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LSE Public Policy Group

Resilience in the Recession

British Politics and Policy blog

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British Politics and Policy at LSE eCollections

British Politics and Policy at LSE eCollections bring together key articles from the blog on specific themes so they can be downloaded and read as a short series. We hope these will form a useful resource for academics, students and those interested in particular issues that are covered more extensively online. We welcome comments and suggestions as to themes for future eCollections.

Resilience in the Recession

This set of six articles on the theme of work, well-being and resilience were posted on the blog between September and November 2011. All the posts are written by Elizabeth Cotton.

About the Author

Elizabeth Cotton is an academic at Middlesex University Business School. Her academic background is in political philosophy and her current writing includes precarious work and employment relations, trade union activism and mental health at work. She has worked as an activist and educator in over thirty countries, working with trade unions and Global Union Federations at senior level. Some of this work is reflected in her co-authored publication, *Global Unions Global Business* (2011), described as "the essential guide to global trade unionism". Elizabeth lived and worked abroad until returning to the UK in 2007 to write and start the process of training in adult psychotherapy. She is the founding director of The Resilience Space, a new not-for-profit made up of a team of educators, therapists and trade unionists who work with anyone who wants to build their resilience. She continues to write a weekly blog at Surviving Work.

The articles contained herein give the views of the author(s), and not the position of the *British Politics and Policy at LSE* blog, nor of the London School of Economics.

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Improvements to social policy and workplaces can have profound benefits for people's external and internal lives

Published: 15 September 2011

In the UK there are an estimated 2.43 million unemployed and a further 2.4 million adults outside of the labour force. The ONS estimated that between February-April 2011 there was one job available for every ten jobseekers. Lack of jobs and skills are largely responsible for the staggering drop in optimism of young people about successfully finding their way into the world of work. This year's O2 Think Big project researched young people's attitudes towards work, finding that 72% of young people think that there are not enough secure jobs and a staggering 23% of young people feel depressed about their future.

Those of us who still have jobs are supposed to feel like the lucky ones, but in these deregulated times, it might not feel that way. An increasing percentage of employed people now work under precarious work conditions - a term recently characterised in Guy Standing's book, *The Precariat* - describing the fragmented and angry majority of people who no longer benefit from any job security and fall outside traditional forms of regulation. The concept of employment relations has undergone a radical change in the last 30 years to the extent that national and international structures struggle to influence how work is done and how workers are treated.

Precarious work has been around for so long in this country that the last time I used the term "permanent work" in conversation, I was sprayed with coffee as the person I was talking to sputtered that it was preposterous to expect any guarantee of work. I had to explain the difference between having a permanent contract and a lifetime guarantee of work. The delusion of safety of employment has truly been bred out of us, along with expectations of social and employment protections, pensions, training or career progression.

This de-regulation of working life is directly linked to a de-regulation of our internal lives. With the loss of work security, we are likely to experience an internal insecurity, and along with it fear, anger and a recurring sense of uselessness. This is hard to manage at the best of times, but in the face of unemployment it is hard to self-regulate. Under enough pressure we lose our perspective and capacity to think past these overwhelming feelings.

Failure to self-regulate, when you are afraid and angry, is familiar territory for anyone who has experienced mental illness. This is the nature of it – you feel you have no value and your experience of the world reflects that.

It is estimated that the cost of poor mental health to the UK economy is £105 billion every year. The most recent injection of cash into mental health services has been the Increased Access to Psychological Therapies (IAPT) scheme, using cognitive and behavioural techniques, with the express objective of getting people back into work. The scheme is quick and cheap and often delivers the results you would expect from such characteristics. In the context of a comprehensive spending review and the manic call for cuts-cuts-cuts there is something of the bipolar about the current approach to mental health. The most recent government policy on mental health – No Health Without Good Mental Health – recognises the importance of mental health and there have been calls for early intervention approaches to resilience and wellbeing. This is all well and good until we look at the impact of on-going welfare and benefit reform, particularly housing benefits, and the Health and Social Care Bill.

Therapy does many things, but importantly here it helps us to try to live in the real world, as it really is (dependency, death, exclusion and, on a brighter note, love). To see the world as it really is requires us to break a complex set of denials. An important one is the denial that mental health is not a social issue. The poorest fifth of adults are significantly more at risk of developing a mental illness than those on average incomes; 20% compared with eight per cent for men and 24% compared with 15% for women. The 2011 *Count Me In census* revealed that BME groups are six times more likely to be admitted to hospital with mental health issues. An appeal for tough love in this climate feels more like being in an abusive relationship, where the problem is transformed from a society in crisis to one of individual morality and character.

Another denial is that mental health is not a workplace issue. Actually work is crucially important to mental health – something that becomes evident within days of unemployment. At its best, work offers us a productive way of being in the world that allows for learning, care, laughter and a deeper sense of being human. But unhealthy workplaces can be disastrous. Mental illness does not always evoke entirely benevolent or humane feelings in others and showing vulnerability at work can often be interpreted as an invitation for a good beating. Stigma exists in many workplaces, which denies the humbling fact that the line between dealing with an external crisis and falling into a personal one is very thin, and none of us live with the security of knowing which side we will fall.

If we accept that work and society make a difference to our mental health then it opens us up to the possibility that social policy and workplaces can make real and profound improvements both to people's external and internal lives. Most workplaces are under enormous strain, but it's not inevitable that there is a decline into what Freud calls the "primal hoard". Rather, by understanding how the workplace influences our states of mind, we can make some choices that might just make us a bit happier.

Rising job devaluation and insecurity mean we are getting angrier at work. And so we should be – anger often leads to change

Published: 27 September 2011

The trouble with anger is that it's an ugly emotion. When you are going through the process of redundancy probably the most consistent piece of 'advice' offered is don't, whatever you do, get angry. When you are angry this is less helpful than you imagine, underlining the profound difference between advice and help, the latter being a rare thing and the former given in abundance especially from a position of relative security. The thing about telling an angry person not to get angry is that it's something of a vicious circle. You are angry, a demand is made that you CALM DOWN and regulate your feelings, you feel this denies the legitimacy of why you're angry, you get more angry, even harder to calm down.

For a start there's a lot to get angry about. Our work and the value of it are seriously threatened in the current climate. To those of us witnessing a devaluing of our contribution and experience, public sector ethos now sounds like something from the 1950s. This is particularly true in education where we are starting to see the loss of our most senior academics and bright young things because of redundancies in subjects no longer seen to be valuable for future generations and what we now rather incomprehensibly call their 'employability'. The idea that philosophy and employment relations are of no value to people at work genuinely makes me angry.

The difficulty though with getting angry is how to direct it at the right things. The experience of anger feels like you've just swallowed a helicopter which you then have to drive in the right direction. Time to Change, a permanent campaign tackling stigma, estimates that 9 out of 10 people with mental health problems have experienced discrimination. This isn't just about being left out of staff football or after works drinks, it includes scapegoating, vindictive behaviour and even violence.

Mental illness often evokes anger – other people's confusion, pain and challenging behaviour affects us. It is a very difficult aspect for us to accept that often our reactions to people with mental health problems is one of revulsion and rejection, even anger. In psychoanalysis we often think about this as a process of projection, where people try to rid themselves of their own angry and aggressive feelings by projecting them onto other

people. If you're someone suffering from mental health problems you can often present an ideal receptacle for other people's projections – she's the crazy lady, not me! In times of recession this rapid process of projection looks more like an Olympic ping pong match. The anger directed at people who are already struggling to regulate their feelings easily spills over into actual violence.

Anger is often misunderstood as a character failing rather than an emotion linked closely to fear. Often, particularly for men, fear becomes anger very quickly. A new report [Delivering Male](#) by the [National Mental Health Development Unit](#) explains the additional difficulties that men have in disclosing depression and their symptoms can sometimes be unexpectedly angry, such as aggressive behaviour and drunkenness. Just because someone is frightening you it doesn't mean that they themselves are not frightened. And the problems get worse in the workplace where we are not supposed to admit to being afraid or vulnerable; rather we tend to exhibit more aggressive and assertive characteristics. No wonder then that there are so many angry people at work.

Under these pressures it is important to acknowledge the strengths of our feelings towards our own and other peoples' states of minds. According to [Mind](#), there has been a doubling of attacks against people with mental health problems over the last 12 months. It is stigma that allows this to happen, with very few people feeling equipped or willing to intervene or challenge what is essentially a hate crime. Mental health is the last taboo in the workplace and as a result hate crimes are under-reported and silently tolerated. In a workplace where it is easier to talk about HIV/AIDS than self-harming it is also easy to understand why we're so angry.

Much of the work around wellbeing and resilience at work is based on positive psychology, particularly the [work of Martin Seligman](#) and the [PENN resilience programme](#). This approach has found a way into larger workplaces – promoting the idea that optimism is an essential and learned behaviour that promotes wellbeing and resilience. There is much debate about the value of this approach, specifically whether it denies the realities of people's experience of work. In a context of job insecurity, victimisation and workplace bullying being told to focus on positive thoughts and breathing exercises can be highly provocative in that it denies the significance of what can go wrong at work. In this context optimism and positive thinking are a poor response to feelings of anger and hopelessness.

So given that there is a lot of anger around at work, what could be a healthy attitude towards it? It might lie in the understanding that anger is necessary to the process of change. The energy and focus that you have when you are angry is an important motivator in challenging things that we think are wrong (in my case a rather priggish attachment to fairness). I also think it is one of the most important reasons why some people experience

depression and others don't. If you can get angry you are really living, really experiencing and reacting to what is going on around you. Depression is a numbing and dumbing process, to try to avoid feelings of sadness and anger. And it is precisely this that makes depression essentially an experience of hopelessness.

So this is why I'm all in favour of anger, because of its relationship to the future. If you're angry, you're also hopeful that things should and could change.

Aggressive ambition is no longer a successful strategy for survival. We must accept that being 'ordinary' does not equate to failure

Published: 5 October 2011

The bubble has well and truly burst but this time it is a psychic one. The age of [narcissism] and [infantile omnipotence] has been shattered in the current economic crisis, in which previously 'untouchable' people have found themselves unemployed. With UK unemployment figures hovering around 8 per cent, it seems the culture of aggressive ambition no longer looks like a successful strategy for survival.

Omnipotence has been seen a powerful driver for many successful (and presumably unsuccessful) people. If you are rich/ perfect/ fashionable/ young/ beautiful/ charming (tick at least six boxes) then you are obviously brilliant and therefore valuable. The problem with this logic is what happens if you are not brilliant. That sounds almost like failure doesn't it – admitting that you're not brilliant. Although it is probably not a great interview strategy why is it so hard to admit to being ordinary? Isn't being human enough?

This question touches on the dualistic nature of the bubble that many of us have been living in. You are either fantastic or rubbish and if you're not entirely fantastic then it must mean that you are entirely rubbish. There is no other option currently available; computer says no. This is most graphically represented by the high numbers of senior managers made redundant during this recession. What is actually happening to senior managers is no worse in real terms than anyone else made redundant, but the fall is further and therefore it seems harder. I've even caught myself recently feeling sorry for city workers on the tube as they become increasingly dishevelled and demoralised, finding it harder to keep up their sixteen-hour work schedules and total loss of personal life, their ability to relate to small animals and children and to maintain an aura of success at all times, including during family events and public holidays.

This punishing approach to work is not just manic, it's almost bipolar. [Bipolar Disorder] is characterised by a painful movement between a euphoric, grandiose and inflated state of mind to a burst-bubble feeling of depression and extraordinary deflation. This is an immensely painful condition to endure and in many ways resembles the culture that believes only brilliance, success and wild ambition can overcome certain realities. The [MDF Bipolar Organisation] has an important perspective on this, linking highly demanding

work environments like law and finance to bipolar disorder. In a working environment where people feel they are or must be masters of the universe it is not surprising that mental illness goes undetected - rather, it is encouraged. How could you tell the difference between someone struggling with Bipolar Disorder and someone who is running a major multinational company?

This 'brilliant or rubbish' logic can be understood using Melanie Klein's idea of the paranoid schizoid stage of early infancy in which the concepts of good and bad are split in order to protect the good bits of life and project the bad bits as far away as possible into the external world. It is a way of coping with the hard facts of life where good things can also be bad things and brilliant things can also be rubbish.

Something similar happens when it comes to mental illness. Most of us at some point have had concerns about our own states of mind and have even asked ourselves, "Am I mad?" This is a common scenario in therapy where a patient turns up asking for a diagnosis, treatment and then the swift removal of madness. This is often linked to the debate about the usefulness of psychiatric diagnostic tools such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) as opposed to a more nuanced and possibly more realistic 'spectrum approach' where people can exhibit both pathological and healthy aspects at the same time and at different points throughout their lives. Some therapists witness patients move along this spectrum all within a 50 minute session. They are still the same person, but just exhibiting different aspects of their psychic reality. This way of understanding mental health is crucially important because it is these assessments that, hopefully, determine treatment. Put crudely, when the assessment is mad/not mad, the treatment is akin to surgically removing the mad 'stuff' and leaving an entirely healthy organism to grow.

It is also a fantasy that anyone can fully rid themselves of all destructive or damaged aspects of their internal world and become transformed into a totally sane, coherent and healthy person, in other words, perfect. Actually the work of therapy is not to make people better; it is rather to help people know themselves and learn to accept themselves as they really are. It is about being able to be yourself, with all the contradictions, conflict and blatant 'bad attitude' this involves.

This desire for omnipotence is reflected in the idea of superpowers being used in much of children's and young people's resilience programmes. The aim of such programmes is to build self confidence in young people so they can manage very difficult realities. In some cases the appeal to power is much needed. But it implies that superpowers are required to face difficult situations and that being human just isn't enough. If the choice really were between being ordinary and having superpowers, the answer seems like a no-brainer, but

it rests on a fiction that superpowers are required when actually they don't exist. The reality is that we are all ordinary, in the sense that we all have limits. 'Ordinary' doesn't sound so great, but this is the result of giving yourself a fantasy choice, in which being ordinary means a failure. This means that being human represents a failure.

Being "fantastic" is literally a fantasy and it obscures the very real possibility that being ordinary is being human, and that is quite enough. These obvious facts of life are painful to accept because it hurts to lose our dreams, no matter if they are actually dangerous delusions that stop us from living in the real world. Unattractive as it might seem, the reality is that now the bubble has burst and we have our feet firmly on the ground again. We have lost our superpowers and now have to rely on our ordinary human powers.

In uncertain times, the social capital of group relationships in workplaces may be the key to growth and resilience

Published: 13 October 2011

The psychoanalyst Robert Money-Kyrle neatly defines the basic facts of life. We are all dependent on other people for survival, we are not the centre of the entire universe and can be excluded from things, and we all die. Don't panic, I'm not discussing death in this post, but I would like to pick up on the issue of dependency and our national interest in what has become known as 'social capital', i.e. relationships with other people. I'm not sure that we needed reminding of the fact that we are important to each other, particularly during periods of crisis.

But there is something strangely difficult about admitting that life is impossible without other people and acting accordingly. Perhaps it is cultural (how *gauche* to admit I need you) and cuts against our prized independence and individualism (what? I'm nothing without *you*?). It's also dangerous because it upsets the conservative order of things where friends and family are your concern and everyone else is not. It's less of a headache to see your interests as connected only to people that you love (including in a virtual way) than to worry about things like social policy or maintaining real social networks.

Sadly this romantic idea is tested to the extreme during an economic crisis. Any relationship where one person is unemployed faces challenges. Feelings get stirred up, often rather unattractive ones like irritation, anger and loss of sexual desire. These emotions may be triggered because someone reliable has become unreliable, upsetting the status quo and reversing roles within relationships in which providers stop providing and lovers become carers. People with pre-existing mental health problems find their problems returning and couples are faced with agonising choices about how to care for each other and still keep all the wheels moving.

The charity Rethink runs one of the few precious support services for carers despite there being an estimated 1.5 million adults and children caring for someone struggling with mental illness. Stigma attaches itself not just to the mentally ill but also their families, making it a massively underestimated group of people which many of us probably work with on a daily basis. The pressure that relationships are under is reflected in the increase

in domestic violence that can be traced to economic crises and the rise in serious mental illness and breakdown. Relationships and families break down not just because of hard financial realities but facing the psychic realities that people we love can disappoint us.

There is also an enormous sense of shame around having difficulties in our relationships at work. During a recession people who are facing redundancy often experience the shame that would probably be better placed with the employer. It explains why so many people actually leave their jobs voluntarily rather than fight for their position; jump before you're pushed. Sometimes we actually agree with our employers that our work is not important or valuable enough. This phenomenon is a dangerous collusion between hearing an external voice from an employer (you're not valuable) and internal voice (I'm not valuable). If you already have a poor sense of yourself and your place in the world, like most people with mental illness do, these external factors can hit you like a bus. Shame isolates and inhibits our relationships because our difficulties become unspoken and therefore imperceptible or ignorable to the people we work with.

There is something deeply anti-relationship about many people's reactions to threat, often a very real sense of 'fight or flight'. Adrenaline shoots through our veins and fists start forming. At this point if your sense of being rooted in your workplace or your relationships is weak, the obvious reaction is to run. This retreat into flight is fundamentally rejecting, leaving behind people, organisations and careers that have often been built up over entire lifetimes.

The majority of 'flights', however, are internal, resulting in a retreat from contact with others. John Steiner's book *Psychic Retreats* beautifully explores the defensive formation of mental bunkers that both protect us from perceived threats but also cut us off from reality and other people. Steiner describes this internal order as a mafia-like structure that re-establishes a sense of security by providing an internal organisation. Like the real mafia, it operates in an economy of threats (don't you *dare* question the order) and the offer of protection (if you accept the order then you will be safe). This nasty controlling internal organisation uses a script that tells us things about ourselves – that we are bad, cannot have anything, deserve to fail and above all things, should not question this organisation. This predictable, assured and relatively secure psychic reality comes at the expense of living in the real world and fundamentally denies the possibility of positive change. This organisation acts as a paralysing force, making it hard to break out of essentially destructive and anti-life states of mind.

Another problem with relationships relates to our actual experiences of being in groups, such as the workplace. If you ask most people do they like groups they will say no, precisely because they can make us feel afraid and persecuted. The experience of being

in groups raises powerful feelings in us, often taking us back to earlier [experiences of being in the family.](#) Our family experiences go a long way to explain our relationships with people at work, but unchallenged they often leave us feeling infantilized and overwhelmed at the prospect that nothing ever changes.

One of the most difficult and profound learning experiences used in some psychology clinical training programmes are Experiential Groups, where small groups of students spend an hour a week 'experiencing the group'. I spent a year of my life having weekly experiential group meetings with eight other people. During this period I learned an enormous amount about myself, most of it massively unattractive and disturbing to my carefully manicured sense of who I am. Subsequently I never start a sentence with the words "I'm the kind of person who…..". In my mind I am someone who has a particular role and position in my relationships, influenced heavily and unconsciously by growing up in a small rural community and being a twin. In groups, however, we learn that the roles can change with different people and within groups at different points in our lives. During crises certain roles are emphasised and others denied – the hero, depressed, angry, resistant to change, the stoic. Just as everyone with a past life was Cleopatra or Anthony we like to think that we are all heroes. The reality is that we are capable of being all things, including both bullies and victims of scapegoating.

The power of experiences in groups is that they reveal that nothing is predetermined and that we are all capable of change and adaptation. This is highly liberating, and explains the importance of work to our psychic development and personal growth. But you have to live with the knowledge that yes, you too, can be the mean-spirited passive-aggressive at work that quite enjoys other people's humiliating professional failures. Being in relationships is so hard precisely because they challenge our idealisations about ourselves, both good and bad.

Experiences in groups also show us that the people that have a role in your survival at work are not always the people you love or are intimately tied to. This is most clear if you look at union membership. Joining a union when your job is at risk is not a complex decision; it's a necessity that most working people understand. Collective power and legal expertise are two very important reasons for joining, as well as the fact that it [can make us happy.](#) But this does not mean that you actually love your representative. Many reps (I say this as someone who has worked for and within trade unions for most of my adult life) are not all that likeable. Some actually dislike their own membership, much like teachers who hate children and librarians who don't read; a perversion that exists in most professions. But also they are not likeable because we don't want them to be. We want them to be single-minded, angry and threatening with management so it's a bit much to then insist they have the manners of a Swiss finishing school graduate.

Our relationships with other members, often hilarious and lovely, can also be fractious. What is important here is that we understand emotionally that collectivising is central to our survival because it offers us a way to grow and adapt (the definition of resilience) in a way that we cannot do alone and a profound sense of place and support in the process. In today's workplace that is priceless. It does mean accepting the uncomfortable, irritating and often ridiculous behaviour and views of other people. When you've got over that, you might find that some of them are actually quite nice. They might not love you or think you're a hero but they can help you move from a victim of work to a survivor of work.

Good psychological therapy is now only available to those who can afford it

Published: 20 October 2011

It has taken decades of campaigning, with some help from American television, to shift the UK's attitudes towards therapy. Now that we've finally understood the importance of therapeutic help, what are the chances of getting it? With an employment relations system more frightening than the industrial revolution combined with ineffectual call centres, will psychological therapies survive the recession?

The UK's largest therapeutic programme, Increased Access to Psychological Therapies (IAPT) is an ambitious one aimed at getting people back to work. It uses high and low intensity Cognitive Behavioural Therapies (CBT) interventions for between four to sixteen weeks, mainly at primary care level or dedicated psychotherapy providers. This is a particularly standardised form of CBT not designed to deal with serious mental illness or depression and as a result much of the therapy is done over the phone or is 'self-guided'. The justification for this huge increase in talking therapies is firmly economic. It's about money. There are high hopes that by increasing mental health services we will see a rise in employability, productivity and a way out of this recession.

Mental health services operate within a wider context of public sector cuts and reform of health and social care. There's a word that you might not recognise in that sentence – cuts. Yes you heard it here first, cuts not savings. Statements about NHS reform resemble a demented 'yes/no' game where the words 'cuts' and 'lying' cannot be uttered. For reasons of public safety, I can almost understand why nobody wants to admit to the £20 billion cuts that are going to have to be made to the NHS over the next three years. So maybe we can borrow some language that policy makers might understand, that as demand goes up, supply goes down. Still, underpinning current mental health services is the first coalition government policy to actually be a serious grown up one, with emphasis on early interventions and based on a £400 million money commitment. Reasons to be cheerful?

Well that, comrade, depends largely on whether you are delivering these services or not. In the main, and I don't wish to get too technical for you here, the therapists delivering mental health services are chumps and I say that as one of these chumps. The reason is that we are working under an employment relations system which is essentially Dickensian but without the laughs.

There are a lot of different kinds of therapists ranging from the hard core psychoanalysts to the art, child and family, group therapists. There has been a concerted effort to

standardise training under the BACP (British Association for Counselling and Psychotherapy) and UKCP (UK Council for Psychotherapy), and there is a system of professional accreditation in place. Most of the people that I have had the honour to meet during my training have been smart, caring and genuinely interested in their patients, but coming from a trade union background I've often been left speechless at how this precious breed of people consistently undervalue their own work.

It's partly the nature of the game – any therapist that thinks they are brilliant is unlikely to be. To say you're a good therapist is a bit like saying to someone that you are really funny. If you need to say it then it's probably not true. But it's also about the employment relations systems within which they operate that have consistently downgraded the quality of work that therapists do. The people that deliver IAPT services are no longer called therapists, they are Psychological Wellbeing Practitioners (PWPs), many of whom are in fact experienced therapists and clinical psychologists, punching below their weight and wondering whether it was worth the many years of clinical training and internships.

UK employment relations have changed dramatically over the last 30 years, brought on by an intense period of privatization and deregulation. The privatization of healthcare has been on-going for several decades, but intensified over the last five, bringing with it a profound change in contracts of employment, including the introduction of contract, agency and temporary labour. The changing nature of the employment relationship affects therapists in three main ways and I will be calling on the ideas of two bearded blokes, Marx and Freud, to understand them.

The first relates to internships, or the widespread use of honorary psychotherapists. Adult psychotherapy training involves a minimum of 4-6 years of part time training. During that period the most important part, along with your own personal therapy, is to carry out clinical work. In the case of adult therapy, this work is carried out under supervision with the support of high quality training and practitioners. The problem is that we don't get paid, hence the reference to chumps. In order to train as an adult psychotherapist in this country you have to work part time (usually a day a week) for free for between 4-6 years. The fact that we learn a trade means that this is not literal bonded labour, more like an apprenticeship for quite old people.

One consequence of this is that it becomes a profession open to primarily independently wealthy people. There are some who work full time and do the training on top, but over the last few years the NHS and other employers have become less accommodating to the kinds of long, complex and down-right argumentative training that is provided in this country. If we are not careful the vast majority of practicing therapists will be rich people. This is not to say that rich people make worse therapists than poor people, but it does raise important questions about class and power both clinically and within the profession.

Marx had something to say about honorary psychotherapists. Well, not exactly, but he had a lot to say about the role of the unwaged and unemployed putting a downward pressure on employment. As long as we are offering our work for free, and doing it quietly and diligently, the NHS as an employer will never get its act together and pay the people that work for it. This then becomes a collective responsibility on our part to raise our consciousness sufficiently to argue the point. Therapists should be paid.

The second employment relations issue is that of externalisation or triangulation (Oh Oedipus!) where a third party is involved in the employment relationship. The advent of Private Employment Agencies (PrEAs) is nothing new in healthcare with cleaning, catering and even nursing relying heavily on intermediaries to supply labour. But, with the massive rise in demand for IAPT services, cuts and waiting lists of between 6-12 months for help, we are now seeing the creation and expansion of private employment agencies for therapists. Because of the secrecy around this shift there is no comprehensive data about how many therapists now work for PrEAs but anecdotally it's on the increase as private companies steadily buy up IAPT waiting lists.

As with all externalised employment relations, it's not just the contract of employment that gets passed over to third parties, it's also the responsibilities of employers. There is a large body of literature dedicated to how employers avoid their responsibilities through subcontracting and the subsequent difficulties in regulation. Many people working for agencies do not have a written contract of employment, receive no training or supervision. This is particularly true for therapists who can find themselves working in conditions no better than a call centre, providing therapy without any idea who their employer is and no clear duty of care.

This change in employment relations involves a perversion – sadism actually – which according to Freud is what happens when love goes wrong. Freud understood perversion as a defence and internal organisation that is used when the thing that we love is not available. The infant experiences intense aggression towards this loved thing that is not there and tries to grab hold by sadistically controlling it (think screaming baby). Sadism is the controlling of another person through pain, in order to keep a relationship with them alive. In this cruel economy hurting someone is preferable to losing them. What is happening to therapists in these subcontracted environments is that they are presented with a sadistic choice of caring for the patient in a way that may be hateful and humiliating or not treating them at all.

An example. PWPs' work is formalised and standardised to the extent that if a patient does not pick up the phone for an initial assessment, within a 15 minute allotted time period they are referred back to their GP, presumably to wait for a further 6 months. Within these services there is a hatred for the patient that keeps us on the phone for too long, making it impossible to meet the quota of 8 satisfied clients a day. Reaching the quota involves not

listening to the real and deteriorating situation of patients. Under these conditions the only way to responsibly help patients is to refer them on to other more intensive services. Hatred is passed on, dump and run. PWPs that offer more support, mainly through giving more time and going off script, are forced to keep this secret from employers because it breaks their contract of employment, leaving them to carry the full ethical and clinical consequences of their interventions. I doubt you could get clinical insurance to cover this situation and it exposes therapists to precarious states of mind, counterproductive for people employed to contain the anxieties of others.

The third impact relates to those therapists left within the NHS system. Often scared, overworked and definitely feeling guilty for raising their concerns with colleagues who will never see sick leave or pensions again. It's often the people with the best contracts who end up with the worst jobs, internalizing the guilt of a system which treats its workers as if they were ancillary to their survival.

So the workforce is made up of these three precarious groups: interns, temps and scared public sector workers. Many experienced and wonderful therapists have retreated to private practice, unable and unwilling to navigate a broken system. This means that there is some great therapy available out there, but only for those people that can afford it. It's not to say that private practice doesn't offer massively needed services, it does, and a careful assessment and referral can make the difference between life and death. But it also means that anyone without money is left behind, looking at therapy as a kind of psychic Pilates, available to those that can pay but probably don't desperately need it.

The NHS definitely has to regain its responsibility towards patients, but it is not just a one way shift that needs to take place. In a context of deteriorating mental health in the UK the fact that we are a disorganised and chaotic group of people is a matter of both professional and personal ethics. We as psychotherapists have to take some responsibility for the ways in which we are prepared to work and the structures within which we do it. This will mean finding new forms of organisation, including forming social enterprises and voluntary associations of therapists that offer quality services and provide adequate supervision and training. It might also mean organising ourselves into a precarious workers' union, but one which makes no demands on political orientation or class identity. Although organising such a diverse and difficult group of people offers a sizeable challenge, the need for consciousness-raising is not seriously questioned by anyone working in mental health and could be a sound basis for collectivisation. We need now to take advantage of the new forms of organising and structuring services coming into play to engage aggressively with public debates and the new structures that will in the future commission services.

You don't have to be a revolutionary to organise, just a good therapist.

Workplace resilience initiatives are on the increase in the current recession, but do they offer us a real way forward?

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Resilience responds to the voice that many of us wake bolt upright to at 4am asking "how am I going to get through this?" Resilience can be defined as the ability to cope with and adapt to difficult situations, a squaring up to life, something like guts or grit. The term comes from infant development research about why some children who have experienced trauma seem to get through it and others are subsequently unable to flourish.

Resilience is a fundamentally realistic concept that acknowledges the world as it is and the proposal that we have to adapt in order to survive it. Adaptation is quite literally my favourite word in the English language. It reflects our real beauty as human beings, that we are driven to get on with life despite its horrors, loves, hates, losses and betrayals. It is essentially iterative and not a character trait that people either possess or not – the 'Resilience-Tick' model. Rather it is something that is revealed and lost at various points in life, a life-long struggle and journey.

One of the reasons for this is that experiencing trauma and difficult situations can leave an emotional mark and a vulnerability to re-experiencing earlier feelings of fear and threat. Since our emotions are essentially bodily, these marks are like scars that leave behind a heightened sensitivity to further attack. This is commonly experienced as not being able to breathe, a racing heartbeat, dry mouth and loss of vision, even in the face of relatively benign events and situations.

When I'm scared it feels as if I'm driving a car and then suddenly my hands are off the wheel, my eyes are screwed shut and my mouth opens screaming. At its most acute it feels like I have totally lost control, losing sight of the fact that it's me that took my hands off the steering wheel. Resilience is about having the confidence to keep your hands on the steering wheel of your own life.

Resilience is a growing field because of the realities of recession, driven by resilience 'leaders', mainly from the public sector but also from multinational companies such as British Gas, Allianz, and Nestlé. Most programmes use behavioural and cognitive interventions aimed at promoting individual skills, the most advanced formulation being the influential PENN Resilience Programme which has acted as a basis for much of the training developed for both schools and workplaces in the UK. This positive psychology model is attractive in that it promotes the idea that optimism can be learned, and that

happiness can be influenced through learning a set of skills and behaviours. The value of positive psychology techniques in a workplace setting is due, in part, to their simplicity and usability. They don't require a deep understanding of psychology nor the workplace by providers or users of these schemes.

The resilience and wellbeing industry is growing fast. There are hundreds of wellbeing and resilience courses and consultancies on the market, some as light as an online questionnaire as well as others that try to tackle deep rooted organisational conflict and managing dysfunctional teams. Most of these providers are themselves struggling to make money in a market that increasingly resembles the Wild West. It's unregulated, un-moderated and lacking any real investment. The main consumers and drivers of resilience programmes, such as the NHS and the Department of Work and Pensions, have cut back their budgets. The only significant market expansion has been through the eighteen private companies providing the national [Work Programme scheme](#), although they are [unlikely to reach](#) their own demanding targets. This is hardly a resilient sector, but one where we will see the emergence of high quality providers and hopefully the development of a collaborative community of resilience practitioners.

One of the difficulties in establishing a new field like resilience is how to build a concept that is credible to both employers and employees. In some striking ways, resilience at work is the new [corporate social responsibility](#) (CSR), a field that has grown rapidly over the last fifteen years but now faces a struggle for its own survival because of credibility issues in the face of hard global realities like climate change and migration. Credibility, in the case of CSR, rests on factors such as the values that underpin it, how it's measured, its scope and the effectiveness of the methods used to promote it. The resilience industry has at its core a real need both for employees and employers. We're seeing 'bottom line' research into the costs to employers of not addressing wellbeing at work and the cost benefits to productivity and reduction in costly conflict and absenteeism. Unlike CSR, which has established an internationally agreed set of measurements in the [Global Reporting Initiative](#), there are as yet no established set of resilience indicators. For the purposes of this blog I am going to use the imprecise measurement of whether people feel able to keep their hands on the steering wheels of their lives.

This is where I think many existing workplace resilience programmes stand to fail. There is something strangely disempowering about many of these schemes and it's something to do with the resilience paradox. Last week a woman came to see me about taking a course I run on resilience at work. She asked me if the fact that she had lost her job three months ago meant that she wasn't eligible. This woman is an expert in resilience but she thought she had already failed. So what is at the bottom of this resilience paradox? I'm not sure how sensible it is at this point to draw on the words of Bananarama, but it's not what you do it's the way that you do it.

Not wishing to revive a long-dead [contentious discussion](#) about different psychologies or a false choice between cognitive behavioural therapies, positive psychology and psychodynamic approaches, one of the problems with workplace resilience schemes is that they can easily look like a social realism campaign. Your workplace needs you! Eat breakfast and you can produce twice as many widgets for the empire! I'm not against breakfast, and we should be angry that 1 in 8 school breakfast clubs have been cut this year, with the 50 per cent of remaining clubs are [under threat](#), but what we do know is that 'nanny' messaging by employers has at best no impact and at worst a negative effect. That is because it removes the individual from being in the driving seat of their own resilience.

Resilience is knowing that what you are is enough. It's not about lacking anything but rather liberating something from within. I'm tempted to call this Radical Resilience ™ but the use of cheap labelling might actually undermine the very political point I want to make here. So bear with me on a journey back to the 1970s which was agreeably responsible for some crimes against hair and fashion but was, more importantly, responsible for the creation of emancipatory education.

Emancipatory education methods, based on the writings of the liberation theologist [Paulo Friere](#) and adult education movements in Germany and Scandinavia, provide the framework for trade union and adult education world-wide. Emancipatory learning has been formulated and reformulated by different practitioners over the last thirty-five years (principally by the hundreds of highly innovative trade union educators working since the 1970s) but all rely on some basic principles. Firstly, all learning starts from the experience of the participants and focuses on the real problems that they face. This sounds obvious but I have rarely seen a workplace resilience programme that actually asks people to articulate in their own words what the problem is. This is a real mistake and might account for the numbing effect of some resilience programmes, which leave people completely uncompelled to raise an eyebrow over their own survival. It just doesn't hit the spot.

Emancipatory methods are collective and designed to allow sharing of ideas between people and not just between teacher and student. We are missing a trick if we think that an overworked human resources manager/ teacher/ trade union rep/ mental health practitioner has all the answers. The experiences of other people who have overcome real problems in life is probably one of the most important learning experiences anyone can have. We learn from people who have the authority of having experienced and survived trauma, including the workplace variety. Our confidence is raised when we recognise that we are capable of solving our own problems. The failure to address our problems is less a lack of education or technical know-how, rather a lack of recognition that we can do the driving ourselves.

The methods used in workplace schemes need to be consistent with this central objective of empowering the individual (what is sometimes called agency or self-efficacy) and increasing her capacity to take control over her life and mental states. This means that if workplace resilience schemes do not help to address the internal sound track that says 'I'm not enough' then they provide a false sanctuary where 'following doctor's orders' means you'll be okay. An apple a day. Although we know having a fruit bowl at work can improve concentration it is unlikely to empower people enough to recognise that they can make really good decisions about how to live.

This series of blogs has tried to offer some ideas for surviving work, focussing on our ability to see reality in all its ugly glory, allowing ourselves to get angry about it but still try to understand it, learning to find help and relying on our relationships with others. We end the series championing the concept of resilience. Resilience was not invented to make us more productive, rather it is a very human capacity for getting through the hardships of life. It is a radical idea with huge emancipatory potential.

If this sounds a bit too ideological allow yourself to liberate your own resilience by drawing on your own and others' experiences. Ask someone today how they survive work and allow yourself to listen to the answer. You might be surprised at how empowering this is for both of you. And whatever you do, don't let go of the steering wheel.

British Politics and Policy at LSE

British Politics and Policy at LSE is run by a team based in the Public Policy Group at the LSE. The aim of the blog is to:

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- facilitate the sharing and exchange of knowledge between experts within and outside universities; and
- open up academic research to increase its impact.

The blog hosts contributions from academics and researchers from the UK and internationally who work on UK policy issues.

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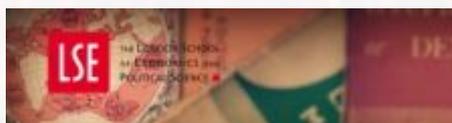Houghton Street
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