hands of the other' (2009, p. 14). Precarity may be unequal in distribution but does not belong to a particular group of insecure people but to all lives and modes of governance. The route to understanding the distribution of precarity and the politics of crisis runs through Foucauldian biopolitics (Berlant, 2011; Bird & Lynch, 2019; Butler, 2004, 2009; Povinelli, 2011; Vij, 2019). In this section, we summarise how the precariousness of all life, relates to biopolitical governance and how this, in turn, relates to public mental health.

Foucault's (2008) biopolitical theory extends from his theory of distributed power, where power does not belong to a sovereign but circulates through 'state and non-state actors and discourses' (Butler, 2004, p. XV). Unlike sovereign power that operates through law, biopower operates in the governance of the everyday. In this scheme, biopolitical governance is comprised of the meshwork of practices that operate in and through societal norms. Foucault (1978) argues that biopower ascended with modernity, where science and technology afforded the means of measuring, classifying, and intervening on populations, literally to 'foster life'.

There are clear implications for public health in these theoretical perspectives and Foucault (2003) noted the 'medical gaze' as a mechanism of biopolitical governance. However, Foucault's writing theorises the operations of biopolitics at population level while more recent biopolitical scholarship

explores the operations of biopolitics through subjective experience (Butler, 2004, 2009; Tarizzo, 2011; Gentili, 2021). This work offers insight into the relationship between precarity and mental health in its widest sense. Tarizzo (2011) proposes that biopolitical attempts to 'optimise' life affect mental health. He argues that 'mood disorder' may be an act of resistance to biopolitical management, or conversely may 'pre-suppose' this field of management. In other words, this is the subjective manifestation of a 'mental health' problem that lends itself to intervention. Through the critique of liberalism, Gentili (2021) connects biopolitics with precarity and mental health through his theorisation of 'crisis' as a mode of governance that reaches into everyday life. He argues that this crisis circularity locks governments and governed into a mutually produced endless state of uncertainty and its associated distress. This predisposition to constant change generates a much deeper sense of precarity than can be explained by employment conditions and one where crisis 'activates those subjective states of mind such as trust, credit, belief, guilt, expectation, fear, and sacrifice' (2021, p. 95). From this position precariousness and its associated problem moods 'is rather a form of life' (Gentili, 2021, p. 175) that has emerged from modes of governance that are biopolitical.

The biopolitics of precarity presents a stark reality of the benefits and costs of any intervention in life. Public health has a strong history of achieving more equitable distribution of good health. A biopolitical view on precarity however might allow us to understand why despite extensive public health efforts, interventions focused on improving mental health and increasing equality have had some, yet limited success to date (Alegría et al., 2018).

Glasgow, the location of our study, is a place where health inequalities endure despite the best efforts of public health institutions. Despite attempts to reconfigure Glasgow in positive frames as a cultural capital, its high mortality, healthy life expectancy, drugs deaths, and poverty mean that it is frequently held up as an example of failure (Schofield et al., 2021; Walsh et al., 2017, 2021). It has been subject to numerous interventions that seek to improve the population health of Glasgow (Scottish Government, 2008, 2018). Individual Glaswegians who are seen as a part of this failure are required to live differently and improve their own health and, in doing so, that of the population. Our study offers insight into how this is experienced and what everyday precarity looks and feels like for them. In this next section, we describe the setting and methods of the study.

Methods

The qualitative, participatory research methods used in this study contrast with many of the data-driven and quantitative measures traditionally used in public health. In recent years, there has been a turn towards 'lived experience' as being vital for good policy-making and public health action (Bramley et al., 2020). As Case and Deaton (2021) indicate, the complexities of circumstance that generate despair do not lend themselves to causal analysis. Rose (2019, 2020) argues that there is a need for sociological and ethnographic investigations capable of mapping experiences of 'stress, poverty, exclusion, isolation and violence' and the ways this is 'shaped by cultural narratives and beliefs' (Rose, 2020, p. 47). The study reported in this paper takes such an approach.

In this study, we worked with 9 service users involved with a North Glasgow community organisation. They participated in the process by documenting their daily lives, as diaries offering access to participants' experience in its 'natural, spontaneous context' (Bolger et al., 2003, p. 581). Participants varied in terms of their literacy and confidence and so they were encouraged to find a method of documenting how they felt each day that best suited them. In practice, this meant keeping a traditional written diary, audio recording, memos, mood boards, and photographs over a 4-week period between March and April 2021. A downside of diaries is that participants may not remember, be too tired, or think that they have nothing to say. To mitigate this our participants were supported by social work students on placement from Glasgow Caledonian University (GCU). The students facilitated participants' involvement by explaining the process, discussing options to document the experience, and providing participants with materials. Participants chose a pseudonym, and their material has been anonymised. Recruited through a family support

organisation, all the participants were parents. Caring and mental health featured heavily in their logs; as well as in their day-to-day decision-making. It was a challenge to find methods of documentation that were achievable in the context of their demanding lives. Many responses were a somewhat staccato, direct 'unstoried' (Connelly & Clandinin, 1990) response to the request to document their daily lives. This extract from Tony exemplifies this: 'Nervous because I don't know what will happen today'.

Despite this, participation in its many forms still happened allowing a unique documentation of lives rarely seen in the research literature. The longitudinal, albeit short, method of data collection affords insight into the rhythms, rise, and fall of feelings and how these relate to other life events across the weeks. After the completion of the four-week period and an initial scan of the data, we undertook in-depth interviews with each student and the support worker. This process allowed us to ask follow-up questions and clarify any ambiguities in the diaries. The interviews with the students and support worker provided important data concerning the context of the participants' lives. In a bid to keep the lens of the exploration on the lives of the participants, we have chosen for the most part not to draw directly on the accounts of the students or support worker. They were, however, invaluable in providing the context which allows for the in-depth explorations of this paper.

The study received ethical approval from GCU School of Health and Life Sciences Ethics Committee (Approval Number: HLS/PSWAHS/20/086). Data analysis was carried out by the authors through an abductive (Timmermans & Tavory, 2012) process framed by precarity theory. Abduction is a process whereby the research brings theory into conversation with empirically derived data. It depends 'on a theoretically sensitized observer who recognizes their potential relevance' (Timmermans & Tavory, 2012, p. 173). An abductive approach involves thinking simultaneously with empirical and theoretical knowledge. Each individual expressed their daily experience in different ways, some through written diaries, others through single words, and others in conversations that were recorded or noted by the interviewer. To honour the uniqueness of each participant we have not looked for cross-cutting themes but instead explored the resonance between precarity and their self-reported mental health. So that we could 'bring to life' the lives of our participants we have chosen to focus on reporting the findings about 5 of our participants rather than all 9. The contribution of all the participants was equally valued and informed our overall analysis. In the illustrative speech used in the findings section, we have chosen to keep the Scots dialect spoken by the participants to respect them and their local identities. Our use of precarity theory brings the biopolitical lens of precarity into conversation with everyday life and affords insight into this relationship with practical implications for the field of public mental health.

Findings

In this next section, we consider the lives of the participants from the vantage point of precarity theory and in relation to several emergent overarching themes: precarity of everyday life, precarious care, precarious services, and precarity subverted. We focus on the lives of Rhianna, Tony, Simba, John and Sassy Queen.

Precarity of everyday life

Rhianna's days oscillate between recurrent worries and small wins that are recited with humour and a sense of hope. She lives with chronic pain as she awaits news of surgery; financial concerns are ever present as she frets about paying for food and household bills, and who she can borrow from to achieve this. She worries about the events in her children's lives; exams, health, and relationships. She is also anxious about what might seem to be less important occurrences such as disastrous self-administered hair dye. She narrates how these specific concerns are addressed; she borrows money, receives a benefits payment, makes the hospital appointment and her child survives the day at school. Any moments of joy are short-lived, always marked by a turn to the next worry. Perhaps the

most harrowing aspect of her account is that behind these specific concerns, she expresses an undercurrent of general worries about her 'kids not coping', her enduring pain, and her self-identified capacity to overthink. There are moments of respite. She can 'take time out' but knows that this continuous mental strain will 'start all over again'. She is acutely aware of her lack of control and yet she absorbs the social expectations of her children's performance and managing household finances as a measure of her value.

Tony's diary entries are similarly underpinned by pervasive uncertainty. He has lived in Glasgow for 15 years, yet he feels the absence of his family and home in Germany. His written diary entries are succinct, often not much more than a sentence but each statement communicates emotional depth that is not evident in conversation. The student who facilitated his participation was surprised to read his diary entries. 'He says his mental health is good, then you read this' she mused. His record makes bleak reading. His choice of words betrays hopelessness. He is 'stressed', 'nervous', 'tired' and 'worried', where 'the same thing every day is doing my [his] head in'. Tony certainly bears many of the markers of the type of economic precarity discussed by Standing (2011) and Foti (2017). He is a migrant whose work status is unclear. He 'picks up casual work, sometimes'. However, his daily account of life offers little on issues linked to precarious employment, instead he offers glimmers of insight into unpredictable and perpetually strained family relationships. These are not presented as a roller coaster of dramatic events but of life in a perpetual low-simmer crisis. A life conditioned by the acute awareness that nothing is certain, but the refrain of uncertainty. Like Rhianna, Tony's daily reflections offer insight into the subjective experience of inhabiting the precarity of 'endless crisis' (Gentili, 2021). Bonnar's (2017) neuroscientific approach might encourage us to conclude that this sense of endless crisis is a result of complex trauma, while Marmot et al. (2010) promote interventions that allow them to relieve their sense of crisis by taking control. However, this would evade the glaring reality that Rhianna and Tony are dealing with tangible problems, that precipitate reasons for concern daily. Their endless crisis is not a symptom of neuropathology but the real circumstances of their lives, and the challenges in fulfilling their roles as parents and carers. They report a constant struggle to fulfil these roles, through the relentless daily occurrences that they take responsibility for. These daily concerns are not significant through order of magnitude but volume. This is what Povinelli (2011) terms the precarity of the quasi event. In her critique of 'late liberalism' Povinelli distinguishes the 'event' and the 'quasi event'. The event is the remarkable, the terror attack, the company collapse, or in the significant individual loss, while the quasi event is the slow attrition of everyday life. A 'decomposition' that happens below the 'threshold of awareness and theorisation' (Povinelli, 2011, p. 133). It is the relentless and persistent number of 'quasi events' reported by Rhianna, Tony and other participants that is notable, coupled with the belief that they must rise to each occasion. This internalisation of value is a mechanism that produces a perpetual cliff edge of failure and in turn, impacts mood and sense of control.

Precarious care, another cruel optimism

Simba also lives with pervasive uncertainty. She articulates a map of experience that navigates one caring responsibility to the next. Simba cares for her three children, one of whom is diagnosed with autism, her partner who is unwell and awaiting surgery, her dad who is also seriously unwell with illness associated with COVID-19, and two cats. Alongside daily domestic tasks of shopping, washing, cooking, cleaning, and entertaining her children she has additional tasks of going to the chemist for her father's medication, helping him to get a shower, and encouraging him to do his exercises as part of his recovery from COVID-19. The pressure of these tasks rachets and each daily expression progresses her feelings of despair. Frequently she talks about her mood, and the struggle to hold onto her 'sanity'.

Simba's care labour has a different set of characteristics and rewards than that of Standing's (2011) gig economy worker. Unlike the Deliveroo rider, she knows that she will work each day. She talks about 'hating Fridays' due to the need to go to the shops, the chemist, and help her dad shower, as she has only just completed these tasks when her children return home demanding her attention. Plans frequently get disrupted by sickness or by events such as her son getting a fractured finger after being hit by another child at school. Montori (2021) promotes care for others as a social determinant of health, that has been eroded by contemporary lifestyles. However, it is hard to imagine that Simba or indeed any of our participants could care more. Indeed, much of their persistent sense of crisis is a result of their caring responsibilities. Cubellis (2018, p. 638) provides fascinating insight into care work that relies on the precarity of the giver. Her study involves peer support for people with mental illness, however, there are similarities. She notes that care 'can wound when that exposure is seized on as a means to mitigate the fissures in a larger broken system', a system in perpetual crisis. Each day Simba attempts to mitigate the suffering of her father, ease the anxieties of her children and occupy the space where there could be money for bills, food, and clothing with the fullness of devotion to their wellbeing. To achieve this, she needs to be present and malleable to whatever challenges each day throws up. She writes, 'Constantly worry about everyone else. I've let myself go in every way'. The terms of her care provision require her to lose herself, in order that she can bridge the gaps that appear for her family.

She is caught between a belief that her problem is a lack of time for herself, 'just feel like screaming, it's getting too much, no time for myself', and that peace lies in the successful fulfilment of her caring responsibilities, 'I'm still exhausted but I will get there as long as they (kids) are ok'. She is in an impossible situation, where the two appear mutually exclusive and the belief that time for herself will make things better is a cruel optimism (Berlant, 2011). Berlant defines cruel optimism as 'a relation of attachment to compromised conditions of possibility whose realization is discovered either to be impossible, sheer fantasy, or too possible, and toxic' (Berlant, 2011, p. 23). Simba looks to the moments of relief from her care role as a means of wellness. Yet, these are moments of respite, not an answer to problems that lie deep within a beleaguered health system, an eroded benefits system, and overwhelmed child and adolescent mental health services. That she takes the burden of her inability to care for herself, on herself, is another twist. She states, 'I feel like a failure. It's [her son's] birthday tomorrow. I haven't been able to get him what I would normally'. Simba's precarious care labour is found in the gap between structures incapable of providing sufficient care and the people she cares for. She is always on call, and the moments of respite, are just that.

Precarious services

John lives with his partner and baby son who, at the time of the fieldwork, was eight months old. His baby was taken into care at birth and his delight in being able to care for him again is clear. For John, precarity involves managing 'life' through multiple agencies and support put in place to help him and his partner care for their son. John does not explicitly discuss feeling under surveillance, but it is implicitly expressed in the way that he communicated with the interviewer. He describes the presence of services as, at times, overwhelming and can get in the way of the routine that they are trying to establish for their son. He does not offer the direct expressions of being at the end of his tether that we find in Simba and Rhianna's diaries, but he does express this through his body. He states, 'Sometimes it's hard to actually speak about how you are feeling' (John, Interview 2).

By his account health and social care services have not helped him with this. Quite the contrary, and reading between the lines of his account, he does not want to report anything negative about services or say anything against them for fear that this will impact his relationship with his son. This suggests that health and social care services can be a part of the engine of precarity. Morgan (2014) discusses the multiple and complex problems associated with everyday surveillance by health and social care services alongside forms of self-surveillance that this propagates. She argues that more research is needed on the impacts of these everyday curtailments of freedom and privacy.

Understanding John's relationship with services requires longer and more in-depth study, but it is apparent that services designed to give support are also an engine of uncertainty.

Precarity subverted

Sassy Queen offers a distinct view of her precarious life. Her bold proclamation, 'ah come weh drama' speaks to precarious living in ways that confound Gentili's (2021) negation of 'crisis'. Sassy Queen gives an account of challenges, historical and present, that would increase the anxiety levels of most people. Her choice of pseudonym reflects her larger-than-life personality that radiates through her storytelling. She comes 'weh drama' and in this statement, she owns her precarity, she puts it to work as a feature that distinguishes her as uniquely immersed in a life of unpredictable and stressful events.

Sassy Queen's first interview began with a succession of worries, her recent MRI scan, ongoing tremors, the emotional and financial pressure of family birthdays, Mother's Day, COVID-19 restrictions, worry over her elderly mother's health, waiting for results, feeling 'rotten for goin off the handle at the slightest wee thing', the need to furnish her children with technology and activities that she believes they cannot do without, worries over accumulating debt, and the risk of blood clots associated with the COVID-19 vaccine. In this succession of stressors, the significant health issue that necessitated her MRI scan gets rolled into worries over birthday presents and Mother's Day planning. Her free-flowing conversation is structured around anxieties that she presents with equivalent intensity and peppered with statements that reinforce her life as one that is characterised by uncertainty.

Like other participants, Sassy Queen's challenges evolve from fundamental relations of family, material needs, and health. Her eldest son has a diagnosis of autism. She claims that he suffers from anxiety 'through the roof' and alongside his brother is an open case with Child and Adolescent Mental Health Services (CAMHS). Sassy Queen in her words has had 'mental health' since her teens, the origins of which she relates to an experience of sexual abuse by a GP. She claims that her first son 'saved my life': and that she would be dead through alcohol if it were not for the greater need to care for him and his siblings. Her children are a huge source of stress and yet they are also what keeps her focused. She navigates each day from one source of anxiety to the next. She said 'stress follows me. Ah, jist get wan thing sorted and another thing comes along'. These simultaneous and competing worries are associated with her constant awareness of her struggle to find the money to pay for what she views as necessities, that her children's mental health is unpredictable and that her own mental and physical health hover at breaking point. Like other participants, Sassy Queen endures endless crises however, her story differs from theirs as she presents her endurance of challenges as a strength. She states that her children are both a big source of worry and what 'saved' her. Sassy Queen appears to use the discourse of mental health as a means of making sense of her life and how she feels in a way that generates certainty from uncertainty.

Sassy Queen has found what Marmot et al. (2010) might call a 'sense of belonging' in the realm of quasi evental perpetual crisis. Sassy Queen finds value in her precariousness, it affirms her. This capability is not to diminish the very real problems that she deals with, but positioning her as, in need, or pathologising what she calls her 'mental health' would mischaracterise her approach to life. She is not a pitiable excluded character but someone whose liveliness cannot be disentangled from the challenging conditions through which she expresses subjectivity. Like other participants, Sassy Queen is not a one-dimensional victim of an unequal world.

Discussion

Our participants express the daily concerns of their lives and how these affect their mood in different ways. However, each of their accounts is characterised by a pervasive sense of anxious uncertainty, that is expressed in the register of mental health and the struggle not to be subsumed by this. Their stories evidence that the precariat does not just include an exclusive category of gig economy workers but also people who cannot work and are reliant on services. Precarity is not tied to a particular problem or role but is the architecture of their everyday lives.

It is the volume and pervasiveness of events that need to be managed that leads them to feel that they are always on the brink of losing control. All the participants are carers and this responsibility and the associated concern for their loved ones dominates the everyday events that generate uncertainty. Moments of respite are short-lived, and for some cruel, as they do not change the circumstance of uncertainty. The resources that they might draw on such as family and services are also mired in precarity and therefore rather than offering relief can compound the sense of losing control. These insights present a set of challenges to public mental health that we set out below.

Our contributors live with a relentless awareness of the misfortunes each day may bring to those they care for and to them. Their expectation is that they should manage these events yet, as much of it links to the behaviour of others and the responses of public services, they are plagued with the uncertainty of events that are out of their hands. Stress and mental health are words that are used to describe these feelings. Tarizzo (2011) draws a line between biopolitical governance that seeks to optimise population behaviour through the identification and management of risk, and the ways that this is internalised by individual subjects. What our participants most often express is a striving to fulfil social norms around care and parenting and a pervasive sense of living on the brink of failure. None of their reports seeks to blame policy or structures. However much the discourse of stress, anxiety and despair provides a frame for these feelings, this framing continues to place the onus on them rather than the social conditions that produce these expectations. This quandary raises a question about the role of public health. At population level, our contributors would be situated at the harsh end of the health inequality spectrum, where the multifaceted pressures of poverty are difficult to disentangle from mental health risks. However, at the individual level, it is difficult to make the case that the burden of responsibility they carry and the substantive everyday issues they deal with are 'mental health' issues. Challenges with benefits, housing, education, and care responsibilities are linked to the politics of societal choices and aspirations. And yet our participants reach for the register of mental health to express their challenges rather than that of the political. It seems the link between the political and the everyday is imperceptible to them. This finding poses a question for public health on how it might engage with the politics of everyday life in a way that does not further individualise societal problems. We have some suggestions on how this might be achieved.

First, there is a need within public health strategy to better understand how population-level identification of problems is expressed through subjective experience. This measure involves understanding not just how categories such as 'economically disadvantaged' may position those classified in deficit, but to develop an understanding of how macro-level societal expectations are configured through the subjective experience of the everyday. Second, to understand the politics of everyday life is to get to grips with what people and families value, how this informs their choices and intersects with wider community and societal values. This labour is public health work that takes place in the messy border zone between population and individual. It involves public health practitioners occupying positions of not knowing, and following the indeterminate uncertainties of the everyday, as opposed to imposing frameworks developed through classification systems generated at population level. This value-driven work requires modes of listening which are relational where the solutions do not lie with any one person or organisation but are generated through dialogue. This dialogue has the scope to go beyond current narratives on individuals' lived experience as a form of policy knowledge. Dialogue that creates meaningful engagement has the scope to shift the relations of power that keep health inequalities firmly entrenched. To bear witness to experience in relational ways that do not objectify people, nor individualise their distress is an important role for public health organisations. This is not a rejection of knowledge generated at population level but an understanding of its limits, and acknowledgement that life's uncertainties cannot be managed out of existence but must be worked with. Finally, achieving this will require narrative approaches and methodologies capable of holding the multiple facets at play in everyday life.

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