

# Does Employment Promote Recovery? Meanings from Work Experience in People Diagnosed with Serious Mental Illness

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**Abstract** Employment has been highlighted as a determinant of health and as an essential milestone in the recovery process of people with serious mental illness. Different types of programs and public services have been designed to improve the employability of this population. However, there has not been much interest in the meanings attributed to these experiences and the negative aspects of work experience. In this research, we explored the meanings that participants attributed to their work experience and the impact of work on their recovery process. Research participants lived in Andalusia (Spain), a region in southern Europe with a high unemployment rate. Two versions of a semi-structured interview were designed: one for people who were working, and one for unemployed people. Participants' narratives were categorized according to grounded theory and the analyses were validated in group sessions. Apart from several positive effects for recovery, the analysis of the narratives about work experience outlined certain obstacles to recovery. For example, participants mentioned personal conflicts and stress, job

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insecurity and meaningless jobs. While valid, the idea that employment is beneficial for recovery must be qualified by the personal meanings attributed to these experiences, and the specific cultural and economic factors of each context.

**Keywords** Serious mental illness · Schizophrenia · Employment · Work experiences · Recovery · Narratives

## Introduction

The unemployment rate among people with serious mental illnesses (SMI) is much higher than for those without a diagnosed mental illness (Boardman et al. 2003; López et al. 2010). Jobless rates among people with SMI are often between 80 and 90 % (Boardman et al. 2003; López et al. 2010), way above the rates for the general population.

### Employment as a Health Determinant and Recovery in People with Severe Mental Illness

Obtaining a job is considered a fundamental step in the recovery process of people with SMI (López et al. 2010). Besides the benefits of a psychosocial and symptomatological type, such as the increase in self-esteem, self-efficacy and a reduction in hospital admissions, having a job helps the reconstruction of identity by reducing social stigma and self-stigma (Bevan et al. 2013). The reconstruction of identity has been underlined as an essential part of any recovery process (Saavedra 2009; Saavedra et al. 2009). Thanks to working activity, a person with SMI can be seen as just another person contributing to society with work and taxes.

There can be no doubt that work and productivity hold an important place in western societies. They represent the basic tools for the construction of identity in the 20th century; in fact, some authors have called the “Work Ethic” the dominant ideological framework in western societies in the 20th century. This ideological framework gradually lost impetus over the last two decades of the 20th century and first decade of the 21st, being replaced by an alternative framework. Some authors have labeled this new ideological context as the “Aesthetic of Consumption” (Bauman 1997). In this sense, the analysis of consumption capacity and the role played by people with SMI in consumption rituals, which are sometimes not directly associated to working activity, although they depend substantially on it, constitutes a new area of study.

Furthermore, working activity has been strongly associated with better psychosocial health among the general population for decades (Bartely 1994). Together with educational level and social capital, employment has been considered an important determinant of health (Benach et al. 2014). In this sense, schizophrenia has been strongly associated with social defeat in numerous studies (Luhmann 2007). Social defeat may be explained as the long-term exposure to the experience of social exclusion. Recently Selten et al. (2013) have supported the social defeat hypothesis with a revision of the literature since 2005.

## Obstacles to Getting a Job in People with SMI

Some studies have identified the variables which explain the difficulties faced by people diagnosed with SMI when it comes to finding a job. For example, cognitive deficits have been highlighted by many authors as one of the basic causes of difficulties when it comes to finding employment (Boardman et al. 2003; McGurk and Mueser 2004; Saavedra et al. 2015). Positive symptomatology, the lack of motivation, problems of social functioning, public stigmatization and consequent discrimination have also been mentioned as causes (Ramsay et al. 2012; Lysaker and France 1999).

A significant share of people diagnosed with SMIs such as schizophrenia admit that they would like to work, although some studies have shown that many of them do not actively search for employment (Marwaha and Johnson 2005). In fact, lack of motivation has been proposed as the most important barrier for people with SMIs as far as getting a job is concerned (Lysaker and France 1999). The reasons that may explain the lack of motivation are the negative symptomatology of the illness, the perceived danger of relapse or the possible loss of social benefits, in addition to the effects of stigma and its frequent internalization. An important barrier in the task of getting a job that affects the motivation of the people with SMI is the beliefs of health-care professionals (Bevan et al. 2013). Sometimes, health-care and other mental health professionals overestimate the negative effects of stress on people with SMI and manifest very low expectations of their functionalities (Bebout and Maxime 1995).

## Social and Health Policies and Programs

Social and health policies and programs are aimed at encouraging the search for employment, restricting or limiting social benefits, and, at the same time, promoting the inclusion of people with SMIs in employment programs. This is the case in Great Britain, where, since the approval of the Welfare Reform Act by UK Government (2007), changes in the conditions for receiving different social benefits have been moving in this direction.

In countries with advanced mental health systems where there are rehabilitation and integration programs which go beyond acute assistance, support programs have been designed for people with SMIs in order to help them find employment. There are many types of programs, but they can be grouped into two models. These two models are not incompatible and some studies have suggested that they help different people's profiles (Saavedra et al. 2015).

On the one hand, there is assisted employment in normal and openly competitive companies. In this model, the social-health program offers assessment, training, and mediation with market companies, as well as ongoing professional support for those people with SMI who obtain employment. In other words, there is monitoring and intensive personalized support for the user during all stages of job placement.

The second model lays the emphasis on job creation through social companies. These companies also compete on the real market, but they are non-profit organizations whose specific aim is to achieve the work placement of people with

SMI (Warner and Mandiberg 2006). People with and without SMIs work together in these companies. In Andalusia, there are nine social firms where people with SMIs represent 50 % of employees, more than 70 % of employees have some type of disability, and roughly 30 % of those working there have no disability. Social firms in Andalusia are essentially competitive companies operating in the free market. They are self-sustaining, operate in general productive sectors and are managed by business people. People with and without disabilities work full-time in these firms; they can all reach positions of responsibility, and their salary depends on their productivity in line with general legal regulations. A percentage of 51 % of people with SMI in social firms have been working there for more than 5 years.

In Andalusia, guidance and support services for employment (SOAE in Spanish) are the provincial coordination structure for the employment program. They are in charge of receiving the referral of cases from mental health services and assessing the skills of each person, together with his/her needs in the vocational rehabilitation process. From this assessment, the SOAE agree with the person upon the most suitable itinerary, which could mean various forms of training, guidance and advice on job searching, practical experience in companies, and gradual support tailored to the needs of each person. Currently, there are eight SOAE units in Andalusia serving about 1300 people in the employment program, from which almost 500 got some kind of employment in 2014. The SOAE units have about 30 professionals in total, including specialists in employment and the occupational rehabilitation of people with severe mental disorders.

### **Social and Economic Context of Participants**

Andalusia has 8 million inhabitants and constitutes a third of Spain's GDP. However, it has one of the highest unemployment rates in Europe with 33 % unemployment in March 2015 and over 57 % youth unemployment (under 25 years). This high unemployment rate is a structural problem in the region, although the economic crisis has worsened it. A staggering 38.3 % of the Andalusian population, more than 3.2 million people, are at risk of poverty or exclusion, this figure having increased by five percent since 2009, according to the European Network for Combating Poverty and Social Exclusion in the Spanish State (EAPN). The dropout rate from compulsory education in Andalusia is the highest in Spain. In 2012, it was estimated that the black market accounted for 28 % of overall economic activity.

Subjective well-being of the Andalusian population is high according to the European Social Survey (ESS, <http://www.europeansocialsurvey.org>), especially in terms of social relations and health. The EES obtained happiness data covering most socioeconomic factors affecting happiness throughout Europe. Andalusian society is more interdependent than others in northern Europe (Markus and Kitayama 1991). Some have called these family values and the interactive style prevalent in southern Europe as "*familiarismo*" (familialism) (Sabogal et al. 1987). That is, the belief in strong family ties and reciprocity and loyalty among members of the nuclear and extended family. Although social, educational and public health systems have

suffered during the economic crisis, they have resisted and still manage to offer quality services. These figures reflect a complex and sometimes paradoxical context that can only be understood if we look at cultural and historical aspects.

## **Aim of the Study**

The few qualitative studies conducted indicate that people with SMI mention important benefits from work, although they also point to drawbacks, such as the increase in stress and the low level of pay, negative aspects that are easily forgotten (Marwaha and Johnson 2005). This study explores the meanings attributed to work activity by subjects with SMI, mainly schizophrenia; they were all users of the Employment Support and Guidance Service of the regional community of Andalusia (Spain). It is important to bear in mind the particular socio-economic context of this region. We are particularly interested in analyzing whether a job necessarily involves a reconstruction of the user's identity which helps recovery, and we wish to analyze the processes of reconstruction of identity in the cases in which this does occur.

## **Method**

### **Participants**

Twenty-one people diagnosed with a schizophrenia spectrum disorder participated in the study. They were being attended by the employment support and orientation service (SOAE in its Spanish acronym) which is part of the Andalusian Public Foundation for the Social Integration of People with Mental Illness (FAISEM in its Spanish acronym). Out of this number, 13 were male and 8 female, and they had an average age of 40.10 years (maximum 60 years, minimum 31 years). As for their level of studies, one participant had never received formal schooling, eight had not finished their primary studies, seven had only completed primary studies, three had managed to finish some type of compulsory education, and two had been to university. The low educational level is an indicator of the seriousness of their cognitive impairment and the failure of the social integration of the participants. Nine participants, five men and four women, were working at the time of the interview; they were all working in social companies promoted by the aforementioned public foundation FAISEM (López et al. 2010). Of those who were unemployed, four men had never worked. The remaining eight unemployed people had some type of previous work experience. Although the participants had an SMI and an important level of disability, at the time of the interview they were symptomatologically stable. All participants had been diagnosed by the mental health services and complied with criteria of severe mental illness, in our case schizophrenia, but always with the added criteria of prolonged duration and important disability (Ruggieri et al. 2000).

Participants were selected from a larger sample of a study into cognitive functioning and employment in people with SMI (Saavedra et al. 2015) according to

a criterion sampling (Patton 1990). We contacted the SOAE offices in the eight provinces of Andalusia to select the participants according to the following criteria: stable psychopathological state, representation of the eight provinces of Andalusia, balance between employed and unemployed people and women and men. In addition, four people who had never worked were selected so that the study covered all possible situations. Participants were selected by the provincial SOAE offices who contacted them and asked if they were willing to participate before they gave their informed consent. All those contacted agreed to take part. In the original study, the percentage of users who accepted was 88.75 % (Saavedra et al. 2015). FAISEM supervised the entire research process to ensure that the institution's ethical regulations were adhered to.

## Instruments and Procedure

Two versions of a semi-structured interview were drawn up: one for people who were working, and another for unemployed people (“Annex” section). The semi-structured interview was designed to analyze the job experiences of people with SMI. The interview was put together by employment support specialists. After a group discussion and a review of the literature, they reached agreement about the central issues to be explored, along with a set of questions to guide the interview. The subjects chosen did not rule out others that might emerge during the interviews; participants were free to discuss what they wanted. The two versions of the interviews were tested with two SOAE users who recommended alterations to certain concepts and to the wording of some of the questions in order to make them easier to understand. The person who carried out the interviews, a clinical psychologist specializing in SMI, did not form part of the team responsible for the subsequent data analysis. Interviews took place in a habitual context for users, the SOAE offices, and they lasted on average 22 min.

## Analysis

The methodology used in this study was based on an inductive and qualitative approach within a phenomenological framework (Davidson 2001; Lucius-Hoene and Deppermann 2002). In accordance with the essential premises of grounded theory (Clarke 2005), the processes of theorization and empirical verification were performed simultaneously using constant comparison, until information saturation was reached.

In order to code interviews, theme repetitions were not uniquely used as scrutiny techniques, but indigenous typologies or categories, metaphors, analogies and theory-related material were also utilized according to Ryan and Bernard (2003).

This gave us the categories which form the body of our results. The interviews were transcribed and analyzed first individually by each team member, and then collectively as a group. Technicians from the Employment Guidance Services, who work directly with the participants, formed part of the group analysis teams as external auditors of the results. Through analysis and group discussion, the categories were confirmed, redefined or eliminated. This process of individual-

group analysis was repeated until the analysis did not shed any relevant new information. At the same time, self-positioning analysis was used to study each coded extract in order to explore meanings and experiences of people with SMI (Bamberg 1997; Lucius-Hoene and Deppermann 2002). According to this methodology, a self-position may be understood from a discursive perspective as the place within a social space that we claim for ourselves in opposition to other subjects. The cornerstone for social positioning analysis is a person with agency, who is constantly seeking self-validation and attempts to position him- or her-self within linguistic practices. That is, this methodology analyzes people’s capacity to actively search for the desired balance at each point of the situated interaction. This methodology has often been used to analyze meaning construction in people with SMI (Saavedra 2009; Saavedra et al. 2012). The results only included those

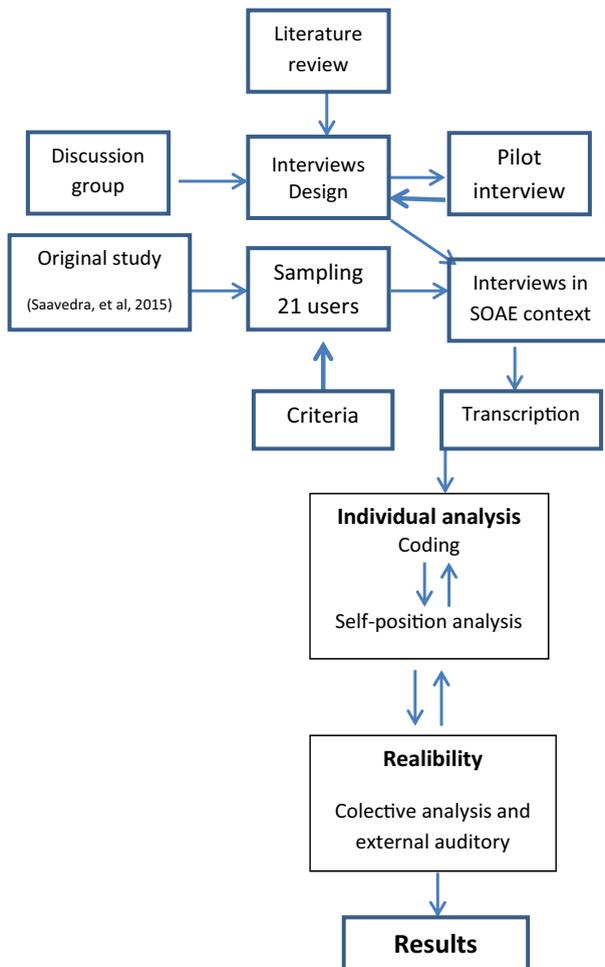
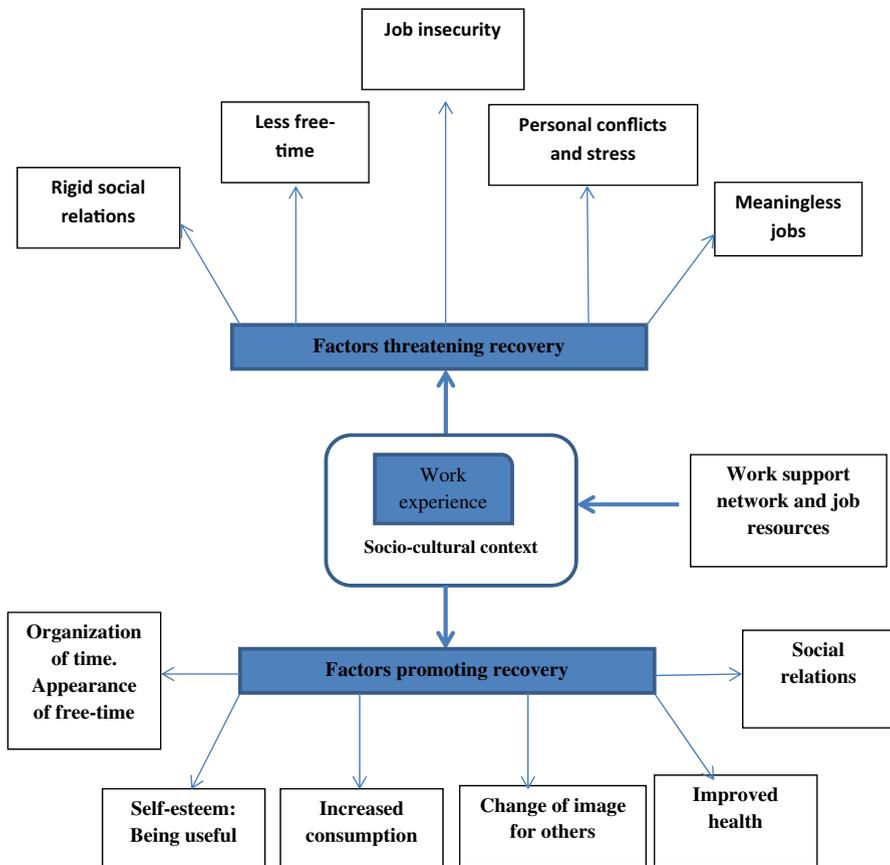


Fig. 1 Research process

categories and interpretations over which there was 100 % agreement. The qualitative analysis software AtlasTi was used to categorize interview content. Figure 1 outlines the overall research process.

## Findings and Discussion

As other qualitative studies have done, we decided to combine the findings and discussion sections (Burnard 2004). For the presentation and discussion of our findings we have split this section into a series of questions integrating different categories and covering the study's main issues. The subtitles indicate the categories covered in each section. Figure 2 shows the main categories found and analyzed stemming from the participants. In the following, we shall look at the reasons some people gave for not wanting to work and the negative aspects they attributed to employment.



**Fig. 2** Main research categories

## Negative Aspects of Employment: Less Free-Time, Job Insecurity and Meaningless Jobs

Why do some participants not want to work? The arguments used by the three people who did not want to work were very different. One of them, who had never worked, said he enjoyed many activities which he benefitted from and that he did not need to work.

*Extract 1. Man. 42 years old. Has never worked. Incomplete primary studies.*

Well, I don't know. What I think is that for someone who... doesn't know what to do, well, it's good for them to be working. But now I've got lots of activities and I don't... and I feel good like that.

In extract 1 the participant states that work may be good “for someone who... does not know what to do...”, but he participates in a lot of activities and he feels satisfied with his daily activities. The position of this participant who stated implicitly that he did not need to work was exceptional. Apart from having completed a large number of vocational training courses, the participant in Extract 1 also collaborated in a theatre workshop, played football and did Tai Chi. All these activities gave him great satisfaction. Most of the participants interviewed were involved in workshops or participated in leisure and free-time clubs. Seven participants in the study also mentioned that employment took time away from other activities, although the vast majority of them believed that the advantages of working outweighed the disadvantages. The part-time nature of some jobs was also mentioned by three participants as being positive from the point of view of keeping part of their spare time.

The second subject, who at the time of the interview preferred not to work, mentioned how being without a job was helping him to reflect and, in the medium term, might even help him to improve his employment situation. In other words, he considered unemployment a temporary situation that, strategically, might improve his job expectations.

*Extract 2. Man. 32 years old. Unemployed for 3 months after working for 3 years. Primary education.*

Participant (P) Right now I don't want to work or commit myself with anyone

Interviewer (I) Why?

P I'm taking some time, because, maybe, I don't know. Maybe something good will come up. I got the paperwork sorted out for a job

*Extract 3.*

I Can you think of any positive effect of being unemployed?

P Of being unemployed? You have time to reflect and try and change things... you're laid off and you say to yourself: "Right. Why have I been laid off?" So you think about it and come to a conclusion. And so this can stir up your ambitions, it can wake you up, make you want to move, because I want more than I've got here. I'm going to this company even though it will be harder because that is the objective I'm going to set myself." You set yourself an objective.

These two extracts show that the lack of initial desire to find a job in Extract 2 is redefined as a sophisticated strategy in Extract 3. One could not say that this participant did not want to work—quite the opposite. The situation of unemployment has been turned into a strategy to increase motivation: "this can wake up ambitions". This participant demonstrates agency and important metacognitive resources.

The third person who explicitly states not wanting to work has never had a job.  
*Extract 4. Man 42 years old. Has never worked. Primary studies.*

I Is finding a job one of your objectives?

P No, not with the pension I get. I don't need to look for work... Besides, if I work they'll take away my pension

I Or they'll change it?

P Yeah, they'll change it... I have an illness and I can't [...] Others say, ah he gets a pension, he's a lazy bum... he's a, I can't remember what they used to say, he lives off the pension, a lot of people say that... I just ignore them [...] I live off a pension because...

I Do you think there would be anything positive about working?

P Yes

I Can you tell me what?

P I would feel fulfilled

This individual receives a particularly high pension that he would be unlikely to earn in a job. He therefore argues that he does not need to look for a job. However, his position is more complex and shows he is not totally satisfied with his situation. He is aware of the social pressure and of the stigma associated to this status. He endures social pressure, "I just ignore them," in the words of others, "he's a bum", and he justifies himself declaring he has an "illness". At the same time, he recognizes that employment would give meaning to his life and help him to feel fulfilled.

All the participants had a more or less defined idea of a suitable job. The distance between this idea and occupational reality is a clearly negative factor in the narrations. The increase in stress, the reduction in free time, the small difference between their wages and certain benefits may deter people from working. In the next extract, let us look at the rich imagery of what an ideal job would be like for a man who had been unemployed for 3 years.

*Extract 5. Man. 32 yearsold. Unemployed for 3 years. Primary education.*

P Well, for me it would be a job that doesn't tire me, not physically because I can be tired physically but still be satisfied. But a job that fills me. A job which really makes me feel enthusiastic. Promotion or gaining further skills and at the same time which gives me free time for my things, not for my friends or... no, no, for my things

Apart from the emphasis on free time and tiredness, the possibility of promotion and professional development is a very important idea. The following extract from a female participant who has never worked refers not just to financial aspects but also to a dimension of personal realization that is more difficult to satisfy.

*Extract 6. Woman. 39 years old. Has never worked. Secondary Education.*

I What would be a good job for you?

P A good job for me would be one in which I felt realized, satisfied and that would give me enough money to live on. Yes, yes. I'm not asking for a castle. Well, maybe enough to be able to live on my own... I don't know: 1200€? 1000€? I don't know. 1000€

In this extract, with the metaphor of the castle the participant is being reasonable and not very ambitious. However, her pay expectations are excessive and unrealistic. Most of the jobs for people with SMI are part-time and the minimum wage in Spain, amidst a downward wage spiral, is 645€.

*Extract 7. Man. 41 years old. Unemployed after working for 5 years. University Education.*

P I was sacked practically. Well, with the benefit I receive I am getting almost the same and I don't have to put up with a job which was a bit... let's say rather 'undignified'. Work, as Engels said, exercises the essence of man. At work, it depends on the job. There are dignified jobs and undignified jobs

The man in Extract 7 thinks he has been sacked, describing his previous job as undignified. He then argues that considering the job conditions, he has not lost out financially because he is receiving benefit. Furthermore, he has been freed from an undignified job.

In this section we have shown why some people with SMI, a minority, did not want to work. The loss of free-time, meaningless work, the potential loss of social benefits and poor working conditions coupled with unrealistic expectations can act as significant barriers to employment for people with SMI.

### **Is There Such a Thing as an Active Job Search? Work Support Network and Job Resources**

In contrast to what some authors argue, most of our participants showed that they were actively searching for jobs. They did this not just to improve their financial situation, but also to bring their working activity into line with their vocation or studies. More than half of the participants, 12 people, showed clearly active job search behaviors. Even those who had a job mentioned that they wanted to get a better job and had plans to change to a more interesting one. In this sense, the

following extract is interesting. After her contract had been made fixed-term, a participant told her boss that at some point in the future she wanted to get a different job.

*Extract 8. Woman. 51 years old. Three years working. Primary education.*

P Well, yes, my boss said to me one day: “That’s good” because they had given me a fixed-term contract. “That’s good that they’ve made you fixed-term” and he said to me: “So, you’re going to end up with everything, aren’t you?” And so I said: “Carlos, the thing is that I’m an administrative worker. I don’t want to spend my life cleaning” and he didn’t say anything. He laughed but he didn’t say anything

In this extract the participant defines herself according to her administrative studies and indirectly expresses dissatisfaction at her current job. The response of her superior in this extract is significant. He laughed, probably out of surprise, and was unable to respond to the expectations of this participant. As we shall see further on, we can sometimes forget that participants have their own expectations and desires. Merely having a job is not enough for all people with SMI, particularly in the medium or long term.

Participants detailed the process involved in getting a job. They used the names of the staff of the Support Services who supervised them and mentioned the social and health institutions they went to, the courses they did and the clinical and social evaluations they went through. In some cases, like the following extract, the user mentioned international programs which gave him training.

*Extract 9. Man. 42 years old. 13 years working. Secondary education.*

P Yes, I wanted to work because... the area rehabilitation unit set up a training course, which was the Horizon-Marienthal project for people at risk of social exclusion or for rehabilitation. And I...I signed up, well with the team of doctors assessing me, I signed up and, like I said, I didn’t know, I hadn’t ever studied carpentry. That’s where I learnt but, besides that I... well I liked it. And after all that, well my life has become normal

In this last extract, the final sentence is the key: my life has become normal. This statement gives us an idea of the importance of employment support programs in the recovery process of people with SMIs.

Although there were five participants who said they did nothing to look for a job or improve an existing one, most of the participants showed agency and motivation to work. This is a very different picture to the one sometimes transmitted in the literature. From the interviews with participants, one can deduce that the network of social services, personal contacts and institutional support that these participants have received is highly intensive (extract 9). Without doubt, this network of resources has enabled our participants to deploy a repertoire of behaviors which are not observed in people with SMIs who do not have any support or just superficial support. Thus, the lack of motivation and the absence of active behaviors, besides being directly related to the symptoms of the illness, are connected to the quality and intensity of the services. In particular, in our sample the people with jobs

worked in social companies. Executives and personnel in these companies are aware of the issue and receive specific training.

### **Is Employment a Health Risk for People with SMIs? Health and Stress at Work**

The interaction between working tasks and the course of illness is one of the most widely debated questions; particularly taking into account that the theory of vulnerability asserts that stress levels are directly linked to the triggering of the illness. In turn, in a similar study to ours (Marwaha and Johnson 2005) most of the participants stated that mental health problems could interfere in their work.

In our sample, none of the people working mentioned a worsening of their state of health as a direct consequence of their work. With the exception of one person, none of the participants interviewed mentioned hospital admissions during the time they were employed. The only interviewee who mentioned an admission said that this happened on the last day of his first contract and did not relate it to work activity. Furthermore, two of the participants stated that since they had been working they consumed less medication and one participant claimed, as we can see in the following extract, that she had not been admitted to hospital since she had been working.

*Extract 10. Woman. 39 years old. Six years working. Primary education.*

I Has starting to work affected you?

P Yes. It's at least 8 years since I was last admitted to a hospital. Before that I would be admitted at least once a year. Not now, and I've also stopped thinking about myself, about how awful I feel. But there, without working and without anything you're always thinking that you're going to die. "Oh I feel awful" "Oh, oh..." When I have felt bad I've taken sick leave and that's all. I just stayed at home. Resting and that's all. Once a year I take sick leave

The person interviewed mentions work as a defense against depressive thoughts. She also shows the ability to manage difficult times "when I've been ill I have taken leave and that's all" for 2 or 3 weeks. The participant situates her home as the opposite of the hospital, in this way normalizing her symptomatic periods and dealing with them effectively with non-medicalized means. On this point, it is essential for supervisors and managerial staff to be sensitive to the situation of these people to plan for their most negative health moments.

All the people interviewed who had worked or were working stated that work kept them alert with different levels of intensity, thereby improving their cognitive functions. This cognitive improvement diverted their attention away from their problems and redefined them.

*Extract 11. Man. 38 years old. Six months working. Primary education.*

I Do you feel more awake?

P Yes, yes I do. It stimulates. In fact, when I leave work I'm [laughter] all revved up, [laughter] really active. I really want to

*Extract 12. Man. 37 years old. Two years unemployed. No studies.*

- I How did losing your job affect your state of health? Particularly your mental health. For example, by being under less stress were you more relaxed?
- P No, I'm more alert when I am working. When, when I leave a job what I do is, I, I stay, I mean I go home, I stay in my place and I get organized again to be able to get back up again and keep going

It is interesting that the participant used the concept of alert in Extract 12 to juxtapose it to the concept of stress which the interviewer asked about. The interviewer described or defined a situation in which the absence of work-related stress would mean tranquility. The participant used the concept of alert as an alternative to the concept of stress and tranquility.

The fact that most of the interviewees mentioned the long-term positive health effects of work does not mean that they are unaware of its dangers. Specifically, the participant in the following extract emphasizes the lack of personal meaning in job activities and the effect this has on health.

*Extract 13. Man. 32 years old. Two months unemployed. Primary education.*

- P Any negative effect? Only when you're not happy working. I think the only negative effect of work is when you don't like what you are doing. The task in itself, because a mental illness can harm you. A physiological imbalance, of the body's equilibrium may cause you great harm

Other participants mentioned that certain cognitive problems may hamper the performance of job tasks. For example, one participant said how decision-making produced great stress in her. Another stated that she had had to try very hard to accept criticism and not take it as something personal and react inappropriately. In the following extract, a woman tells us about the greatest obstacle for working related to the illness.

*Extract 14. Woman. 35 years old. Six years working. Primary education.*

- I What barriers have you encountered? Your illness?
- P Yes, my illness because, my head is... a little doubtful, sometimes
- I Uncertainty?
- P I have had second thoughts many times, but here they have encouraged me to keep going, to keep going with what I've got

Like many of the researchers who have studied the work experience of people with SMIs (Lysaker et al. 1995; Lysaker and France 1999), for this participant the main obstacle is the lack of motivation. It is important to emphasize again here the action of the professionals the participant refers to: "but here they have encouraged me to keep going".

In the following extract, a participant with extensive work experience referred to an increase in anxiety when he had to take decisions which he thought did not correspond to him.

*Extract 15. Man. 42 years old. Twelve years working. Secondary education.*

P ...Maybe the supervisor is not there. They leave you with the decisions that you shouldn't have to take and you have to take them or: "Manolo told me that you... and get on with it" And what do you say? Do you say no? *Should* you say no?

I And... well, in general your levels of stress and anxiety are normal, aren't they?

P Yes, well, normally maybe a bit MORE nervous. For example, yesterday with my parents, they said to me: "Be careful, because if they...!" "Papa, what do you think they're going to do to me?" And maybe he thought that they wanted to exclude me. And it's more because of them, they create the fears in me

In this extract the participant assumes responsibilities and criticizes the organization of work in his company. Apart from that, it is interesting how the parents' fears of a possible relapse are transmitted to the participant: "they create the fears in me". On the subject of parents' fears, one participant admitted that her parents did not want her to work. It is vital to manage the fear of a relapse appropriately and accept that this possibility is an essential part of life. Sometimes, as the literature has found, the fears and excessive conservatism of professionals and family members are the main obstacle to recovery.

To finish this section, two people interviewed referred to medication as a problem in relation to their employment activity.

*Extract 16. Woman. 32 years old. Three months working. Primary education.*

P Well, about my health, I get too drowsy. Since I have been working. With the pills. Because I get up in the morning and allow myself some time to have a coffee and smoke a cigarette. That's right, and that's when I feel really sleepy because of the medication. I'm ready to go out like a light

There is no doubt that when these people start a new job there needs to be a major review and planning of the medication as a whole with the user, taking into account the needs of his or her job. This means that clinicians have to be made aware of the need to accept risks and improve coordination between social and health services.

Our results show that employment can be a positive health factor for most participants. In the medium and long term, people with SMI did not refer to a psychopathological worsening. That said, it is clear that the working environment can generate stressful situations requiring special planning of, for example, medication and appointments. However, with the support of professionals this stress can be accepted as a logical part of working activity and be properly managed. Furthermore, some people claim to have improved their cognitive functions and reduced their use of medical services as a result of working.

### **Change in the Images of the Other, Self-Esteem, Organization of Time, Social Relationships and Personal Conflicts**

Does work help recovery? Most of the people interviewed mentioned that their work experience had a significant effect on their identity and also on the way that others looked at them. In particular, six participants mentioned very important changes in the image transmitted to other significant people thanks to employment. The

positive assessment of employment as a means of identity construction goes beyond the most intense illnesses in the people who are unemployed or have not been working for long. The benefits of identity reconstruction mentioned by people who have been working for longer are more moderate. Some subjects included in their discourse the voices of other people with stigmatizing statements in direct speech. Here is what an unemployed woman said about when she started to work for the first time.

*Extract 17. Woman. 39 years old. Unemployed. She has only worked 29 days in her life. Primary education.*

P I feel, how shall we say, that's not the exact word but let's say when I'm in a hurry, that I feel more important, because if I don't work and I don't do anything that is noticed. "Look at her, she's ill", "look at the poor little woman who's crazy". And so when I do productive work I feel useful, I feel like a part of society

This extract underlines the importance of employment in fighting stigma, which is represented by the two sentences in direct speech "look at the poor little woman who's crazy". These stigmatizing voices which people with SMI reproduce also appeared in extract 4. To be busy and useful is essential for this person for integration in society: "I feel like a part of society". It is also interesting the idea of being in a "hurry" as a sign of "being more important", a dominant image in our competitive society.

The next extract shows what a woman who has only been working for a few days thinks about this.

*Extract 18. Woman. 35 years old. Employed. Six years working. Primary education.*

I People for example, have you also noticed it?...

P They may have another image of me than they did before. I think that now, at least, they have the idea that I work. Because I don't think they did before

I What did they say about you before?

P Well, that she finds it hard to find a job. She finds it hard to hold on to one. Finds it hard to do this, to do that. Or that I was lazy, even

This extract shows how people with SMIs are held responsible for being unemployed, even labeling them as "lazy". This label has a tremendously stigmatizing effect, particularly when it comes from friends and family. Starting in a job clearly breaks away from that image.

In the following extract, a woman lays emphasis on the learning process and the novelty of activities as reasons for the increase in self-esteem.

*Extract 19. Woman. 31 years old. Three months working. Secondary Education.*

P Self-esteem picks you up and you're more capable of doing things. Of course, as time passes you learn more and (.) because there are new things every day. That is the good thing about this job, you learn things every day

Ten participants explained that work brings with it routines which are valued highly. This is particularly the case regarding the normalization of sleeping hours

and eating habits. They also mention that the organization of the day is more efficient when you are working than when you have the whole day to yourself. The structuring of time, work timetables and getting-up time all combine to leave a time specifically for leisure which could not be differentiated before. Furthermore, employment may lead to the forging of new friendships and intimate personal relationships. Three interviewees refer to the improvement in their social networks after gaining employment. This improvement in the social networks may be expressed in an improvement in leisure activities, with an increase in resources for enjoying free-time. The following two extracts are related to the social networks and the enjoyment of free-time by people who have a job.

*Extract 20. Man. 38 years old. Employed. Working for 6 months. Primary education.*

P That's something I've talked about with a friend: "The thing is now, now I'm working, I notice the difference of having a good time when (.) When. Not like when you were unemployed." I mean that you go out more... I enjoy my free-time more. I enjoy free-time more. Because before, it was all free-time. So I didn't care

*Extract 21. Woman. 32 years old. Employed. Three months working. Primary education.*

I For example, there are differences. Before you worked and now. For example, I imagine the organization of time

P Yes, my timetable is more... I get up and go to bed earlier. I am in touch with society. I've made a friend at work, she did the training with me, and that's what I needed

The appearance of a friend as an interlocutor of his statement in Extract 20 is very interesting. "That's something I've talked about with a friend". Extract 21 underlines the importance of regulating timetables and the occupational context as a scenario for establishing new relationships which are classified by the participant as necessary.

Despite the fact that the relationship between employment, reconstruction of identity and recovery is clear according to the interviewees, it is also complex. The participants state that this relation depends on many factors which are described in several different ways. The following is an example from a 39 year-old unemployed woman.

*Extract 22. Woman. 39 years old. Unemployed, has only worked for a few days. Secondary Education.*

P A good job for me would be one in which I felt fulfilled, satisfied and that would give me enough money to live on. A salary that just covers what I need to live on. What a person can have to stop them being ill [...] Yes, socially I would be able to look after myself. I wouldn't have to depend on anyone. I'd look after myself. Plans with friends and... What did you say before, I'm sorry I didn't...? Social relationships would improve

I Do you think they would change?

P No, because of what they think. No, it would get better, for example, for my boyfriend and me. We go out every day and we have two cans of soft drinks and maybe a few packets of sweets and that's it, you know? So, instead of that, we might be able to go to the cinema

This extract shows the importance of increasing the level of consumption to enjoy intimate social relationships: "going to the cinema with my boyfriend". On this point, another interviewee mentions that since she has been working she has been able to buy a present every now and again for her son. In other words, the reconstruction of identity is mainly expressed not through the opinions of others, or the image they have of us, but through the new things that can be done, "go to the cinema", and in the facilitation of intimate personal relationships. The person in the last extract brings up the question of quality of work. In other words, not all jobs would have the same effect on the reconstruction of identity of people with SMIs. For this person, work has to be "done" and provide her with enough "financially to live independently". In fact, this problem or paradox is mentioned by another interviewee who states that many jobs do not allow an independent life away from their parents' home and may lead to a secondary stigmatization.

*Extract 23. Man. 38 years old. Six months working. Primary education.*

P When I started to look for work, what I wanted was to leave home, leave my home... You know what I mean? To live a completely different life to the one you lead at home. Of course, when I got a job, on the one hand, brilliant, no? But, but then, after that, I got a bit down. Like saying: Well, yes. I have this money, I can... but I'm not independent. So it was like a... I can't (.) be completely independent. So of course I said: Yes, I'm working but on the other hand I can't take the big step. And that too. I went through a time of... from there, that I wasn't convinced, that "I don't know". I did get a bit down for a while, in the sense that for a few months, it was going round and round in my head and I said: It's just you can't

In the following extract, a participant who has never worked, but has explicitly expressed the wish to work, states emphatically that a job would not change his social relations or the image that people have of him, and he asserts that no one understands his illness.

*Extract 24. Man. 37 years old. Has never worked. Incomplete primary education.*

I Do you think that something would change if you started to work?

P No (1.0) That is there and that will not change

I It is immovable?

Q Friends do not want to know anything about me, my family sometimes does not want to know about me. What I want is to leave my house

I Are you sure?

Q Because I have problems there, I am not understood there, nobody understands my illness

This participant emphasizes his wish to be more autonomous and independent and leave his parents' house, where he lives. As we saw earlier in extracts 22 and

23, some people with SMI emphasize the capacity of employment to provide autonomy and independence, but not instantaneous changes to their image and social relationships which could help them change their identity.

People with SMI with more job experience moderate their expectations and the positive effect on recovery initially attributed to the job, particularly in relation to achieving autonomy and the ability to become independent and take the “step”. The participants with more work experience are more reticent about expressing big changes in how others look at them after getting a job. In fact, four of the participants stated that they had not perceived significant changes in the social image that others had of them. One of them alleges no change at all, particularly in the opinion of his parents.

*Extract 25. Man. 36 years old. Six months working. Primary education.*

I Do you notice any change in the way your parents look at you, or treat you, or how they consider you?

P Well, with my friends because they're pleased that I'm working. You know? Happy you're not unemployed. But with my father and my brother? I don't think I've noticed much of a difference, I haven't noticed much difference

One aspect directly related to recovery is the quality of social relations. Twelve of the participants stated that their past or present work experience had, logically, increased their social circle and their social skills, although in the vast majority of cases these contacts had not increased their social activities outside the job setting. Only one participant said that work experience has improved his contacts outside the work setting. Women in particular mention that contacts with male or female colleagues do not go beyond working hours. Two participants state that, given time, trust and appreciation can be clearly perceived from their colleagues. However, three other participants either do not mention any clear improvement or refer to problems that the job has led to in terms of their social relations.

*Extract 26. Man. 39 years old. Three years working. Incomplete primary studies.*

I Have you met more people since you have been working?

P No, I know the same people. When I wasn't working I knew the people in the workshop, I've known them for years. Oh, and we used to have... breakfast together. But not now. It's been quite a few years since we went to have breakfast together. I always go and have breakfast on my own

In this extract the participant takes a rather sad look back at the social contacts he had with his colleagues at the workshop before he started working. Most of the participants in the study had been involved in pre-work training activities, so that the step into a job was not such a significant change in the quantity, and more importantly, in the quality of social contacts. As the last extract illustrates, the restrictions of some job settings may make social contacts difficult. It is very important to nurture this aspect if we want work activity to improve the possibilities of recovery, because this will not be reached without important social relations. We also found that getting a job can also arouse negative feelings which are sometimes difficult to cope with. Some participants talk of conflicts and disagreements with their managers which they are not sure how to overcome. However, these

participants accept the inevitability of these conflicts as being part of working life and they show that they have the resources to cope with them. Take this extract as an example.

*Extract 27. Man. 32 years old. Three months unemployed. Primary education.*

P I have learnt to be with my colleagues, because I didn't have a clue how to act or behave, did I? How I should listen to the bosses, the foremen. In other words, receive. I mean, if they say something, not get all defensive and start to argue, instead... But of course, I am lucky that I've had two or three jobs which are for people with disabilities and so, so I've been fine, because they're people who... who are trained, of course

This participant describes to us the details of the conflict management learning process. Research participants highlight these types of skills as being fundamental. It may be one of the most important causes of stress. One has to remember that some of the problems associated to SMIs lie in the deficit in recognition and expression of emotions and in attributional biases (Savla et al. 2013). Hence, the training and commitment of professionals and colleagues, as the participant mentions at the end of the extract, are essential.

Success in obtaining a job may generate negative emotions and hamper relations with old colleagues from the training courses and friends in a surprising way, although maybe this is understandable if we take into account the unemployment rate of 33 % in Andalusia and 50 % youth unemployment.

*Extract 28. Woman. 42 years old. Five years unemployed. University education.*

I And work would also provide social relations. Would you make friends...?

P I think people would be envious

I Envious, how come?

P Because I would be working. Doing a course is not the same as working. Yes, I think people would be envious. And there are a lot of people who are ready to fight over a job

To finish, we would like to mention some specific aspects considered in the interviews by the female participants. Two women interviewed mentioned the existence of gender stereotypes in the labor market.

*Extract 29. Woman. 45 years old. Five months unemployed. Incomplete primary studies.*

P My family didn't want me to work and particularly not as a gardener. And I insisted, insisted and insisted

I And why didn't they want you to work?

P Because they are housewives and they don't think it's right. You get married, have children and there's nothing else

This extract shows the traditional image of the woman through the opinions of the participant's family. We must not forget, despite that the fact that this has not been commented on much in the interviews, the discrimination against women existing in the labor market. The social pressure to find a job and the meaning that is attributed to this should also be analyzed from a gender perspective. In our study

many women evidenced low levels of agency, less intensity in their social relations and less active job search behaviors in the event of being unemployed. For example, two women who are mothers stated that they dedicated their time to looking after their children; one of them said that she “had given up”.

## Conclusions

We begin by considering some limitations of this study. The qualitative results are hardly generalizable. Great care needs to be taken over hypothesized generalizations. For example, all the participants who were working at the time of the interview were doing so in social enterprises. As the construction of meaning is always situated in context, it seems reasonable to assume that people with SMI employees in ordinary companies would attribute different meanings to their work experiences. Some research has found different social and cognitive functioning in people with SMI who work in social enterprises compared to those working in ordinary companies (Saavedra et al. 2015).

However, the trip back and forth between the individual analysis performed by each researcher, and the validation of each interpretation by group analysis should be seen as a method for obtaining reliability in our results (Ryan and Bernard 2003). In addition, the external analysis of two employment technicians who were specialists in SMI underpins the validity of our analysis. From all the categories and analyses developed, in this paper we have only presented the minority over which there was agreement between researchers and external auditors. However, we would have liked some of the interviewed participants to have audited the categories and analyses in the same way they analyzed the validity of our interview at the beginning of the research process. Unfortunately, certain organizational problems ruled out this possibility.

With regard to our results, all the participants, with the exception of three who were unemployed and did not want to work, expressed their satisfaction at working or their desire to find some kind of job (Bevan et al. 2013; Marwaha and Johnson 2005). The benefits attributed to working activity by the participants were, in general terms, in line with those found in the literature (Lysaker and France 1999). From the analysis of the participants' narrations, we can see an improvement in their self-esteem and how they look at themselves thanks to their involvement in a productive activity and learning new activities. They also say this improves their organization of time and increases their income. As the literature suggests, our analysis confirms the positive effect of work experience on the reconstruction of identity of people with SMIs. We found different examples of that (Extracts 9, 12, 17, 18...).

In keeping with the literature, all the participants declared that work activity did not worsen their state of health. On the contrary, for many participants in the study, work activity brought with it cognitive improvement, a reduction in hospital admissions and a healthy distancing from their problems. However, people with SMI were aware of the possible risks: in general they mentioned stress and work conflicts, but said they were capable of coping with them.

Our results indicate that when there is a network of support services, the inactivity and passivity in job searching is greatly reduced among the SMI population. This vindicates the work of support services as essential resources on the journey towards recovery for people with SMI in the most vulnerable situations.

However, our results showed that some aspects of work experiences may become obstacles, or at least are not decisive in the recovery process. Furthermore, participants said that they enjoyed alternative social networks to those stemming from their work activity. It is likely that the existence of pre-work support services gives people with SMI social networks and experiences which in other settings only result from work activity. In turn, as Andalusia has an unemployment rate of 33 %, it is likely that the stigma over being unemployed is not as serious for a person with SMI.

In the case of Andalusia, as we said in the introduction, we are talking about an essentially Catholic society and one which is more interdependent than those in northern Europe (Markus and Kitayama 1991). In southern European countries, social contact is more frequent and does not depend to such a degree on the work environment as in countries with an Anglo-Saxon culture. Furthermore, as some participants mentioned, in a context of precarious working conditions even for the non-SMI population, sometimes working conditions do not facilitate autonomy. While receiving benefit payments was not important as a deterrent in the search for employment, one participant mentioned that there was not much difference between a working salary and benefit payments and another stated that his benefit payments were higher than any salary.

Some participants doubted a direct effect of labor practices on the recovery process. As is common where consumer society generates values, for these people the process of reconstruction of identity and consequent recovery crystallizes after increasing their autonomy and participation in consumer practices. However, in a period of economic crisis and continuous precarious working conditions, unfortunately some jobs do not allow people to become independent or free them from marginalization. Thus, getting a job does not necessarily release them from a possible effect of “social defeat” (Selten et al. 2013; Luhrmann 2007).

We can draw some recommendations for practice from our analysis. Health and technical support professionals must accept that job stress is a vital risk that needs to be assumed and managed with their help; it should not be seen as a threat against which we must protect people with SMI. Thus, the creation of a working scenario promoting social connection and communication is essential, because the social context is central to recovery (Mezzina et al. 2006) and many labor disputes are relational. Our results show that even in the most complex cases, professional intervention and the confidence derived from this, together with institutional support, can help overcome stress derived from work or disease. Our results indicate that not only is labor activity important in itself, but participation in consumer practices is also needed for recovery. Employment should make it possible to take part in consumer practices (going to the movies, shopping at the mall, giving gifts, etc.) and professionals must accompany and scaffold participation in these practices.

In summary, while the premise that work experiences are positive for recovery is true, it should always be qualified by the personal meanings attributed to these

experiences. As other authors have pointed out (Myers 2010), we have to focus our attention on the specific cultural and economic factors of each area of study.

A longitudinal research for the study of employment influence in the recovery process of people with SMI in different cultural contexts, combining qualitative and quantitative methodology, would help to verify our conclusions. People with SMI, both unemployed and with different types of employment in social or ordinary enterprises, should take part of the sample. In this way, we would deepen the interactions among recovery, employment and culture. In addition, we believe that it would be crucial to focus on possible changes of identity that occur as a result of work experience. As shown in our study, the expression of job satisfaction or desire to find it as essential to their life was present in almost all the patients interviewed. We believe the data of our research encourage the study of the role of working experiences on recovery, concretely from the perspective of reconstruction of identity in people with severe mental illness.

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#### **Compliance with Ethical Standards**

**Conflict of Interest** All authors, Javier Saavedra, Marcelino López, Sergio González y Rosario Cubero declare that they have no conflict of interest.

**Ethical approval and Informed Consent** All procedures performed in this article involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards and Informed consent was obtained from all individual participants included in the study. This article does not contain any studies with animals performed by any of the authors.

## **Annex**

### **Semi-structured interview for the analysis of work experiences in people with severe mental disorders.**

(Version for people who have worked in the past but are now unemployed)

Name:

Age:

Working time:

Time unemployed:

Diagnosis:

Province:

Interview number:

### Education Level:

I would like you to concentrate and remember the day you started working for the first time. Tell me, how did you start work? What people or institutions helped you and how did you get the job?

### Organization and structure of daily life

- What changed in your life the day you started working? What are the differences between your life when you were working and now that you do not work?
- Has your schedule changed since you stopped working? Have you had a hard time getting used to not working?
- How has being unemployed affected your ability to do your shopping?
- Has the amount and type of people you mix with changed much since you've been out of work? For example, have your type of friends changed?

### Meaning of working and becoming unemployed

- Do you remember what it meant to you when you started working? Did starting to work change what you thought about yourself? Did you notice that people, family or friends, thought of you or behaved differently with you when you started working?
- Do you remember what it meant to you when you lost your job? Did being unemployed change what you thought about yourself? Did you notice people, family or friends, thinking about you or behaving differently to you when you were made unemployed?

### Labour-Health-Stress

- How did starting to work affect your health, particularly your mental health? (Explore problems related to stress, cognitive problems and the use of services)
- How did stopping work affect your health, especially your mental health? (Explore problems related to stress, cognitive problems and the use of services)

### Job Search

- You'd like to find a job, wouldn't you? What are you doing to find a job?
- What people or institutions are helping you to look for work?
- Imagine for a moment that you find a job, could you describe what would be a good job for you? Would it be different from the job or jobs you have already had?
- Can you imagine any negative effects that working could have on your life? Could you tell us about them? And any positive effects of becoming unemployed?

Would you like to add anything else?

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