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Abstract

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Keywords

Qualitative, Metaphor Analysis, Employment Barriers, Employment Support Needs, Psychosis, Unemployment

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A Metaphorical Analysis of Employment Barriers and Support Needs in Psychosis

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This study uses metaphor analysis to explore the employment-related experiences of people living with psychosis and those around them such as family, community members, professionals and employers. Data was derived from transcripts of 14 focus groups and 31 interviews conducted during a qualitative study of the employment barriers and support needs of people living with psychosis. The sample comprised participants drawn from six key stakeholder groups, namely people diagnosed with a persisting psychotic disorder, care-givers, health professionals, employers, employment providers and local community members. Transcripts from focus groups and interviews were imported into NVivo 10 and explored through the lens of a metaphor analysis. The study identified three common metaphorical themes used by participants to describe their experiences of job seeking and employment: a combat theme; a sports theme and a journey theme. The study demonstrates that metaphor analysis can be a useful form of triangulation to enrich our understanding of the employment barriers and support needs of people living with psychosis. Keywords: Qualitative, Metaphor Analysis, Employment Barriers, Employment Support Needs, Psychosis, Unemployment

Foucault (1994) described how, with the “birth of the clinic” and the medicalisation of madness that occurred in the mid-seventeenth century, behavioural aberrations became the domain of medical science and subject to the “clinical gaze” (p. 108). During the early 20th century, psychiatric pioneers placed great emphasis on intensive observation and a painstaking description of the outward behaviours of people presenting with psychiatric disorders (Kraepelin, 1919/1971). During this period, Karl Jaspers advocated the phenomenological approach as a means to explore and describe the inner world and subjective experience of the person presenting with psychiatric pathology (Jaspers, 1968/1912). Despite Jaspers’ early contributions to the in-depth study of the experience of the psychiatric patient, psychiatry has since focussed primarily on developing and imposing diagnostic classification systems on the patient experience (Mullen, 2007). Less attention has been paid to gaining an in-depth understanding of the subjective experience of psychiatric conditions from the patient’s perspective.

During the past century, study of the experiences of people living with mental health conditions has largely been the domain of sociologists, notably Goffman, who focused his work on the experience of being a mental patient in an asylum setting (Goffman, 1968). Proponents of what has been called the anti-psychiatry movement, notably R. D. Laing, attempted to describe the inner world of experience in psychosis (Laing, 1984). Since the de-institutionalisation of psychiatric patients, however, there has been limited attention given to the subjective experiences of persons with severe and persisting mental health conditions living in the community. In more recent years the rise of the consumer movement has led to increased value being placed on lived experience and more attention being paid to the voice of the psychiatric service user (Blaska, 1991). Studies which have attempted to examine subjective experiences using positivist methods and deductive methodologies have suffered the limitations of having prior assumptions imposed on the subject matter. Less commonly, studies

have used qualitative approaches and inductive methods to construct knowledge about the subjective experience of people living with psychosis. Such studies have added valuable insights into the perceived needs of people living with psychosis in relation to community accommodation (Brown, 2005), access to competitive employment (Bassett, Lloyd, & Bassett, 2001; Honey, 2004; Peckham & Muller, 2000) and the impacts of community stigma (Schulze & Angermeyer, 2003).

Qualitative research methods and, in particular, interactive methods such as focus groups, lend themselves to the study of lived experience. They provide an opportunity for consumers to be active participants in the research process and allow the voice of the consumer to be heard. A recent qualitative study by the authors of this article identified that the employment barriers and support needs of people living with psychosis are multiple and diverse, including individual, interpersonal and systemic factors (Hampson, Hicks, & Watt, 2016).

The present paper explores the metaphors used by participants in the above study to gain a richer understanding of the participants' employment-related experiences. Moser (2000) defined metaphors as analogies which allow one experience to be expressed in the terminology of another experience, thereby facilitating an understanding of complex or new situations. Moser maintained that metaphor is not merely a linguistic device but is an expression of thought that is used to make sense of the world. Moser proposed that metaphor analysis is a valuable tool in applied research as it enables access to tacit knowledge of participants, is relatively unaffected by self-presentations and allows for the study of interactions between cognition and culture. We used this approach in our study of perceptions of psychosis and employment, as outlined next in Method, and as presented in the Results and Discussion sections.

Method

Qualitative Design

A qualitative design was selected for this study as qualitative methods can be useful to gain new insights and understanding of human experiences, particularly in under-researched areas (Rubin & Rubin, 2005). Issues may be identified that were not considered important at the outset of a research project. Focus groups were employed as a research method as they reduce the impact of the researcher, may reduce the balance of power between the researcher and participants, and allow the voice of marginalised groups to be heard (Liamputtong, 2011). Semi-structured individual interviews were conducted to expand the range of individuals included in the study; capture any new ideas not already raised in focus groups; include exceptional cases such as people living with psychosis who had fared well in employment and employers who had provided exceptional support; fill gaps in understanding; and further explore emergent ideas expressed in focus groups. Metaphor analysis, as proposed by Moser (2000), was used in the analysis phase of the study. This method of enquiry was not intentionally chosen at the outset of the study, but rather emerged as a good fit for the data during the analysis phase, when the researchers became increasingly aware of the repeated use of certain metaphors within the text.

Participants

A purposive sample of participants was invited to participate in focus groups and individual interviews to investigate employment barriers and support needs of people living with psychosis. Participants were drawn from six key stakeholder groups: clients (n=25), carers

(n=9), employers (n=11), health professionals (n=19), employment consultants (n=27) and community members (n=46). Clients who were acutely unwell at the time of the study were excluded from the study. It was considered that seeking the views of multiple stakeholder groups would provide a more comprehensive and in-depth understanding of the barriers to employment and employment support needs of people living with psychosis. Table 1 shows the composition of the sample. Participants were recruited by approaching individuals, community organisations and service providers in South East Queensland, Australia. To support the recruitment process, flyers advertising the research opportunity were developed and distributed by community organisations.

Table 1. *Composition of Sample: Focus Groups and Interviews*

| Stakeholder group | No. of focus groups | No. of group participants | No. of interviewees | Total participants |
|------------------------|---------------------|---------------------------|---------------------|--------------------|
| Clients | 3 | 17 | 8 | 25 |
| Carers | 1 | 7 | 2 | 9 |
| Employers | 1 | 8 | 3 | 11 |
| Employment consultants | 3 | 24 | 3 | 27 |
| Community members | 5 | 41 | 5 | 46 |
| Health professionals | 1 | 9 | 10 | 19 |
| Total | 14 | 106 | 31 | 137 |

Note. One community member group was composed exclusively of young people aged 18-25 years while another consisted of representatives of community service organisations. It became evident during the course of groups that some participants were in fact representatives of multiple stakeholder groups.

Data Collection

Data collection proceeded in two stages: focus groups and semi-structured individual interviews. Biographical information including gender, age, education, occupation and stakeholder group affiliation was gathered from all participants. Focus groups comprised three to ten participants, drawn from the same stakeholder group to maximise freedom of expression. Focus groups and interviews were conducted by the first author, a registered clinical psychologist, who provided ground rules as well as minimal encouragers and prompts to keep the discussion on topic. A second registered psychologist was present during client focus groups to provide support if needed and ensure client safety. Participants in focus groups were asked to respond to two main questions:

- Question 1: We know that many people who have been diagnosed with schizophrenia or bipolar disorder would like to work in regular paid

employment. We also know that the employment rate of people with these conditions is significantly lower than the general population. Why do you think this is the case?

- Question 2: What do you think would need to change in order to improve employment outcomes for people who have been diagnosed with schizophrenia or bipolar disorder?

Bipolar disorder and schizophrenia were specified in the questions as it was considered that most study participants across all stakeholder groups would have some knowledge of and/or exposure to either one of these persisting psychotic conditions. When necessary, minimal prompts were used to maintain the continuity and focus of group discussions. Semi-structured interview schedules were developed which included the same two questions posed to focus groups, as well as additional questions tailored to specific stakeholder groups. Interviews were conducted using a responsive interviewing style using prompts and probe questions as described by Rubin and Rubin (2005). The duration of focus groups and interviews was approximately one hour, with half the time devoted to a discussion of employment barriers and the other half to employment support needs. Data collection continued until a point of saturation was reached, when no new themes were considered to have emerged (Wodak & Krzyzanowski, 2008). Discussions were recorded using two high sensitivity digital voice recorders, transcribed verbatim and imported into NVivo 10 for analysis.

Data Analysis

Transcripts were exhaustively searched to identify metaphorical expressions used by participants. The word search functionality in NVivo 10 was used to assist this process. Nodes were created in NVivo10 to code similar metaphorical descriptors, from which higher order metaphorical concepts were constructed. For example, metaphorical references to “battles,” “fighting,” and “casualties” were identified and subsumed under a higher order combat theme, while metaphorical references to “hurdles,” “swimming,” and “athletes” were subsumed under a higher order sports theme. Metaphorical descriptions and themes identified during the analysis phase are discussed in more detail in the results section.

Rigor and Trustworthiness

An effort was made to include participants aged across the adult life-span range (18-84 years) and from a wide range of educational levels and occupational backgrounds. A concerted effort was also made to include interview participants whose life experiences diverged from the norm, as well as individuals identified as rich sources of information on this topic. The textual data was thoroughly searched to ensure that all commonly recurring metaphors were identified. The researcher who conducted the focus groups and interviews was a clinical psychologist with extensive experience in undertaking employment-related assessments of people living with psychosis. A second registered psychologist was also present in a support role during client focus groups. Approval to conduct this study was obtained from the Bond University Human Research Ethics Committee. The results of our analyses are now presented.

Results

The metaphors used by participants revealed powerful insights into their subjective experiences of job seeking and employment. Analysis of idioms and figures of speech used by participants throughout the transcripts revealed three prominent metaphorical themes which

harnessed culturally relevant historical metaphors: a combat metaphor, a sports metaphor, and a journey metaphor (Hampson, 2014). A further metaphor was identified relating to refuse and waste disposal; however, the number of references did not warrant inclusion in this paper. A detailed discussion of the three main themes is provided in the sections that follow- first on the combat theme that was so evident, then on the sports theme, and finally on the journey theme.

Combat Theme

The first and most prominent theme, shown diagrammatically in Figure 1, is best described as a combat theme and aptly portrays perceptions of the struggle to secure and sustain work experienced by people living with psychosis.

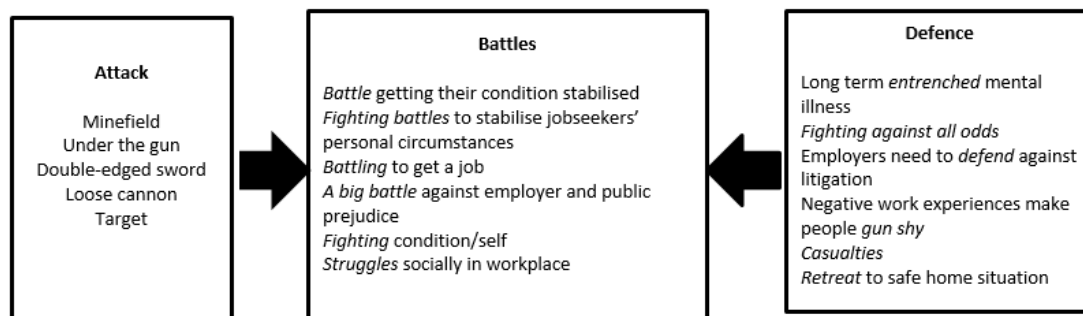


Figure 1. Metaphorical references to combat theme from focus groups and interviews on topic of employment barriers and support needs of people living with psychosis

In a metaphorical war against worklessness, some people were described as having “a bit more of a battle getting their condition stabilized”; others were “battling to get a job”; employment service providers “fighting battles” to stabilise jobseekers’ personal circumstances prior to being able to look for work; and a “big battle” was predicted against employer and public prejudice. Some people living with psychosis were perceived to have a comfortable relationship with their condition whereas others were seen to “fight” it. Non-acceptance of one’s mental health condition was perceived to be “fighting against all odds, against yourself.” There was reference to the “ongoing battle every day” for families of affected individuals and “ongoing battles” to change mind-sets in which “the front can change every day.” Care givers asked how they are supposed to “keep fighting” to maintain their own sanity, health and relationships, and one participant observed that as a care giver “you lose your life.” An employer expressed concerns about productivity in terms of the “brutal” arithmetic of employment. Inflexibility in regard to work roles was perceived to be a “casualty” of modern employment. A supportive work environment was seen as essential to “survival” in employment. Employment consultants sensed they were often treated like the “enemy” especially from government agencies.

Participants identified **multiple work-related struggles**. There were many references to *struggles* including the “struggle in every single aspect” to obtain employment, having to “struggle continually” to maintain employment and the “struggle” with psychotic experiences even when regulated with medication. One client participant reported that “it was always a struggle with the boss because he was an idiot and a tyrant,” while other participants spoke of the “struggle with the social situation of a workplace”; “being sick of the struggle”; and “struggling” to meet the opposite sex as a consequence of unemployment. Employment

providers noted reluctance on the part of some providers to release relevant information, which was usually done under “sufferance.”

Many **military metaphors** were used to highlight challenges faced by jobseekers living with mental health conditions. There were references to defence and retreat. Employers expected they may need to “defend” themselves against potential litigation. An employment consultant spoke about a discrepancy between the desire to work and the reality of work for people with long-term “entrenched” mental illness. Some people work a limited number of hours and then “retreat” to a safe home situation. Others were perceived as reluctant to increase their work hours preferring to retain their social security benefits in case they needed to “fall back” on it.

There were references to attack and munitions. Some suggested the government should “target” larger companies to provide employment opportunities for people with serious mental health conditions. A need was expressed to “capture” people prior to discharge from hospital and link them to employment support services as they may lack the initiative, confidence and social supports to access support services later. A health professional referred to the need for employers to be understanding when peoples’ circumstances were such that they were “under the gun.” Some clients were perceived to be “gun shy” as a result of negative work-related experiences. A psychiatrist described work as a “double-edged sword,” stating that if individuals commence work before they are ready, and it is stressful, they relapse. Employers described potential legal matters associated with employment of people with a psychotic condition as a legal “minefield.” It was felt that employers, when considering leave requests, may consider a person with schizophrenia to be a “loose cannon” compared to other employees. Teenagers and their peers were perceived to be “closed ranks” in regard to disclosure of mental health issues to adults. Communication between people living with psychosis and peer support workers, who themselves have lived experience of psychosis, was likened to radio communication and considered easier because “they’re on the same wavelength.”

The combat theme thus depicts a metaphorical military experience in which the jobseekers and employees with psychosis and those supporting them are likened to struggling against a military style attack with many battles to fight on many fronts. An impression of the great effort needed comes across clearly.

Sports Theme

The second theme, identified in the responses to and conversations around the open questions asked, is depicted in Figure 2. Here the national pastime of sport was used as a vehicle whereby participants communicated the challenges they faced and their support needs.

There were many metaphors pertaining to **athletics**. Obstacles preventing people with psychosis from having equal opportunity of gaining and maintaining employment were often described as “hurdles.” The “first hurdle” was seen to be lack of self-belief, and the need for clients to believe they actually *can* work despite their condition. A care giver, on the other hand, suggested the first hurdle for a jobseeker living with psychosis is to find an empathetic employer who agrees to employ them. Another carer said that, particularly in the early stages, an enormous amount of home support was needed to facilitate work arrangements and to help her son persevere when the work difficulties or “hurdles” came and he wanted to give up. She compared the level of care giver support required at that time to that of an Olympic athlete. An employment consultant said privacy and the inability to share relevant information is probably one of the “biggest hurdles.” Issues which participants described as “hurdles” were: lack of self-belief that they actually can work; privacy laws resulting in organisations being reluctant to share relevant information; finding empathetic employers; uncertainty regarding employers’

openness to employees disclosing mental health conditions; and restrictions to permissible hours of work before losing welfare entitlements.

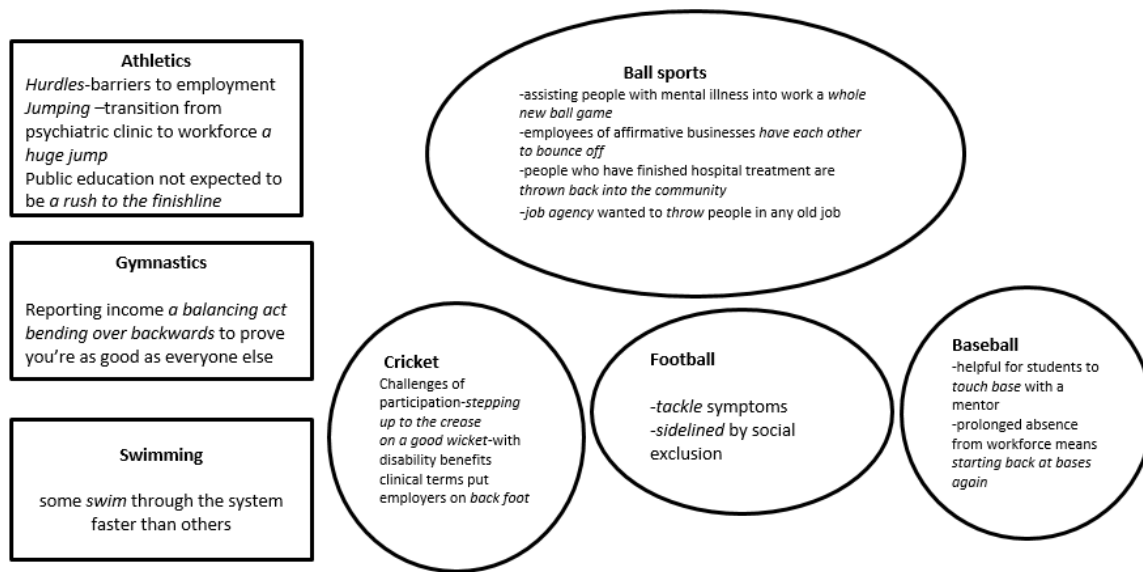


Figure 2. Metaphorical references to sports theme from focus groups and interviews on topic of employment barriers and support needs of people living with psychosis

There were several references to jumping. The transition from being in a psychiatric clinic to attending work was perceived to be “a huge jump.” A participant commented in relation to job pre-requisites, “they’re raising the bar higher and higher just to get a job.” It was also predicted a person with psychosis is likely to be “a terrifically willing worker because they can’t just jump from job to job.” Co-workers who are aware and understand that a person is working to their capacity may even be willing to “jump” in to assist if necessary.

Participants used many gymnastic expressions indicative of a requirement for excessive agility. Participants felt that able-bodied employees may perceive employers to be “bending over backwards” to accommodate co-workers with psychiatric disabilities, while non-disclosure seemed to result in employees having to “bend over backwards” to prove they were as good as everyone else. Balancing income from employment with potential loss of social security entitlements was seen as a “balancing act” that people with a mental illness do not need. An employment consultant cautioned there was a “fine balance” in providing an optimum amount of contact with an employer.

There were also multiple references to **ball sports**. Assisting people with a mental illness to find work was described as “like a whole new ball game” compared to assisting a person with a physical disability. An employment consultant suggested “in an ideal world, somebody would *throw* some serious money at training.” A community member challenged the stereotype of unreliability, by commenting employees *without* mental health conditions “*chuck* sickies right, left and centre all over the place.” People who have finished their hospital treatment were perceived to be “thrown” back into the community and some were perceived to *throw* themselves at work without their prevocational support needs having been addressed. A client participant recalled one job agency that “just wanted to *throw* [people] in any old job.” An employer asked whether a person who just “lobbed” through the door could be dismissed if it was later discovered he had a mental health condition. A participant with lived experience of bipolar disorder contended employees of affirmative businesses would have more co-worker support as they have “each other to bounce off.” A carer described as “a little throw in,” an

observation that employers retain people without mental illness who are supposedly trained, and yet lack communication and other skills necessary to perform the work.

Several metaphors were used pertaining to the national sport of cricket. The sense of financial security from being on a disability support pension was described as being “on a good wicket.” Overcoming social withdrawal to face the challenges of social participation was described as “stepping up to the crease.” An employment consultant commented that, “disclosure around those [psychotic] conditions is always really difficult and touchy...we don’t ever want to use clinical terms because the employers automatically *go on that back foot*,” referring to a defensive batting stance in cricket.

Participants also used baseball metaphors. A tertiary student living with schizoaffective disorder considered it would be helpful to “touch base” with a more senior student in a particular subject area. An employment consultant suggested that post-employment support would consist of someone “touching base with them” following employment. Being out of the workforce for too long was perceived to mean “you’re gonna have to start back at bases again.” Football metaphors were also found in the data. There was discussion of the work-related impacts of side effects of medication used to “tackle” psychotic symptoms. Social exclusion was described as being “sidelined.” An employee suspected his employer thought he was “playing” him; that is, trying to mislead him, when a promised wage subsidy did not materialise. One participant envisaged that other people would learn to become better “team players” if the workforce were more inclusive.

Participants used athletic metaphors to refer to the pace of activities and outcomes. Some people can “swim through” the system and make the transition from disempowerment to empowerment much faster than others who need more time and resources to effect the transition. One client, who was ostensibly turned down after a period of work experience for being too slow, considered this was just an excuse as she had not been informed “there was a race on” to complete the assigned tasks. A care giver felt more public education was needed and she did not foresee any rush to the “finish line” occurring in her life time. Some people were perceived to be resilient and trying extremely hard to secure work, while others were ready to “throw in the towel” very early. One client stated, “I refused to let it [bipolar disorder] beat me” and indicated that she pushed herself to stay in employment. It was suggested that if employers had a good incentive to employ people who are capable and want to work then “everyone wins.”

Overall the sports theme alluded metaphorically to the mental agility, resilience and endurance required of the various stakeholder groups as well as their unmet support needs.

Journey Theme

The metaphor of a journey was another common theme and is depicted in Figure 3.

A participant who had lived with schizophrenia for many years said, “...it’s not always easy...it’s actually a journey that you’re going through... [you have to] stick with it...persevere...’cause at the end of the day I’ve had a pretty amazing life, meeting the people I have for my mental illness.” The journey was also described as a “lonely hard road.” A client with bipolar disorder said people were “very much out there in the cold” due to a lack of awareness of employment support services.

A family member, in discussing the struggles of people living with psychosis, challenged others to “walk in their shoes a little bit.” Peer support workers could reportedly reassure service users that “we’ve been in your shoes so you don’t have to be quite so afraid.” A client with bipolar disorder said his psychiatrist and general practitioner ask him about work but as long as he is “plodding along reasonably,” “the conversation doesn’t go too far.” A psychiatrist suggested “the patient leads you” in regard to their capacity to cope with work-

related stress. When people with psychosis are involved in incidents of violence, “the mud sticks” and affects employers’ willingness to employ people with these conditions. A rehabilitation counsellor explained that people with a long-term mental health condition may think the idea of working is very attractive but lack the necessary motivation “to take the next step.” Medication, it was suggested, can “become a walking stick” while some may use mental illness as a “crutch” to avoid doing anything or for doing less. People discharged from a psychiatric clinic were seen to need a “crutch agency” that they can lean on.

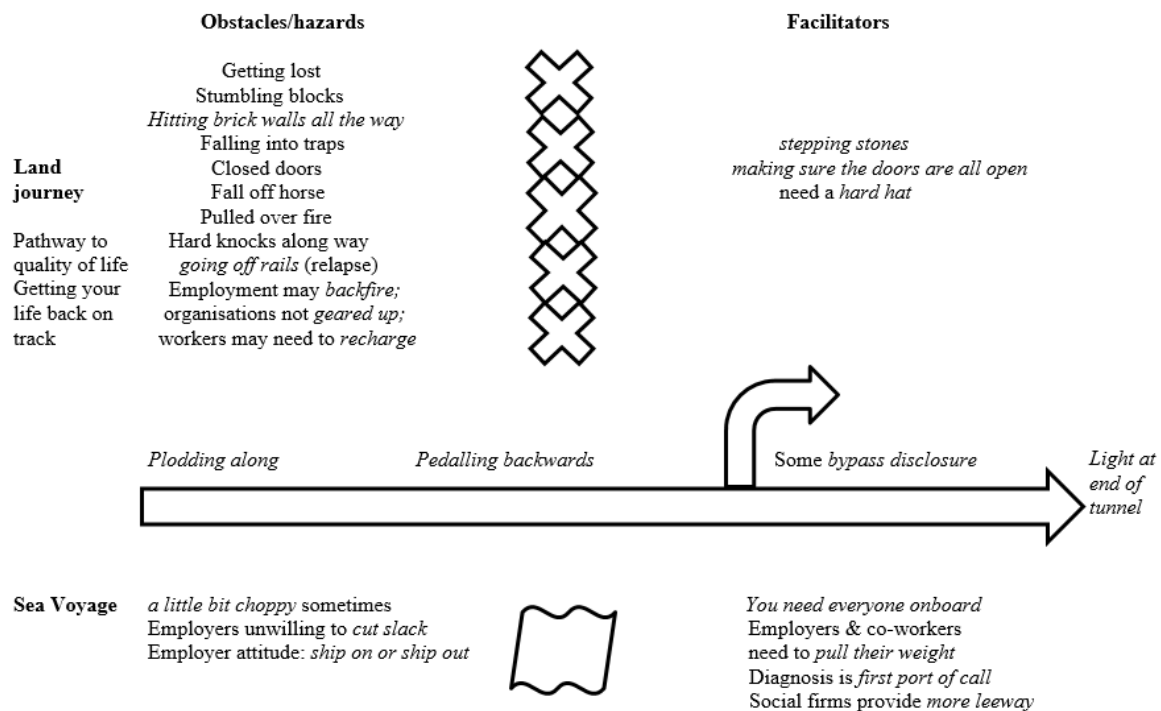


Figure 3. Metaphorical references to journey theme from focus groups and interviews on topic of employment barriers and support needs of people living with psychosis.

There were metaphors pertaining to **defective operation of vehicles** and transportation challenges. From an employment service provider’s perspective non-disclosure of a mental health condition was likened to “pedalling backwards.” It was envisaged that non-disclosure in the workplace could also lead to “coming unstuck down the track.” A person receiving anti-psychotic injections was described as “super-charged” immediately following an injection and “like a car with a flat battery” when the next injection was due. A client with bipolar disorder cautioned against jobs with very long hours or that impede the ability to “re-charge.” An employer claimed his organisation was not “geared up” to support employees working with schizophrenia or bipolar disorder. The employment of more people with serious mental illness was seen as the best form of community education, although it would need to be well managed, otherwise it could “backfire,” like a faulty vehicle, in the event of bad experiences. Others expressed a need to put on “brakes” if jobseekers are not ready for employment, to avoid detrimental outcomes. A care giver expressed a need for carer education, including awareness of employment and other resources, but did not expect significant change to occur in her life time and predicted that the “wheel will turn slowly.” She said that “thirty-five years down the track,” she was still waiting for change. Care givers viewed a recovery plan from the outset of treatment as essential to “get your life back on track,” put the person on a “pathway” to quality of life, and demonstrate that there is “light at the end of the tunnel.” Some employers who have

had a bad experience employing a person with mental illness reportedly said they had “been down that track” and may be unwilling to try again.

Participants described many **hazards on the journey** to find employment. A psychiatrist stated that work stresses some people and their condition goes “downhill.” Some people “fall off the horse” after experiencing workplace prejudice. Relapses were described as “going off the rails.” The unemployed may “fall into the trap” where they see no reason to get out of bed in the morning. The long-term unemployed can “fall into a trap” where they lose motivation to seek work. An employer of a person living with bipolar disorder described his experience as “stamping out fires all over the place,” while a client recalled being “pulled over the fire” by his employer for using self-stigmatising humour. Care givers described employees with psychosis finding themselves “lost” in situations requiring informal social interaction with co-workers. One participant who was succeeding in employment acknowledged the support of her partner and her partner’s family, without which she would be “lost.” She also stated that knowing she had the support of her partner’s family “keeps me on the straight and narrow.” A person who had successfully completed a number of transitional employment placements protested that “it leads to nothing” as he lost the work at the end of the placement through no fault of his own. People with mental illness who do not work were seen to often lack constructive activity to “transport them away” from stressful symptoms, even for a brief while. Communication, honesty and trust between employment consultant, employer and employee was described as a “three-way street.” There were many hindrances along the way, which were described as “stumbling blocks,” including lack of confidence in their ability to work, long-term unemployment and fixed negative ideas in the community. Employment opportunities were frequently described as “stepping stones.”

The journey to employment included **many obstacles**. The experience of stigma in the workplace was likened to entering a building site and needing to “put your hard hat on.” Loss of disability entitlements if working hours increased was experienced as “being between a rock and a hard stone [sic].” A mature age participant with bipolar disorder disclosed a perception that jobseeking would be “wasting my time banging my head up a brick wall,” while negative work-related experiences were similarly described by one participant as “a lot of head against the wall.” Making enquiries of government agencies was likened to “hitting brick walls all the way” and, in relation to carers, it was said, “they all seem to hit the same kind of wall,” referring to lack of effective support and outcomes for people who want to and are looking for work. One employer described her employees with schizophrenia as “just normal guys just trying to get through life, and they’ve been thrown some hard knocks along their way.”

The journey was also described in terms of disrupted access. Unfair exclusion from employment opportunities was described as “shutting them out” from opportunities to earn money, make friends, and having some sort of status in society. It was expected that a more positive community attitude would “open doors” to employment. Inept disclosure to a prospective employer was likened to “closing the door before it’s opened.” A therapist described people coming in and out of the “revolving door” of the hospital “because they haven’t quite found what it is that maybe they might be useful at, or be, or become.” Participants advocated for “making sure the doors are all open” to access employment opportunities rather than “shoving them through doors,” referring to coerced participation. Many people reportedly wanted to “by-pass” disclosure altogether by remaining on the disability pension and avoiding social interactions that may result in the need to disclose their condition.

Many **nautical analogies** pertaining to a maritime voyage were used to capture the vicissitudes of participants’ subjective experiences in relation to work. Diagnosis was described as “the first port of call.” The most commonly used nautical reference was to being “on board.” A psychiatrist indicated employers need to be “fully on board.” Participants

considered that to have employers “fully on board,” it would be essential to overcome employer ignorance, fear and prejudice. Peer workers with lived experience of psychosis were described as having come “on board.” An employment consultant, referring to the need for communication and collaboration between stakeholders, said that to be successful “you need everyone on board.” When a jobseeker “comes on board,” it takes time for employment agents to get to know them and what they can manage. Care givers talked about “getting someone on board” to engage people in volunteer work, and the need for more productive people and to turn the economy around by “pulling on board people” and being tolerant of their levels of ability. A private psychologist thought most psychologists would be “on board” if they were funded to provide work-focused psychological services to promote employment outcomes among people living with psychotic conditions. A client participant suggested that employers need education and support saying “it’s not like having a normal full-time employee... it’s a *little bit choppy*.”

Employers were perceived to be increasingly less sympathetic of an inability to meet timeframes or absences from work due to feeling unwell, and more likely to adopt an attitude of “ship on or ship out.” Social firms were perceived to provide more “leeway” than competitive employment situations for people with psychosis, in terms of more understanding and flexibility in accommodating non-conforming behaviour. An employer indicated that employees with psychosis would need to be able to “pull their weight” in terms of the group. Using the same nautical analogy another participant indicated that co-workers would also need to “pull [their] weight” and help out to compensate a colleague during a period of incapacity. Employers were seen to be unwilling to “cut as much slack” in relation to work absences as they do for other workers who may have lesser reasons for not attending work.

It was felt that employees of businesses that affirmatively employ people with mental health conditions would find it much easier because their employers would be more understanding and “know where they’re coming from.” A client participant thought employers would benefit from the opportunity to attend support groups to learn “where we are going from [to] or what angle we’re coming from.” An employer said there was a need for employers to “speak to people who have been there,” referring to other employers who have employed workers with psychotic conditions. An employment consultant stated employers, rather than “take the easy way out,” should keep an open mind and employ people with mental health conditions. A participant with lived experience felt that if others were “a little bit angry and political” in articulating the needs of people living with psychosis this “would go a real long way.”

In summary, the journey metaphor provides images of a rough and difficult journey characterised by many obstacles, hazards and setbacks. It depicts a faltering journey with operational inefficiencies and a need for concerted action and support to overcome the challenges faced by these participants.

Discussion

During the data analysis stage of this study compelling metaphorical themes emerged which reflected shared experiences among participants. Three prominent themes were identified: a combat theme; a sports theme and a journey theme. The combat metaphors revealed the extreme hardship and suffering that may be involved in their work-related experiences, while the sports metaphors alluded to the adjustments, resilience and endurance required of jobseekers and workers living with psychosis. The journey metaphors portrayed a hazardous venture characterised by many obstacles and setbacks. The journey metaphor is one that has previously been referred to in other studies relating to the experience of psychosis (Laing, 1984). Whilst the main metaphors may be attributed in part to aspects of Australian

culture and history, they nevertheless served as the means to communicate the subjective experiences of people living with these conditions. The findings corroborated and enriched the findings of the original study on the barriers and support needs of people living with psychosis.

Moser (2000) reported that the analysis of metaphors had received very little attention in psychological research, and there appears to be an ongoing paucity of psychological research in this area. At a time when there is increasing recognition of and value placed on lived experience of mental health conditions, metaphor analysis offers a unique opportunity to enhance our understanding of the experiences of individuals living with mental health conditions. Metaphor analysis enables images to emerge that may not be apparent using positivist methodologies. This study showed that qualitative analysis of the data through the lens of metaphor analysis can add richness to our understanding of the experiences of people living with psychosis, which would simply not be possible using quantitative methods. The use of metaphor analysis to identify transtextual metaphorical themes revealed a vivid picture and finer-grained insights into the work-related experiences of people living with psychosis. This study demonstrates that metaphor analysis can provide a rich and dynamic perspective from which to view the employment barriers and support needs of people living with psychosis, and can supplement and enhance the findings of studies using other qualitative approaches. The study supports the view of Annells (2006) that the triangulation of qualitative approaches by applying two different qualitative approaches to the interpretation of the same data set can be a useful means to validate and enrich our understanding of the topic studied. A limitation of this approach is that further methodological development is needed to ensure the reliable operationalisation of metaphor categories (Moser, 2000). Due to the unconscious nature of metaphorical communication, the researcher may not be perceptive of other metaphors that may exist within the data (Schmitt, 2005).

The International Classification of Functioning, Disability and Health (ICF) model developed by the World Health Assembly (2001) advocates active participation of people with disabilities; however, despite government mental health reforms, perceptions of participants in this study suggest that the experience of jobseeking for people living with psychosis remains extremely difficult and challenging. The findings support previous studies highlighting the challenges facing people with psychosis in obtaining and maintaining employment (Bassett, Lloyd, & Bassett, 2001; Marwaha & Johnson, 2005; Peckham & Muller, 2000; Rosenheck et al., 2006). The metaphorical themes identified in this study show that people living with psychosis experience the process of gaining and retaining employment as a struggle, an athletic feat and a rough journey.

Qualitative research using participatory methods such as focus groups and in-depth interviews provide an effective means for researchers to access the lived experience of people living with psychosis. It is recommended that more qualitative studies be undertaken to obtain a deeper understanding of the subjective experiences of people living with psychiatric conditions, increase empathy for the challenges they face in daily living, and more effectively support their social and economic participation. Improved clinical and vocational support is needed so that their experiences of job-seeking and employment are more positive and the journey smoother. Importantly, it also points to the need for the jobseeker experience, and not merely numerical outcome criteria, to be central to the evaluation of clinical and employment support programs.

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