POWER AND RESISTANCE: A FOUCAULDIAN ANALYSIS OF WORKPLACE BULLYING AND HARASSMENT IN THE NATIONAL HEALTH SERVICE

A Thesis submitted to The University of Manchester for the Degree of Doctor of Counselling Psychology in the Faculty of Humanities.

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<td>ACAS</td>
<td>The Advisory, Conciliation and Arbitration Service</td>
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<td>BME</td>
<td>Black and Minority Ethnic Background</td>
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<tr>
<td>BPS</td>
<td>British Psychological Society</td>
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<td>CPP</td>
<td>Counselling Psychology Profession</td>
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<td>CMHT</td>
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ABSTRACT
There has been a lot of recent media coverage of, and research that has drawn attention to, the increase in reporting of workplace bullying (WPB) and harassment in the National Health Service (NHS). These reports have indicated that this culture of bullying has impacted on the quality of care for service users (Francis, 2013). The first aim of this research was to understand the lived experiences of WPB or harassment in the NHS and to examine the dynamics of power that construct the bullying relationship at different levels; the institutional level (macro level), the workplace (meso level) and at the individual level (micro level). The second aim was to understand how employees are both affected by, and resist power. The potential for resistance in an organisation could be used to expand knowledge in the counselling psychology profession (CPP) at the level of both research and intervention. This is an area that the CPP is well able to support. Therapists and Healthcare Professionals (HCP), who had left the NHS, were recruited from WPB websites and word of mouth and invited to attend a narrative interview. All were from different parts of the UK, representing varied NHS healthcare settings. Therapists and HCP were chosen because they are situated at the interface of the competing institutional systems that often reproduce bullying cultures, whilst at the same time could be facing the challenges of offering therapy to some service users who could be experiencing the same thing. Narratives were transcribed and analysed using narrative inquiry (NI) and a Foucauldian Discourse Analysis (FDA) as these allowed a deepening of an analysis of power at different levels. WPB and harassment manifested as discrimination, such as one narrator who was not offered a senior post for being black and challenging, whilst at other times this was impersonal, such as the general pressure of not conforming to workplace standards, such as working overtime, manifesting in group ganging. Whilst racism manifested as a visible, personal and humiliating attack, WPB experienced by the white narrators tended to be job related where the main threat was being made invisible in the service. All the narratives indicated how WPB and harassment reproduced normative structures in NHS workplace cultures that often discriminated against difference. They also revealed that not only were the narrators subject to WPB and harassment at an individual level, but this was also manifested through the organisation and institutionally, as racism and sexual discrimination. In summary, these findings indicated strongly that ‘the personal’, is indeed, ‘political’. Implications and recommendation for the counselling psychology profession were made and expanded upon.

Key Words: NHS, Workplace Bullying, Harassment, Power, Foucault, Resistance.
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Note: I am registered with the disability support office for dyslexia. This has in no way inhibited me from writing this thesis.
CHAPTER 1: INTRODUCTION

1.1 General Introduction

What is in a word? In a workplace, how can words become powerful? Can a frown, a look of dismay, a fierce controlled stare, a phrase mimicking a stereotype, a statement emphasising who is subordinate, or a euphemism comparing a person with animalistic characteristics convey deep seated hatred towards another employee? If people are not alarmed when witnessing these, perhaps because of heavy workloads, and demands of meeting targets or deadlines, such gestures could be overlooked and viewed as just words, figments or symbols. Yet if these incidents are examined more closely, they could represent habits pertaining to an abuse of power. My interest is in exploring how language itself could become powerful in incidents of workplace bullying (WPB) and harassment in the NHS; what perpetuates the problem when this is overlooked or trivialised; the impact on the target (a human being); and how (if at all) they might be able to challenge this.

In drawing on some of the challenges or barriers in resisting WPB or harassment, my hope is not only to empower and bring voice towards some of the people who have been subjected to this type of abuse, but to also suggest a set of resources that could be useful for others to use when finding themselves in a similar position. In my discussion I will reason that the profession of counselling psychology has an ethical responsibility not to turn a blind eye towards research evidence that conveys an increase in WPB and harassment in the NHS in recent years and to consider this as alarming and something that needs to change.

1.2 Introduction to the National Health Service

This introduction will begin with an outline of changes in the NHS, from 1948 to the present day. The purpose will be to indicate how the current climate and environment in the NHS could impact on conditions that might lead to harassment and WPB. This helps to inform my rationale of why the NHS forms the ‘case’ for my study.

In order to present how the concept of the NHS, as framed by central government, has been translated by subsequent layers of health service administration and players, this is being presented as a macro, meso, and micro frame analysis (Pope, Robert, Bate, Le May, & Gabbay, 2006), where each level can be reciprocally determined (Davidson et al., 2006). For
this research, the macro level refers to the policy context, the meso level refers to its translation in the workplace and the micro level refers to (and impacts upon) the local workplace participants (Caldwell & Mays, 2012).

In 1942, William Beveridge produced “The Beveridge Report” (Beveridge, 1942), which was intended to tackle health inequality in the United Kingdom (UK). This included the mantra “an abolition of want” (Beveridge, 1942, p. 7). Mortality rates between the rich and poor were extreme. As a consequence, and as a repayment of debt towards the lives that were lost during the Second World War, a proposal was made to tackle health inequality through the creation of a welfare state. Aneurin Bevan (the health secretary) then launched the NHS in 1948 (the macro level). “The Beveridge Report” stated, “good healthcare should be available to all, regardless of wealth, from the cradle to the grave” (Beveridge, 1942, p. 1). The origin of the NHS was altruistic, and the principle of social justice for tackling health inequality was at the heart of this agenda.

In the 1980s, a combination of political incentives directed towards the national expenditure led to major economies. Health authorities were restructured, competitive tendering for ancillary services and charging for eye and dental checks were introduced, and the health budget was decentralised.

In the 1990s, the Community Care Act was passed, and an NHS internal quasi-market system was established with purchaser/provider split. GP Fundholding was launched, contracting GPs, through purchasing incentives, to improve health provision (including mental health) and to provide health promotion. Hospitals became independent Hospital Trusts with Boards essentially competing with each other (Rivett, 2009) and the Public Finance Initiative (PFI) was put in place in order to introduce private finance for the purpose of reducing taxpayers’ burden (Cotton, 2012, p. 63). Towards the end of the 1990s, GP Fundholding was abolished and commissioning for healthcare improvement within the NHS was re-established (The Health Act, 1999). This meant that performances of healthcare services were formally assessed and evaluated. Quality control initiatives were organised in order to ensure that NHS services were meeting national set targets in health provision. The rumblings of competitive, stressful workplace environments were stirring in the 1990s.
In 2005, Lord Layard issued “The Depression Report” (2006) to the Labour Party, which aimed to reduce the cost of national spending on health-related benefits, which he claimed was causing a loss in productivity (Evans, 2013). His proposal also included a government spend on talking therapies of just £80 million a year, out of a total NHS annual budget of £100 billion. This budget was later increased by 15% to encourage more people, through therapy, to return to work (Evans, 2013). The psychological sector of the NHS was beginning to be run as a business.

From 1948 to 2018, there has been a broad transition in the rhetoric of mental health provision in the NHS. A transformation in the discourse has occurred, where there has been a movement away from an NHS based largely on equity in tackling health inequality, regardless of class or wealth, towards a push in work-focused mental health provision, with national aspirations setting conditions on people for the reduction of health-related benefits towards work now being the defining factor in tackling health inequality. This is illustrated through Improving Access to Psychological Therapies (IAPT) being asked by the Department of Work and Pensions in 2015 to co-locate with Jobcentre Plus (Duffin, 2015). The notion of ‘want’ became conditional upon the value of one’s stake in the workplace. This change in dominant discourse was symbolic of a wider marketisation strategy intended to invest money into short-term solutions for longer-term economic cost savings.

From Thatcher’s government in the 1980s to the later coalition government in 2011, this change corresponded with a transformation of the ideological rhetoric connected with active citizenship (Meehan, 2010; Kershaw, 2010; Crick & Lockyer; 2010). This concept, which once reinforced the importance of democratic rights, was reworked, reinterpreted and rewritten politically in the 1980s. Active citizenship became less akin to the right to speak and to represent democracy and structured more towards, “the duty and responsibility to advance economic interests through the process of self-responsibilisation” (Kenny, Taylor, Onyx, & Mayo, 2015). This required “individuals to rely on their own resources and take responsibility for their own livelihoods” (Kenny et al., 2015, p. 9). The emergence of the dominant discourse of individualism hid, at the same time, the reality of wider economic inequality in society.
From a meso perspective of mental health provision, the political economy, government funding, the ideology of active citizenship and managerial control have all impacted on the everyday life of the NHS workplace. From 1999, all NHS services were performance managed. This meant that therapists and healthcare professionals (HCPs) (micro level) were put under pressure to demonstrate that they could meet national targets for reducing ‘Did Not Attend’ (DNA) rates, increasing recovery rates, increasing the numbers of clients seen and to prove that a certain percentage of their clients had successfully returned to work.

Pressure was placed on managers in the NHS to adopt ‘Taylorist Principles’, including the measurement of every aspect of workers’ movements, using time as a metric (Taylor, 1911; Braverman, 1974) and the oversight and evaluation of the performance of HCPs and therapists (Hoggett, 2017). It was noted that, “language and specifically the language of numbers became integral within the workplace” (Marazzi, 2008, p. 27), and that, “[t]he neo-liberal agenda became more radical – smaller state, bigger market … systematically reducing public expenditure by privatising public services and introducing market incentives” (Lorenz, 2012, p. 599). The language of client recovery became categories of scaling numbers.

The viewpoint that “micro and broader systems are interconnected and inseparable” (Winter, 2018, p. 339) will be explored during the course of this thesis. The main focus will be to understand, learn from and begin to build a picture of how interpersonal relationships in NHS psychology services could break down and become abuse. How these are experienced as an abuse of power or as bullying will be explored, and what part macro and meso structures may play in influencing this.

1.3 Workplace Bullying and Harassment

Before evaluating how systemic factors (at a macro level) and power relations (at a micro level) could influence workplace bullying and harassment in the NHS; a working conceptual framework will be made of how these are generally understood, and have become institutionalised, in the NHS. The Advisory, Conciliation and Arbitration Service (ACAS), Dignity at Work policy, which is the main regulating policy that is used to combat WPB in the NHS and other institutions, sets out the main defining factors of WPB and harassment. Workplace Bullying is defined as follows:
Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient. (ACAS, 2014, p. 1)

Examples of Workplace Bullying include:

Spreading malicious rumours, exclusion or victimisation, unfair treatment, overbearing supervision, misuse of power and position, unwelcome sexual advances, making threats and comments about job security without foundation, deliberately undermining a competent worker, preventing individuals progressing by intentionally blocking promotion or training opportunities. (ACAS, 2014, p. 2)

Harassment is protected by The Equality Act 2010 and legally prevents those who share protected characteristics from discrimination, including:

Unwanted conduct related to a relevant, protected characteristic, which has the purpose of effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual. (The Equality Act 2010)

Whereas harassment is a term that is recognised through the law, WPB is not. This difference in representation could potentially have far reaching implications and repercussions if the receiver of this injustice and mistreatment were to try to challenge these through either a grievance trial or a tribunal. A barrier in challenging any form of aggressive behaviour is that these working ACAS definitions appear to portray both concepts as a pathological, interpersonal-relationships between two people, so the downfall might be that these definitions may not critique other wider institutional or organisational factors that could construct these dynamics of power. Also, these definitions do not include the possibility of group ganging or coercion. On the one hand, it appears that ACAS may have constructed a working definition that could enable employees to become aware of, and begin to challenge WPB and harassment at an individual level. However, on the other hand, these working definitions are limited because they only allow the employee the possibility of viewing organisational abuse as a personal dispute only, instead as something that could be embedded
in either a dysfunctional organisation, or within institutional processes that could be breaking down. So, without the official documentation and language that could align bullying with other organisational processes, employees could be disempowered in being able to change the abuse they encounter.

The next section will begin to examine wider organisational and institutional dynamics of power that constructs either the bullying or harassment relationship in the NHS, and allow these dysfunctional relationships to continue. Specifically, this will explore the institutional context (macro level), the workplace context (meso level) and the individual context (micro level), relative to the NHS.

1.3.1 Systemic Factors and Power Relationships in the NHS: Employment Relations and Performance Management

The contemporary NHS context for psychological health services is mostly dominated by (quasi) free-market ideology. This has altered roles and relationships of power, such as these psychological welfare services becoming the main providers of healthcare and service users transforming into customers. Whilst decision-making in these services has become more centralised (from Government), many of these services are put under pressure to compete with other services. This is to ensure that commissioners continue to buy into these services and weaken the likelihood of cuts, or services being disbanded altogether.

Performance management has been a central component of the political argument in favour of the creation of the NHS, (Cutler, 2011). This type of management was developed from the cultural shift that occurred during the 1980s and early 1990s, which promoted neo-liberal policies adopted internationally (Bach, 2016). Neo-liberalism, as an ideology, justifies the breaking down of public services, with the motive of encouraging privatization (into public health settings such as the NHS), through a laissez-faire (‘each to their own’) and free-market ideology. This gives rise to such practical organizational changes that might include the breaking up of monopolistic public sector organisations into business units that, supposedly, would run more competitively and efficiently throughout the NHS (Verbeeten & Spekle, 2015). Performance management, as a whole, would rely on neo-liberal objectives in order to create a results-orientated culture; based on targets and performance-related pay and
decentralization of decision-making that would allow managers to prioritise organizational performance, (Verbeeten & Spekle, 2015). The supposed rationale for performance management was to ensure that NHS services were offering a high-quality service, to guarantee that the organisation would stay afloat in the market and, finally, to demonstrate competitively (through statistics), that the service was viable and attractive to potential buyers.

A critique was made that the system of performance management has had a direct bearing on the shaping of industrial relationships in the NHS (Levy, 2010). For example, in order to ensure that employees are meeting performance targets there has been widespread increase in management control. This management control has included the setting up of performance targets such as waiting times, performance data mechanisms, auditing, payment by results and regulation tasked with monitoring outputs (Levy, 2010). Performance measures were included in IAPT programmes that were intended to reduce welfare costs, such as disability benefits and unemployment benefits through universal credit (Friedll & Stearn, 2015). The marketing strategy of ‘payment by results’ in IAPT services enforced a strict policy whereby therapists and HCP would need to prove that 50%, or more, of their case-load had reached recovery by the end of their therapy. Recovery, in these services, is measured by a range of psychometric tests, whereby proof consisted of a rapid decrease in scores of tests that would measure both depression and anxiety rates. If these services could not generate data that would demonstrate that their service was meeting these targets, then these services would not be funded. This inevitably placed a lot of pressure on managers to make sure employees were working at a very high standard. Critics have pointed out that, as a consequence of these governmental objectives, this has culminated in some NHS services adopting a management style that is focused more on controlling their employees (perhaps an autocratic-style of leadership), (Pope, 2017). If performance management is translated to the level of the workplace, this increase in management control might include close monitoring, surveillance and the use of disciplinary procedures (if the employee could be seen to be under-performing).

Performance-management-focused NHS services have often been critiqued as creating a disparity between the publicized displays of statistics (that often shows that the service is doing well) with the reality of how conditions actually are within NHS services. In fact, the
targets and measurements of which performance is measured in the NHS leads to some dysfunctional consequences, (Lynch, 2015). These include misplaced incentives and sanctions that can undermine the quality of care, (Keogh, 2013). So, whilst the statistics look good, a service could also be failing in standards in the quality of patient care (Francis, 2013). Also, there could be a problem of gaming – that organisations are forced to misrepresent outputs in order to achieve performance targets, (Bevan, 2006). To add a personal note, I can relate to this through an NHS service that I became aware of that delivers sanctions if members of staff do not meet the requirements set by national standards. These sanctions could include their wellbeing hour and lunch-break being taken away. Within this same service, if a practitioner does not have 50% recovery rate, then they are told to disband the therapy altogether, cancel all their appointments and instead replace their therapy sessions with assessments (these are not targeted). This means that, potentially, service users who are labelled as too complex might lose their therapy because statistically both they and their therapist are seen to underperform (Bevan, 2006). This could be one example of when a practitioner has to suddenly stop offering their therapy (if a sanction is placed), and then the service-user could be left feeling punished (as their therapist disappears). The far-reaching consequences and impact on the service user is as yet unknown, but the statistics for the organisation might well appear positive.

Pope (2017) illustrated through her evaluation of an organisational dysfunctional model that the governmental pressures placed on NHS services to perform well often results in negative and intimidatory behaviour towards staff from other employees. By “negative behaviour”, she meant, “any behaviour that is disrespectful and undermines, violates the value and dignity of the individual. This is behaviour that harms individuals and organisations” (Burnes and Pope, 2007, p. 300). This organizational model utilised three key concepts to illustrate how NHS services could overspill into negative and intimidatory behaviour, including, “a) organisational silence, b) normalised organisational corruption and c) protection of image,” (Pope, 2017, p. 577). She concluded that the NHS is, “systemically and institutionally deaf, bullying, defensive and dishonest, exhibiting a resistance to ‘knowing’, denial and troubled organisation” (Pope, 2017, p. 577). Though, she admitted that there were still services, where the quality of services is at a good standard (Pope, 2017). Her overriding argument is that performance management could lead to a stressful environment, where conversations are particularly stressed.
The pressure placed on services to maintain high standards has been critiqued as culminating in a culture of bullying performance management, with unintended consequences (Mannion & Braithwaite, 2012). Very often, there are sanctions and penalties placed against mistakes, (including patient complaints) because these compromise with the reputation of the service (Pope, 2017). Also, there is an overuse of disciplinary procedures by managers, which amounts to the same thing as bullying behaviours (Traynor et al., 2014). Drew, (2013) detected through NHS staff surveys, that “bullying and coercion were used as a management tool in order to get things done” (p. 157). Similarly, Traynor et al’s research (2014, p. 577) claimed that in many NHS services, “there is evidence of poor managerial practice and managerial action designed to conceal processes”. By this, this overuse of disciplinary procedures could conceal other wider organisational factors that may culminate in a lowering in the quality of care. This process of concealment was also highlighted in Carter et al.’s (2013, p. 7) large NHS survey, where they identified that, “managers often failed to act when staff reported bullying, resulting in no change or a worsening situation – so when bullying behaviours remained unchecked, this relayed the message that bullying was acceptable.” In other words, the reporting of bullying may often lead to “a self-perpetuating, dysfunctional system, where there is widespread learned helplessness in the service” (Pope, 2017, p. 577).

The fear that is generated through the act of reporting could demonstrate that there is often a denial of bullying or harassment in organisations. Certainly, the reporting of bullying could compromise the clean and successful public image that the service could be trying to generate and avoid being sued. In “Intelligent Kindness” (Ballatt & Campling, 2011), it was reflected that the ethos of the NHS was putting performance and numbers over and above the care of healthcare professionals, almost at times, silencing them. So, this research appeared to indicate how employees in NHS services, in general, matter less than the overriding (often distorted) public image that the NHS keeps trying to uphold. Some of these claims were evidenced through the Francis Report (Francis, 2013). This reported that there were a number of deaths that occurred as a consequence of poor conditions within the Mid-Staffordshire hospital, where one of the main causal factors identified was a culture of bullying (Francis, 2013).
1.3.2 The Francis Report

The shocking “Francis Report” (Francis, 2013) exposed an NHS in crisis. This report focused on Stafford Hospital, where it was estimated that, “400 to 1,200 people could have died unnecessarily, in the period of 2005 to 2008” (Francis, 2013, p. 43).

One assertion as to why these deaths occurred was related to “performance management which was hindered by a widespread preoccupation with nationally set targets being prioritised above the quality of patient care” (Cotton, 2012, p. 1). The reason for this was to show statistically that the service was working well and meeting targets in the delivery of care whilst achieving cost savings (Cotton, 2012).

Francis (2013) specified that what compounded these deaths was a “culture of secrecy, where problems in maintaining the quality of patient care were caused by front-line staff working within an ‘endemic culture of bullying’” (Francis, 2013, p. 1). This bullying culture meant that staff members were scared of “speaking up” because this often led to further victimisation. Members of staff were bullied into silence about the diminishing quality of patient care (Francis, 2013). The report indicated that “the echoes of the cultural issues found in Stafford can be found throughout the NHS system” (Francis, 2013, p. 1361).

The report was one of the first times that an official report had related the jeopardising consequences of a culture of bullying with the quality of client healthcare. This highlights that both WPB and harassment are systemic problems – where the lowering of morale in members of staff could leave them feeling undervalued, under-rated and fearful, and could equally have been damaging to client morale. While meeting national standards, measures of performance should demonstrate that a service is also doing well. The report indicated that the opposite effect occurred. The rigorous task of attempting to meet national standards had a bearing on the increasing level of WPB among members of staff, which in turn had a negative impact on patient care.

1.3.3 Prevalence of Workplace Bullying

Empirical research evidencing the prevalence of WPB in the NHS, in which 2950 members of staff from different NHS services were interviewed, indicated that over 20% of all
interviewees self-identified as having been bullied, while 43% stated they had witnessed bullying within the previous 6 months. Whilst one fifth of employees identified bullying happening to themselves, the number who had witnessed bullying suggested that the problem was far more widespread (Carter et al., 2013, p. 1). This research is some evidence of there being a culture of bullying and harassment in the NHS. I will now begin to link this overriding evidence with the focus of my thesis.

1.4 The Workplace and Relationships of Power

In this thesis, I aim to link my arguments concerning the interaction between the set-up of the wider institution of the NHS, with the workplace, relationships of power and the work of Foucault. An overarching question that could be considered, and one I have pondered over, is whether or not society and culture shape institutions, or is it more that institutions, and how people interact with others and are influenced by wider governmental and economic forces within these, become the shaping of society and culture? By institutions, I do not only mean the NHS, but others such as education and schooling, universities or other public sector services? By this, there are have been arguments that the NHS organisational attempt at fostering a successful public image, and the attempt for services to gain recognition (at the expense of bullying) has led to greater narcissism amongst members of staff (Brown, 1997), and in some instances, perversity (Ballatt & Campling, 2011). Some of these behaviours could be enacted within bullying and harassment power dynamics.

Narcissism is a theory that was originally developed by Freud (Sandler, Spector Person & Fonagy, 1991) in his book, On Narcissism. This could be deemed as complicated, however he attempted to define “loving oneself” as the “libidinal complement to the egoism of the instinct of self-preservation” (Sandler et al., p. 92). By libidinal, he aimed to locate the existence of a sexual drive (or desire) towards self-preservation, that would replace “an inward, directed desire to care for ourselves and others” (Sandler et al., p. 93). If this definition is translated to the NHS, this could be the equivalent to, the need to maintain positive self-image and the ego-defensive behaviours required to preserve self-esteem, both individually and organisationally (Brown, 1997). This could mean, that there could be a grandiose attempt to preserve self-esteem, through outwardly displaying a successful image. Brown (1997) warned that the need to preserve self-esteem, in a libidinal sense, could also
lead to sexual harassment in organisations. This act could preserve self-esteem, through the
grandiose attempt at dominating another person (although not always successful), while
maintaining a popular image in their internalised (or actual) world. This internalised world
could be services or organisations that might be patriarchal, or services where men may
dominate more managerial positions, thus perpetuating this status-quo. However, other
research concluded that sexual harassment occurs in services when the status quo of male
dominance and female subordination is threatened by women’s progress at work. (Cortina et
al., 2002, cited in Salin & Hoel, 2013). In NHS services, females tend to dominate both
practitioner and therapist positions, but yet, are still remain under-represented in senior
management roles (Salin & Hoel, 2013).

This upward-mobility may begin to explain, somewhat, sexual harassment. However, this
cannot justify the contempt that it would take to treat another person as an object or a pawn,
that could become the object of manipulation in the pursuit of building upon self-esteem.
Perhaps, when traditional patriarchal systems are threatened, there could be unlawful
attempts to re-establish these traditional power-relationships – hence, harassment. Perversity
could be one way of explaining this. By this I mean, “seeking individual gain and pleasure at
the expense of common good, often to the extent of not recognising the existence of others or
their rights” (Ballatt & Campling, 2011, p. 139). So, in this way, the other person (the
human) is seen as less important than the pursuit of self-gain and aggrandisement. So, if what
some evidence suggests - that harassment might well be silenced, then this could allow this
unlawful act to persist. Just as an organisation may wish to preserve an image of success, at
whatever cost, an employee might well be motivated to preserve a similar image (at whatever
cost). These organisational factors could contribute towards the allowing of perversity.

Schwartz (1987) likened NHS services to totalitarian states, because “productive work comes
to less important than the maintenance of narcissistic fantasy – as totalitarianism is the
turning away from reality.” This could insight the narcissistic fantasy that all is well. If there
is indeed, silence and censorship in NHS services in relation to the reporting of harassment
and WPB (Hutchinson, Vickers, Wilkes, & Jackson, 2009), then this could have severe
consequences on the receiver of this. If, in order to preserve the organisation’s self-esteem,
silencing ensues, then it could be argued that institutions may play a strong part in the make-
up of power-relationships, and how people treat each other – so then this becomes culture and society.

It could be argued that, if institutions are the makeup of society (that in fact there is not a separate thing out there that is society), then harassment and WPB can only be understood within the framework of power-relationships within the NHS. In other words, there is a need to understand the institutional framework (what would allow this to occur), the workplace (when, and the type of situations that might arise where this occurs) and the individual (the discourse, and language used that would constitute power over another person).

Whilst the research in performance management might form the background of how industrial relationships are constructed in NHS services, the work of the philosopher and psychologist Michel Foucault is relevant because he developed a plausible analysis of power (and resistance). By mobilising this analysis, this thesis explores more how employees may come to internalise structures in the NHS, and how these are then enacted or performed within power relationships between members of staff. The next section will demonstrate how this analysis applies to this thesis.

### 1.5 Foucault’s Theory of Power and Resistance

So far, power has been analysed systemically, through an organisational analysis of the NHS. So far, I have evaluated that there has been a shift in the ethos of the NHS, where neo-liberal ideologies may push towards capitalist and financial gains, at times at the expense of health or protecting the wellness of either the public, or practitioners working in the NHS. Performance management may play a strong part in creating a control-focused style of management (in securing targets), which might in turn, lead to charged, intimidating, or even bullying, conversations. These styles of management strategies have been critiqued as a “way of securing people’s compliance” (Lukes, 1974, cited in Kearins, 1996, p. 2). In turn, these styles of management could also invest much energy in greater surveillance strategies, micro-management and control in the output of work, which could equally could be experienced as bullying. However, if an employee’s worth becomes the value of their performance outcomes, then inevitably this could also be a dehumanizing process where employees of the NHS are reduced to numbers; thus rendered objects of a process.
With respect to this thesis, it is suggested that reducing workplace bullying (WPB) and harassment to their pre-ascribed ACAS NHS definitions does not seem to be enough. This is because these definitions do not include the idea of group ganging, and this does not indicate wider, causal systemic factors within the organisation that may lead to this intimidation. If then, WPB and harassment could be viewed, instead, as an abuse of power, it would be useful to have a working and more encompassing definition of power that would take into consideration a wider context.

One of the earliest and most profound sociological definitions of the term, that, “A has power over B to the extent that he gets B to do something B would otherwise not do” (Dahl, 1957, p. 202-203) has stood the test of time. In relation to the NHS, this may explain the chain command and control techniques that may lead to organisations being instrumental in both applying bullying managerial techniques, or in becoming a victim of these. The exercise of power could induce compliance (such as, exercising bullying because they were told to do it), or feeling hurt and threatened by bullying (because, bullied people are placed in a position of not their choosing). By contrast, this thesis research adopts Foucault’s analysis of power, which partly seeks to view “power as manifesting itself in the form of daily practices and routines through which people engage” (Foucault, 1984, cited in Pylypa, 1998, p. 21); thus power stems from the practices that are already embedded in the working life of the NHS.

The process of becoming compliant might be more complicated. Foucault would argue that people both exercise and are affected by power, through the process of “self-surveillance and self-discipline and thereby subjugate themselves.” (Foucault, 1984, cited in Pylypa, 1998, p. 21). So, employees might internalize the gaze, or the presence of a more powerful person and then would internalise a process of self-surveillance or self-monitoring. If this theory is sustained in relation to the NHS, then the bully might self-monitor in order to sustain what they could think is desirable in the eyes of a more powerful person and then enact this, and the employee who is bullied might become despondent and carry-out some ritual self-checking in relation to the various criticisms or abusive remarks endured. The other side of the coin is that when power is exercised, employees also have the potential for resistance - summarized through Foucault’s quotation, “where there is power, there is resistance” (Foucault, 1981, p. 95).
1.6: The Case for Intersectionality

One of the main limitations in Foucauldian Analysis is that Foucault did not include an analysis of power in relation to racism or the subordination of minoritised groups in society. This understanding is important for an analysis of harassment in the NHS. In order to invite a fuller understanding of discrimination and oppression, the theory of intersectionality will be included in this thesis.

The theory (and intervention) of intersectionality argues that ideology of racism cannot fully explain discrimination, or the subordination of different social groups in society by other dominant ones that are more privileged. If this is translated into the workplace, racism may not be enough to explain how women from black or ethnic minority backgrounds, for example, are mistreated. The theory of intersectionality (Crenshaw, 1994), offers an alternative perspective of how people become minoritised. This is a framework that “dismantles the view that social processes are discrete and that class, gender, race and other social categories can be understood without looking at how they inter-relate” (Anthias, 2018, p. 153). Instead, “different modes of inequality and division intersect or interlock, creating complex articulations which are patterned, but not fixed or given” (Anthias, 2018, p.153). The complexity of intersectionality seeks to critique binary definitions that would seek to look at the plight of minoritised positions as being explained by just one thing – such class, race or sexuality. Instead, people are involved in a tangled web of relations, which will differ over time and place, (Richardson, 2007). Intersectionality, would therefore, state that the oppression of specific groups (including employees based in the NHS) could be better explained when, or if, each of their minoritised identities intersect (such as being black, female and from a minoritised culture, such as African).

This concept will be illustrated further in both the literature review, and the final discussion.

1.7 Rationale for Selecting the Study

The rationale for selecting this pertinent research on workplace bullying and harassment in the NHS will be explained in two ways. The first will highlight its importance in contributing to the area of social justice in counselling psychology research. The second will clarify why,
specifically, the NHS was the chosen focus of research over and above other institutions. This will be considered from both personal and political perspectives.

1.7.1 The Important Place for Counselling Psychology

There is a gap in the counselling psychology profession (CPP), discussed further in the literature review, of the ways in which an abuse of power could result in WPB or harassment. There is also a void in applying this to a systemic model that explains how power is exercised at different levels. Such application could underpin useful intervention. This void could be explained by there being some caution around offending NHS services and an aversion to singling people out, blaming a single person, or blaming the whole of the NHS. Such caution could also be mirrored in systems of bullying. There are, however, very efficient NHS services that do help people and are motivated to pursue holistic approaches that intervene effectively against WPB and harassment. The reports that acknowledge that this is a widespread problem (Pope, 2017) cannot be ignored. Whilst there is no intention to offend, my hope is that bringing voice to these experiences could catalyse a collective response towards change.

Counselling psychology, as a profession, “holds a humanist value base” (Jones Nielsen & Nicholas, 2016, p. 211), and a strong allegiance to the notion of social justice (Winter & Hanley, 2015), and for this reason there is an ethical base from which to work with inequality and discrimination, in whatever form (The BPS DCoP, 2018). Social justice issues have sometimes been questioned because there is some uncertainty over their meaning. This has largely, however, been interpreted as a way of bringing consciousness towards inequality in society (Winter, 2018). It is likely that mistreatment and any form of emotional abuse in the NHS could perpetuate relational inequality (Winter, 2018). Proponents of relational equality suggest that, “egalitarianism should not simply be about how we share out goods, but about how we treat one another and how relationships within society are structured” (Anderson, 1999, cited in Winter, 2018, p. 341).

This is demonstrated through research, which largely provides evidence that employees who experience abuse often leave their organisation and may end up in a lower paid job or become ill with either physical conditions or psychological difficulties such as PTSD or
depression (Tehrani, 2004). Discrimination may manifest as racism, misogyny or other forms. This adds greater substance to the need to research this issue, and for counselling psychologists to intervene.

The aim of counselling psychology is to reduce psychological distress and to promote the wellbeing of individuals (Jones Nielsen & Nicholas, 2016, p. 211). Many recipients feel trapped in a bullying dynamic, because they still need to work, but day by day this means that they cannot escape the bullying and discrimination (Einarsen et al., 2003). The threat of job loss or loss of reputation for the recipient could mean that the power implicated within this dynamic is all-encompassing and all-consuming. With this in mind, there is a need in counselling psychology to consider the implications of the psychological distress that this could cause, alongside the upholding of the values that could promote emotional wellness and agency. If an understanding of power is explored at the macro, meso and micro levels, then a social justice intervention could call for a more holistic, three-level approach. This could include: firstly, an intervention that could become critical of wider inequalities that can result in abuse of power in the NHS; secondly, a need to consider from a human angle wider organisational structures in the NHS that might be dysfunctional (and lead to relationship breakdowns); and thirdly, to bear witness to the stories of these experiences, to believe them, to be shocked and moved and to seek to empower either the colleagues in this position, or the clients implicated.

1.7.2 A Rationale from a Personal Angle

At the centre of counselling psychology lies an inquisitive, reflexive and critical attitude (Jones Nielsen & Nicholas, 2016, p. 212) towards the motivation for producing research and in pursuing clinical practice. This means that a personal summary of my choice of topic will be highlighted.

I am female and have lived both abroad and in the UK. I have worked in some of the most deprived areas based within inner cities. I am interested in understanding issues of inequality in wider society, and I sometimes see the injustice of this occurring and reoccurring time and time again. I encouraged employees who had left NHS services to tell the stories of their experiences of harassment and WPB. I believe that their voices matter; that their rich
experiences count; and that the force that they might bring to a narrative is valuable. Their stories could be the ones that have been lost and have not yet had the chance to be heard, because more dominant stories may have superseded them.

I wanted to understand better how incidents of WPB or harassment may not occur in isolation but could be indicative of something wider that could be happening both in the workplace and politically at a national level. I was interested in how an abuse of power works, both at an individual and systemic level, whilst appreciating that ascertaining who or what is responsible for this may not always be so simple. I hope to contribute something that could instigate awareness and provide inspiration and motivation to change things.

My experience of working in the NHS shaped my interest in researching this area. Also, the NHS, and the reporting of WPB and harassment, is frequently reflected upon in the media and in registered governing bodies (BABCP Board, 2014). I believe that things occur in systems and are relational, which means that the existence of WPB and harassment within a service will impact on everything else. The potential damage could be on those who are most in need and ‘vulnerable’ – service users.

Whilst I believe it is useful to analyse systems of power within the NHS, I acknowledge that this research could also be applied to systems of power in private practices, in corporations, in schools and in universities.

1.8 Context of the Research Topic

One of the main inclusion criteria was that each one had self-identified that they had experienced a substantial amount of WPB or harassment over a long period of time, where this was persistent and, in some cases, escalating. The sample group, I was recruiting, were those who had identified that they had experienced a significant amount of workplace related abuse in the workplace.
1.9 Aims and Objectives of the Study

i) To empower ex-healthcare professionals and ex-therapists, who had experienced either harassment or WPB over a period of 6 months or more, and who had left the NHS service.

   - This has been achieved through encouraging them to tell the stories of their experiences and how they had been able (or not) to challenge these.

ii) To explore power and resistance in the WPB or harassment dynamic from a systemic perspective of macro, meso and micro systems of power in the NHS.

   - This has been achieved through analysing the data through a narrative inquiry style and a Foucauldian Discourse Analysis (FDA) of the narratives. An FDA is a development of Foucault’s analysis of discourse practice, and was applied by other writers (see Parker, 1994) since his death. There are dominant and hierarchical power structures, which are embedded in politics and knowledge (Fleischmann Ember, 2014). A discourse consists of a set of practices, or language systems, that are informed by dominant forms of knowledge. For example, if a person were to state, ‘she looks as if she has been traumatised’, then the dominant discourse, that might inform a sympathetic reaction, would be rooted in a psychological discourse. Discourses, are a “set of practices that systematically form the objects of which we speak” (Foucault, 1969, p. 49). An FDA, therefore, is an academic application of Foucault’s original analysis of discourses. An FDA might ascertain the way that social power, abuse, dominance and inequality are enacted, reproduced and resisted (Fleischmann Ember, 2014).

iii) To explore how the profession of counselling psychology could intervene. This has been achieved through FDA which has enabled the counselling psychology profession to gain a heightened awareness of the implicit processes of WPB and harassment, and their intervention.

The research questions are:

1) How have therapists and HCPs, working in the NHS, experienced WPB and harassment?
2) How does power and resistance interweave into the narratives of WPB and harassment?
3) What are the implications for counselling psychology?
1.10 Introduction to the Narrators

Six people heard about this research study either through word of mouth or through viewing my website advertisement on the internet. They then requested to be interviewed. A narrative interview was used, where each of the people were asked to tell me their story about workplace bullying and harassment. One interview eventually was not used. All of the people had previously been employed by the NHS, and had left the NHS at the time of the interview. Once the five narratives had been collected, the people whose narratives I had obtained were referred to as, ‘narrators’. In total, five interviews of women, all previous employees for the NHS and from different parts of the country were collected.

In order to preserve anonymity, pseudonyms were used. They were from different parts of the country and from different healthcare services.

I offer initial descriptions of these five participants, which are based on the self-descriptions they offered to me.

**JM**: JM is a black-African Community Psychiatric Nurse (CPN) in her early 50s and now has a more senior position in psychoanalysis. Her previous work-base in the NHS was in a therapeutic community and then she switched to working in group analytical settings and then a private company. She has now left the NHS.

**EVIE**: Evie is black-British and in her early 30s. Her role was as a lead service user co-ordinator for the whole of secondary care mental health services. She has now left the NHS.

**FARAH**: Farah is British Pakistani and was in her late 30s. She identified herself as being ‘Muslim’. She is in her late 30s, and was working as a Forensic Psychologist within a forensic NHS setting. She has now left the NHS.

**ANNA**: Anna is White British, in her early 40s. She is a Clinical Psychologist. She was working within a CMHT, and helping to set up groups such as service user groups. She has now left the NHS.
JUNIPER: Juniper is white-British, in her late 50s. She is a Psychotherapist, who was working as a psychologist when she used to work for the NHS. She used to work in a CMHT. She has now left the NHS.

1.11 Anticipated Benefits of the Study
This research aims to contribute towards social justice research within the profession of counselling psychology. Specifically, it aims to study from a systemic perspective how power is exercised and how counselling psychologists could intervene at a macro, meso and micro levels. This could highlight the flexible, multivariate and multiple ways in which they could use their skills and profession.

1.11.1 Outline of the Chapters
Chapter 2: Literature Review: This reviews research into WPB and harassment and its prevalence generally in organisations, moving to a more specific discussion concerning the NHS. The relationship between power, discourse and language is explored.

Chapter 3: Methodology: An outline and a clear rationale for the methods used in conducting this research is made. This includes a rationale for using a qualitative research design, how I went about collecting data, why narratives were used, how questions of ethics were addressed and the reason for using a narrative and inquiry discourse analysis analytical approach. I also comment on ‘trustworthiness’ in the research.

Chapter 4: Analysis: The analyses of the narratives are introduced. This includes some general findings followed by an overview of each of the narratives. Finally, a narrative inquiry and a FDA will be made of each of the narratives.

Chapter 5: The Reflexive Summary: A critical reflexive analysis is offered to show how I have reflected upon my role within the research process, how I may have influenced interpretations and tensions that could arise from being a white, female researcher studying discrimination related with racism and other issues related with race and religion.

Chapter 6: The Discussion: A concise discussion is provided to show in what ways some of the main findings correspond or fall outside of the main existing research literatures. From a
Foucauldian perspective, showing how power can come to intertwine both macro and meso structures and be conceptualised from a systemic perspective. Finally, it suggests how counselling psychology could respond and intervene with WPB and harassment.

**Chapter 7: The Conclusions:** A summary of the main conclusions in fulfillment of the main research questions and research aims and objectives.
CHAPTER 2: LITERATURE REVIEW

2.1 Introduction
A sinister image of the NHS, as being violent and out of control as a consequence of workplace bullying (WPB) and harassment, has been penetrating public consciousness since the first reports of this finding in the early 1990s (Lee, 2000). This image, portrayed through tabloid and broadsheet media reports, was fed by allegories that used war imagery to convey the urgent need for employees to prepare their defences against imminent attack in the workplace. Examples of these newspaper headlines include: “Thousands Live in Terror of Bullies at Work” (Earnshaw, 1996) and “Office Warfare and How to Survive” (The Guardian, 1995, cited in Lee, 2000, p. 594). The main catalyst which drove this apparent urgent uproar was a Radio 4 documentary in 1992, titled “An Abuse of Power, Whose Fault is it Anyway?” (Drysdale, 1992, cited in Lee, 2000, p. 594). This was one of the first documentaries that drew public attention towards this pervasive problem in the workplace generally, and more specifically in the NHS (Lee, 2000). At that time the UK was behind the rest of Europe, especially Scandinavian countries, in researching this destructive dynamic in the workplace. Heinz Leymann, from Sweden, was producing research into “mobbing in the workplace” as far back as 1990 (Leymann, 1990). The language of WPB was allied with “an abuse of power” which included direct bullying, (open verbal or physical attacks on the victim); and “indirect bullying” (subtle acts excluding and isolating the victim from his or her peer group), (Bjorkqvist, Lagerspetz, & Kaukiainen, 1992). WPB, therefore, was viewed as both a verbal and non-verbal conscious intent to harm, intimidate and isolate. Workplace harassment, conversely, was viewed as “unwanted conduct directed towards a person because of their age, gender, race or sexuality” (The Equality Act 2010).

This public identification with, and denouncement of, WPB and harassment brought to the fore the reality that many employees were living in fear in the workplace. Eventually, the passing of new legislation (Equality Act 2010) led to the implementation of the NHS Dignity at Work policy. Whilst the definition of harassment remained the same, a specific language of WPB, which had an institutional organising function, was introduced:
Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient. (ACAS, 2010)

On closer inspection, WPB was portrayed as the intentional abuse of another person, with a desire to have power over them, inflict harm or exploit. This is not forgetting the similarity with an earlier account of WPB, which points out that “adult bullying at work is shocking, frightening and at times, a shattering experience both for those targeted and for onlookers” (Lutgen-Sandvik, 2006, p. 406). However, there is an individualising quality to the above definition because this dynamic is viewed purely as a pathological relationship between two people; a perpetrator (who exploits) and a recipient (the victim). This definition is inclusive of the possibility of both vertical and horizontal axes, meaning this could occur equally between co-workers at the same level, a manager towards an employee or an employee towards a manager. As a consequence of the implementation of Dignity at Work, reports, statistics and surveys measuring the annual number of incidents of WPB reported became public property. Also, fears of litigation increased amongst managers, such as the fear of harassment cases being taken to a tribunal and the potential for the recipient of bullying winning compensation (Beale & Hoel, 2011, p. 9). It has been argued that when litigation fears are paramount, “then employers will tend to focus on ‘self-interests’ rather than deeper commitment towards the welfare of the workforce” (Beale & Hoel, 2011, p. 9).

Litigation fears in an organisation are connected to the possibility of being sued following an accusation of harassment. If such fears are paramount, then there could be less incentive to support the employee who is experiencing harassment. Generally, the argument is that the threat of undermining organisational and wider marketing interests (such as maintaining the need for financial security) could lead to employers being less compassionate towards the employee who has reported an incident of WPB or harassment (Beale & Hoel, 2011, p. 9). These fears could include “losing face, media attention and public relations” (Beale & Hoel, 2011, p. 9). Since the time that ACAS had implemented the Dignity at Work policy in the NHS, independent and anonymous surveys of the numbers of bullying incidents reported annually were conducted by trade unions (http://tuc.org.uk). Also, annual NHS staff surveys reported in The Guardian newspaper brought instant public information regarding the number of reports of WPB and harassment in the NHS (Johnson, 2016).
A recent independent survey of the NHS conducted by The Guardian newspaper found:

Twenty five percent of all NHS staff (one in four people) have admitted that they have been bullied in some way, with 29.9 percent of all NHS staff sharing that they have suffered some psychological stress due to bullying behaviours. (Johnson, 2016)

The survey highlighted that the year-on-year incidence of reported WPB and harassment in the NHS of all staff members was increasing, indicating that this phenomenon remained unresolved. Also, the fact that 29.9% of all NHS staff have “suffered psychological stress” due to bullying behaviours illustrated that this impacted on and affected the health of both bystanders and targets alike.

The NHS Equality and Diversity Council published the “NHS Workforce Race Equality Standard” in 2016, and stated that 75% of all acute trusts indicated that higher rates of people from black and ethnic minority communities reported bullying. This raises questions regarding institutional racism in the NHS. The BABCP Board (2014) reported that there was, “an NHS management culture of bullying and intimidation, preventing members of staff from openly raising their concerns and undermining their clinical judgement”. It warned that, “vulnerable patients are increasingly at risk from a growing ‘bullying culture’” (BABCP Board, 2014). Finally, its report summarised, “the conclusions of this report are being frequently ignored in mental health services”. These key anonymised surveys signalled that the continued reports of WPB in the NHS were not being addressed.

It is the background knowledge of the recent increase of the reporting of WPB in the NHS that situates this thesis. A book titled “WPB in the NHS” (Randall, 2006) detailed interviews with employees regarding their experiences of WPB. Randall provided a set of case studies based on qualitative data of both student nurses’ and trainers’ experiences of WPB. While useful, it is now over a decade since this was published.

More recently, research has focused on the impact of WPB on the mental health of practitioners in the NHS, including post-traumatic stress disorder (Gemzoe & Einarsen, 2002; Tehrani, 2010), suicidal ideation (Nielsen, Einarsen, Notelaers, & Nielsen, 2016; Nielsen, Nielsen, Notelaers, & Einarsen, 2015), and work-related strain (Hoobler, Rospenda, Lemmon
& Rosa, 2010), which often leads to sick leave (Suadicani, Olesen, Bonde, & Gyntelberg, 2014) job insecurity, and the intent to leave (Glambeck, Matthiesen, Hetland, & Einarsen, 2014). The business management school based at Manchester University, under the direction of Helge Hoel, has also provided detailed empirical evidence of the continued occurrence of WPB in the UK. In particular, Hoel has critiqued the role of management in this persistence in the public sector (Beale & Hoel, 2011; Hoel, Glaso, Hetland, Cary, Cooper, & Einarsen, 2010).

As a consequence of this research, Beale and Hoel (2011) identified a gap in the literature concerning a detailed account of the content of WPB. This needed to include an in-depth account of the various positions of power relationships, an examination of the use of language perceived to be WPB, and consideration of how the recipient responds to this language.

2.2 Aims of Literature Review

The purpose of this literature review is to introduce findings from published research that have evidenced the connection of power dynamics, displayed in the bullying and harassment relationship, to surveillance and discipline. The review will also highlight how resistance could be located within this dynamic. The phenomena of surveillance and discipline will be examined in relation to Foucault’s philosophical study of power dynamics as portrayed in his book, “Discipline and Punish” (Foucault, 1979).

The review will broadly fall into four parts. The first part (section 2.3) will present a genealogical study of WPB and harassment in the workplace. This will argue that whereas at one stage the definitions of workplace mobbing and WPB were two different sets of phenomena, there has been a more recent morphing of the two terms. Section 2.4 and 2.4.1 will outline and evaluate structural dynamics from an organisational perspective. Section 2.4.2 will explore impersonal systems of surveillance, that have been critiqued as bullying. Section 2.4.3 will illustrate how relationships of power might be maintained in the NHS, using the role of human resources (HR) and the weakening of trade union influence in the NHS. Section 2.5 will provide a general overview of macro, meso and micro systems of power that could influence bullying and harassment. Section 2.5.1 will introduce Foucault’s
book, “Discipline and Punish”, where subsequent sections (2.5.2 and 2.5.3) will illustrate his theory of “The Panopticon” as a disciplinary mode of power, and his work on resistance. Section 2.6 will bring the research rationale. Section 2.7 will outline the research proposal and finally, section 2.8 will present the research questions.

2.3 The Genealogical Perspective

A genealogical perspective, as illustrated by Foucault, offers a unique historical analysis that would partly involve the “insurrection of subjugated knowledge” (Foucault, 1969, p. 20). This is referred to as the less-known knowledge that is, “buried in functional coherences of formal systemisation”. (Foucault, 1980, cited in Dudley, 2016, p. 1). Formal systemisation, in relation with workplace exploitations, could, therefore, refer to the official implementation of institutional texts that define, and refer to, different types of exploitation located in the workplace. What could remain as subjugated could include oppressed ‘discourses’ that often guide how WPB and harassment are portrayed through texts or language. Discourses are conveyed in the following manner:

Ways of constituting knowledge, together with the social practices, forms of subjectivity and power relation, which inhere in such knowledges and relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the ‘nature’ of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern. (Weedon, 1987, p. 108)

Discourses constitute knowledge that is embedded in the formation of social practices, forms of subjectivity, power relationships and the body. They reflect cultural or ideologically constructed ‘truths’ that govern objects which organise and stratify either institutions (such as NHS policies that construct WPB), spaces (such as the NHS workplace), and the body. For Foucault, “power is exercised within discourses in the ways in which they constitute and govern individual subjects” (Weedon, 1987 p. 113). In other words, power is exercised when people begin to organise and accept being organised and controlled through discourses. Discourses in the NHS could organise how WPB and harassment are understood in the NHS and responded to. Power is exercised when this dominant version of WPB begins to filter into subjectivity and the body.
There is a gap in research literature of a historical genealogical analysis of workplace exploitation during different epochs, which is next investigated through an analysis of the movement from discourses embedded in workplace mobbing through to the institutionalisation of WPB.

### 2.3.1 Scandinavia to the United Kingdom

Scandinavian researchers were amongst the first to study, and bring evidence for, the prevalence and causes of exploitation in the workplace. Often these countries are identified as being feminine with low power distance; meaning that power is distributed relatively equally (Zapf & Einersen, 2005). Legislation in the workplace is supported by a human rights agenda that promotes the good health of all workers (Leymann, 1990). It is from this value base that the term, “mobbing in the workplace” was adopted in order to represent a specific type of exploitation in the workplace (Leymann, 1996; Zapf et al., 2005). This portrayed exploitation as a group dynamic response towards a single target, which was represented in the following way:

Mobbing refers to a social interaction through which one individual is attacked by two or more (seldom more than four) individuals almost on a daily basis and for periods of many months, bringing the person into an almost helpless position with potentially high risk of expulsion. (Leymann 1996, p. 166)

A group, ganging up on someone, where the victim is subjected to a systematic and stigmatising process and encroachment of his or her civil rights. (Leymann 1996, p. 166).

The term “mobbing” exemplified a self-serving – and perhaps an unruly – gang of employees, who exerted autonomous power in organisations in creating the exploitative conditions that could result in another employee being permanently excluded; this being a consequence of them becoming powerless, and helpless to change their own fate (Leymann, 1996). The term implied that this gang could influence, rewrite or take over decisions that could originally be constructed through managerial texts. Leymann’s (1996) interest in researching workplace mobbing was to demonstrate that work conflicts, in which one person is singled out, harassed and ostracised over a long period of time can lead to severe health
consequences. Even health professionals, such as physicians or psychologists, may not believe that the health damage they observe could be due to conditions in the workplace (Zapf et al., 2005).

Mobbing was measured by degrees, similar to the way in which the severity of murder and burning are represented. This included first, second and third degree of mobbing (Davenport, 1999). The discourses underlying degrees of mobbing may have similar attributes to burning and murder because they symbolise different levels of inflicting pain, displaying intolerance and showing destructive tendencies. Such discourses are similar to those in research literature that analyse sadomasochistic or aggressive group behaviour in the workplace, such as intentional harm (metaphor of burning) with the motivation for the worker to relinquish their employment (a similar metaphor of murder) (Shallcross, 2003).

Mobbing is also taken directly from the English usage, ‘mob’, which used to describe ‘animal aggression as well as bullying in the schoolyard’ (Einarsen, Hoel, Zapf & Cooper, 2003). Heinemann (1972) earlier described this as destructive behaviour of small groups of children directed against a single child. The definition of mob could contain discourses related with a type of aggression, considered to be animal-like, and held in children. Developmental psychology could be hinted at because of the connection between mobbing in the workplace and a regressive and a primitive stage of development identified with earlier infancy. Such discourses represent an unruly gang lacking in a parent, or in the example of workplace exploitation, this could be likened to a service without a firm manager. There is a sense that the mob acts as an independent body, thus not being viewed as manifesting from, or related with wider organisational power dynamics. The phenomena of mobbing could therefore be othered because this is seen as isolated from organisational dynamics, especially in being responsible for its manifestation. The organisation has always been viewed as responsible for preventing its continuation and for protecting members of staff (Beale & Hoel, 2010). This is why workplace mobbing is often described in research as, a leadership problem (Beale & Hoel, 2010).

Paternalistic discourses fold into the concept of mobbing because, on the one hand, both the targets and aggressors are viewed as being childlike, and, on the other hand, both are seen as lacking in structure. Such discourses could ally with the concept that individuals always need to be led by a person more powerful. Research has attempted to evidence further the
destructive component of mobbing. Leymann (1990) conducted empirical research to demonstrate how the mob operated. He warned that the power of the mob in some organisations could, “manipulate the victim’s reputation, his or her possibility of performing work tasks, the possibility of communicating with co-workers … and in more extreme circumstances physical coercion or assaults” (Leymann, 1990, p. 120).

Research has attempted to evidence further the destructive component of mobbing. Leymann (1990) conducted empirical research to demonstrate how the mob operated. He warned that the power of the mob in some organisations could,

Manipulate the victim’s reputation, his or her possibility of performing work tasks, the possibility of communicating with co-workers and attack their social circumstances, which in more extreme circumstances could include physical coercion or assaults (Leymann, 1996, p. 120).

An image that seems to emerge of workplaces where mobbing occurs are those which are in perpetual conflict. Later research described how power exercised in groups could also be characterised by more sophisticated behaviours, such as socially isolating the victim (Leymann, 1996). Later on, collective awareness increased of how isolating and silencing an employee could equally be as damaging as a group being openly aggressive. So, unlike the image of the mob being an uncontrolled body of disinhibited aggression, Leymann (1996) identified that motives might also become more calculated and controlled. In support of this viewpoint, O’Moore et al., (1998) carried out large survey, which investigated a high amount of reports regarding mobbing, he claimed that,

Their Workplace was a highly stressful and competitive environment, plagued with interpersonal conflicts and a lack of a friendly and supportive atmosphere, undergoing organisational changes, and managed by means of an authoritarian leadership style (cited in Einarsen et al., 2003, p. 9).

According to O’Moore et al., (1998), the cause of mobbing could be explained through an insecure workplace, which could be governed by authoritarian leadership. It is indicated in this research that authoritarian leadership in a workplace could create an environment where some groups of employees take on similar attributes of an authoritarian leadership style where some could begin to harass or exploit other individual employees in order to prevent
themselves from being held under suspicion (O’Moore et al., 1998). Also, the consequences of an authoritarian environment could be that this would encourage a divisive competitive environment, where mobbing could regularly become the norm (O’Moore et al., 1998). Discourses, embedded in this research, could be related with organised surveillance; linked with a group internalisation of a suspicious other, such as a dominant and controlling father or big brother figure. In this way, the route to appease this dominant eye could be to join a workplace gang, and use this in order to create a scapegoat. The scapegoat could then become the main holder and target, holding all the suspicions generated from the mob. This could indicate that lines of the differentiation between exploitation and exploiter may not always be so clear cut because it is implied that members of the mob may already feel exploited, but then they will exploit others. There are already lines of ambiguity within relationships of power.

In addition to this ambiguity is that there has been research which interviewed members of the mob. Some of the findings claimed that many of the members,

May not be aware of the effects of their behaviour because of little communication between perpetrators and victims and because of the fact that perpetrators may not receive realistic feedback about their behaviour (Zapf et al., 2003, p. 238).

Interestingly, this research argued that the absence, or a lack of communication, provided by the target surrounding the impact of the hurt caused by verbal criticism or ostracisation could remain unknown, and members of the mob simply not be aware that they had inflicted harm. An alternative situation could be when teasing and ridiculing a person occurs infrequently (Zapf et al., 2003). In this sense, individual members of the mob may attempt to exonerate their own part or role in mobbing behaviour because of their allegiance to a gang, which could dispel their sense of personal responsibility. In other words, they may unconsciously separate themselves as being isolated individuals situated within a group, instead of seeing themselves as individuals who in fact influence a group dynamic.

On an international scale, scholars in the United States of America (US) adopted the same term ‘mobbing’ but gave the word a different meaning. In research papers such as Sperry and Duffy (2007), this literally means an individual act of aggression towards another person. The significance is that the emphasis on group dynamics had disappeared. The root of analysis at
a group level in mainstream texts has been lost in translation; instead the focus became more individualised. A possible consequence of this was that mobbing was becoming de-politicised because of the lack of interest in broader group or organisational dynamics in mainstream research.

2.3.2 United Kingdom Workplace Bullying Research

From the early 1990s onwards there has been a gradual morphing of workplace mobbing into more contemporary constructs of ‘workplace bullying in the UK’. This transition in research literature could mirror some of the changing roles of the labour process (Ironside & Seifert, 2003), such as the increase of individualism in the workplace, and the introduction of industrial and human resource management (Beale & Hoel, 2010; Hoel & Beale, 2006; Ironside et al., 2003; Lewis & Rayner, 2003). Positivism seeped into research definitions of WPB because of the opportunities to obtain raw empirical and quantitative data. This transformed how research was conducted. There was a movement away from the collection of existential experiences of WPB towards a collation of statistics. A standardised questionnaire of WPB, called, ‘The Negative Acts Questionnaire’ (NAQ-R) (Notelaers, Van der Heijden, Hoel, & Einarsen, 2018) was launched, utilising empirical research methods. In other words, WPB was measured by a combination of its length, severity and duration. WPB was costing both Europe and the UK millions of pounds year on year.

WPB was defined in the following way in both UK and European empirical and qualitative research:

Situations where, over a period of time (usually 6 months or more), a person is repeatedly exposed to negative acts, such as verbal abuse, offensive remarks, ridicule, slander, or social exclusion from co-workers, supervisors or subordinates. This process occurs repeatedly and regularly and will be an escalating process where the target is helpless to defend themselves in this situation. (Einarsen & Skogstad, 1996; Leymann, 1996)

This definition incorporated behaviours of the bully (such as being intimidating and offensive), exploitation of the power imbalance in the situation (the target is unable to defend
themselves) and the severity and longevity of bullying (a period of 6 months or more). There is also some recognition of this being an ‘escalating process’, which could mean that this gradually increased in intensity over time. The intent behind WPB or even the possibility of linking this with wider structural or organisational dynamics was not conveyed. On the surface, the definition appeared to portray this power dynamic as an unhealthy interpersonal relationship between two people.

This representation of the unhealthy power relationship between the bully and the bullied positions was a “sovereign dynamic” (Lutgen-Sandvik, 2005). As a king rules over a country, this definition signalled that power is held (and not exercised). The bully then is viewed as holding exclusive power over a victim who is portrayed as being “helpless and defenceless”. This could, however, indicate a “paternalistic and controlling factor” (Liefooghe & Mackenzie-Davey, 2010) because the insinuation is that the target is not able to fight back and could remain without a voice in defining their personal experiences of WPB. The concept is based on strength: if the victim were perceived as being stronger, WPB would not apply (Liefooghe & Mackenzie-Davey, 2010). Also, a conflict cannot be called bullying if the incident is an isolated event or if two parties of approximately equal ‘strength’ are in conflict (Einarsen, Hoel, Zapf, & Cooper, 2003, p. 15). Embedded discourses of ‘strong’ and ‘weak’ may seek to disempower the target of WPB because they limit the availability of alternative discourses that could be more affirming, such as inner strength or resistance. Once the bully and bullied positions became established as a normative construction within organisations, this could be referred to as institutionalisation (Liefooghe et al., 2010). This was referred to in the following way: “Institutionalisation occurs as actors interact and come to accept shared definitions of reality, and it is through linguistic processes that definitions of reality are constituted” (Phillips, Lawrence, & Hardy, 2004, p. 635). Liefooghe et al. (2010) continued to contend that the linguistic processes that constructed ‘WPB’ and ‘harassment’ involved the devising of NHS policy. This guided practitioners in knowing what could be constituted as bullying and harassment, and how to manage this conflict.

One of the main policies which outlined workplace bullying was the Dignity at Work policy. This sought to bring a definite, succinct outline of bullying behaviours. Liefooghe et al. (2010), however, warned that once this ‘simplistic’ concept of WPB became institutionalised, this closed down discussion of “what is, and what is not, a legitimate exercise of power in
organisations” (Liefooghe et al., 2010, p. 635). For them, bullying at work became an organising discourse, which not only reinforced moral behaviour in the workplace but also indelibly silenced discussion surrounding other forms of exploitation in the workplace. A form of exploitation that could often be excluded was “organisational surveillance” (Liefooghe et al., 2010) in the form of monitoring practices or payment by reward (Seifert et al., 2003). Despite employees having their own subjective perspectives of WPB and harassment, these are often compared to and defined against more dominant discourses. The level of believability of each disclosure is therefore already pre-constructed, managed and organised. Stepping outside of this dominant discourse could compromise credibility.

In addition, there could be a lack of trust if a target disclosed an experience of WPB that was outside a dominant discourse framework. Language and a style of communication also appears to be critical when people are wanting to be believed. It has been indicated that, “without language that supports clear communication about subtle WPB, victims appear, rather than put-upon, social deviants” (MacIntosh, Wuest, Gray, & Aldous, 2012, cited in Dzurec & Bromley, 2010, p. 248).

This research confronted that power as being exercised in workplaces through the expectations of professionals meeting standards and targets related with performance. One of these expectations included the ability to communicate well with other members of staff. These research findings indicated that targets of WPB could sometimes be judged as falling short of these professional standards because they are perceived not to manage or understand social interactions effectively, or to handle communication with difficult others (Dzurec, Cox, Bromley, & Gail, 2012).

The consequences of this difficulty in articulating experiences of bullying or harassment could be judged, mistakenly, as being unprofessional. This could potentially perpetuate the bullying cycle because employees who are being bullied process this with some confusion and then get bullied again for not being seen to manage conflict well. This could reflect how professionalisation, symbolised through the regulation of communication (such as professional language) within workplace settings could silence the language of exploitation.
A brief analysis will show how both definitions of WPB and harassment have become institutionalised and professionalised. Alongside this, a brief critique will be made of the ways that these discourses either open up or close down discussion regarding exploitation in the NHS workplace.

2.3.3 The National Health Service: Institutional Organisation of Workplace Bullying and Harassment

The introduction defines the definitions of bullying and harassment in the workplace. In the NHS, workplace bullying is identified as a behaviour, which is measured by its level of malice and misuse of power, in a work context, with the aim of weakening the recipient. The definition of harassment is a lot older. This was originally constructed through several laws, including the Sex Discrimination Act 1975, the Race Relations Act 1976, and the Disability Discrimination Act 1995. The Equality Act 2010 combined all these separate Acts into one piece of legislation. This defined harassment as actions intended to harm the employee because of their difference to the ‘cultural norm’. Whereas WPB is embedded in a discourse of abuse that is specific to the context of a workplace, harassment has more acknowledgement of other interpersonal, discriminatory factors.

It is relevant that the intent behind WPB and harassment is viewed as irrelevant in research in WPB (Birkeland Nielsen & Einarsen, 2018). This is because, “intent is difficult to prove and unskilled behaviour might harm somebody even if there was no intent to harm” (Birkeland Nielsen & Einarsen, 2018, p. 73). Many recipients have documented that the impact of abusive behaviours manifests in internal confusion, so sometimes there is some denial that what people are actually experiencing is bullying (Dzurec & Bromley, 2012). The presence of bullying behaviours, therefore, exist independently of how these behaviours are being constructed (Hoel & Beale, 2006). For this reason, targets may, in some instances, “not find the perpetrator’s behaviour to be unacceptable” (Liefgooghe & Mackenzie-Davey, 2001, cited in Dzurec et al., 2012, p. 247). It seems as if this state of internal uncertainty means that many incidents of WPB could remain unchallenged.

At a linguistic and institutional level, the dominant discourse of WPB is conveyed as being a lot worse than harassment because of the insinuation of violence through causing ‘injury’.
However, while harassment is illegal, “there is no legal framework for dealing with WPB” (Beale & Hoel., 2011, p. 115). For this reason, bullying itself isn’t against the law, but harassment is (https://www.gov.uk/workplace-bullying-and-harassment).

WPB in the NHS could not be taken by employees to a court or tribunal. However, with credible evidence, they could make an allegation of gross misconduct and take this to a grievance hearing held within an NHS service. While harassment belonged within the law, WPB belonged within the NHS as an institution. However, a critical approach might view how the separation of the two terms could regulate how exploitation is dealt with in the NHS; perhaps culminating in fewer cases being brought to court. For example, this separation could imply that there are fewer cases of workplace exploitation that could be elevated to employment tribunals or the courts, which could potentially save money.

2.3.4 Harassment in the NHS

The terminology of harassment is somewhat simplified, as more sophisticated accounts of either misogyny or racism are excluded. A sophisticated account of racism and sexism has been detailed in the following way:

Racism, the belief in the inherent superiority of one race over all others and thereby the right to dominance. Sexism, the belief in the inherent superiority of one sex over the other and thereby the right to dominance. (Lorde, 1984, p. 115)

This definition brings together an ideological, political, national and social perspective built on a dominant discourse of domination and assumed superiority. There has been research that has linked the occurrence of sexual harassment (non-consensual, inappropriate use of sexualised touch or remarks) with a work culture where there is a marked economic and power hierarchy between men and women; where men tend to hold higher status jobs and are paid more than women. This research evaluated that the status quo of male dominance and female subordination is threatened by women’s progress at work. Victimisation of women can be explained as a form of social control (Cortina et al., 2002, cited in Salin & Hoel, 2013). Black women could therefore be more vulnerable to experiencing both racism and sexual harassment. Critical race theorists have characterised ‘whiteness’ as a, “location of structural privilege, understood as white people in relation with others, with a set of cultural
practices; it reproduces dominance rather than subordination” (Frankenberg, 1993, cited in Swan, 2017). When power and privilege is assumed by the dominant (white) race, and is translated as racism and bullying in the workplace, this is sometimes manifested through the use of jokes towards non-white members of the team (Lewes & Gunn, 2007). The use of jokes, or what is perceived to be light-hearted banter, is a way in which team members might not be challenged for being racist. There is a sense that racist team members would already know the various anti-racist policies, and would therefore use indirect, alternative means of being racist such as the use of ambiguous language that might present with double meaning (where one meaning might have a racist interpretation) (Lewes et al., 2007).

2.3.5 Intersectionality

There is an argument that the ideology of racism cannot fully explain discrimination, or explain the process to which different minoritised social groups are subordinated. If this is translated into the workplace, racism may not be enough to explain how women from black of ethnic minority backgrounds, for example, are mistreated. The theory of intersectionality (Crenshaw, 1994), offers an alternative perspective of how people become minoritised. This is a framework that “dismantles the view that social processes are discrete and that class, gender, race and other social categories can be understood without looking at how they inter-relate” (Anthias, p. 153). Instead, “different modes of inequality and division intersect or interlock, creating complex articulations which are patterned, but not fixed or given” (Anthias, p.153). The intersection is where two or more identities cross. Intersectionality theory critiques binary accounts that would explain discrimination or marginalisation in terms of single axes or positions – such class, race, gender or sexuality. Instead, people are involved in a tangled web of relations, whose particular configuration and salience which will differ over time and place, (Richardson, 2007). Since two or more identities cross, such as being black and female, acknowledging this builds a broader and more inclusive picture of understanding discrimination and oppression.

The origin of this theory came from an acknowledgement that female, black women who lived in poverty were being overlooked within feminist practice and research. The plight of many black women, living in poverty, was that it is not just race that could account for their subjugated position – but a combination of their gender, race and class positions. To
understand black women’s struggles (Crenshaw, 1989 refers to as the struggle of ‘women of colour’) it is important to address the crossing of both feminist and anti-racist discourse (Crenshaw, 1991). By this, theorists need to take both gender and race on board and show how they interact to shape the multiple dimensions of black women’s experiences (Crenshaw, 1991). By this, there was an acknowledgement that categories of discrimination overlap and individuals suffer exclusions on the basis of race and gender, or any other combination (Crenshaw, 1994).

Historically, intersectionality theory was introduced at a time when there was a cultural change in the way that the political economy was being viewed, including critiques of neo-liberal ideologies that might draw on ideas of diversity, i.e. a sense of bringing all races, religions and cultures together, whilst still presenting these categories as universal and neutral (Griffin, 2007). According to intersectionality, “economic forces and processes cannot be situated outside their embeddedness within symbolic, cultural and meaning structures in modern societies and across societies in the transnational field” (Anthias, p. 154-155). So, what occurs within the workplace, including how meaning is formed (at the level of symbolic interaction), and generated through industrial relationships, cannot be separated from the wider economic and cultural process. In turn, intersectionality is an evolving concept tool that broadly refers to a recognition of the complex, irreducibly varied and variable effects which ensue when multiple axes of differentiation – economic, political cultural, psychic, subjective and experiential – intersect in historically specific ways (Brah & Phoenix, 2004)

In wider use, analysis of intersectionality explores multiple issues that arise from belonging to more than one oppressed position. So far, intersectionality as a theory has not applied to the field of workplace bullying or harassment. This seeming lack in its use as an intervention might explain why the perspectives of black women, or women from ethnic minority backgrounds who might have been discriminated against in the NHS either have not been included, known about, nor understood.

Binary theories of racism or gender alone might not be sufficient in explaining the complex relationships that some women may face in the workplace. This may stretch to relationships they may form with others (including men) from a similar cultural or ethnic background, or their relationships with people from a different class. This is not to forget that the unity, of
two minority traits constitutes, in fact, a distinct position giving rise to unique forms of disadvantage that can neither be accounted for by race or gender or adding the one to the other (Anthias, p. 157). In summary, it is important that the lives of women from minoritised positions are documented and acknowledged. Equally, the lives of women whose experiences or identities are interwoven by a number of different intersections also need to be documented.

2.4. An Outline of Political and Organisational Dynamics in the NHS

The current condition of a complex network of relationships in the NHS workplace is political because they are influenced by governmental policies and agendas, economic cuts, financial controls and free-market rhetoric (Lorenz, 2012). It is argued that the current NHS is run as a business through a business management model, likened to a potential imitation of the private sector (Ironsie & Seifert, 2003). This means that there is more of an incentive for the remaining NHS services to prove their economic viability in a political climate where there is a persistent threat of cuts in NHS services, especially during times of the recession. Observations have shown that in response to this risk of deprivation of resources, “many public-sector services had adopted vigorous neo-liberal managerial initiatives, including New Public Management (NPM) in order to coerce their employees in meeting standards of performance and targets” (Lorenz, 2012, p. 600). NPM strategies replicate similar managerial styles that exist in the private sector, and can include controlling mechanisms such as:

1) Increasing the breakup of public sector organisations into separately managed units
2) Increasing competition to use management techniques from the private sector
3) Increasing emphasis on discipline and sparing use of resources
4) More hands-on management
5) Introduction of measurable indicators of performance
6) Use of predetermined standards to measure output. (Lorenz, 2012, p. 608)

The consequences of NPM strategies being applied to the workforce could be threefold. The first is the potential for creating an impersonal, competitive environment. The second is personal or client care being replaced by the rhetoric of measurable indicators of performance, which could result in employees sensing inner alienation from their work. The
third is that this subtle change in management practices could incite restructuring in services and consequently an insecure working environment.

2.4.1 Workplace Bullying at an Organisational Level

In response to the argument that the NHS was becoming more and more of a competitive environment, a survey in 1999 suggested that forceful styles of leadership were adopted in order to maintain this type of discipline, stating that, “there was a high proportion of intimidatory management styles, which led to a rise of bullying in some public organisations” (IRS, 2006, cited in Beale & Hoel, 2010, p. 5). This survey supported evidence that the introduction of NPM “increased stress and work pressures” (Beale & Hoel., 2011), resulting in the phenomena of WPB and harassment managerial practices. Indeed, it was argued that because WPB equated to a managerial control of labour, this had implications that, “workplace bullying is an endemic feature of the capitalist employment relationship” (Beale & Hoel., 2011, p. 5).

Hoel et al. (2006) evaluated how there was a need to control the labour force in order to ensure that performance targets were being met. They considered, however, that excessive control very often equated bullying and harassment. They suggested that:

Control of the worker could be a feature of the Management culture. So, senior managers have much to gain from lending their support and loyalty to junior managers by condoning bullying behaviour. (Beale & Hoel., 2011, p. 239)

Other researchers from the UK and members of the trade union supported the analysis that a bullying style of management occurred when performance management in public services appeared to be favoured over the care of members of staff (Hoel & Cooper, 2000; Unison, 2000). Similarly, Pollert’s (2007) findings from an empirical and qualitative study of self-reports of bullying suggested that, “managers usually show sympathy towards the victim of bullying, but in the end will pull rank; often in the critical stage of the process.” (Pollert, 2007, cited in Beale & Hoel, 2011, p. 10).

In the previous two decades, research has indicated that in the UK, managers in public
services were reported as being the main culprits of bullying. “Survey-based research suggests that the prevalence of self-reported bullying is between 10% to 35% within the workforce, with the majority of this being manager-to-employee bullying” (Beale & Hoel, 2011). It is argued that bullying is part of the routine of management of labour, and that most of its forms are accepted as part of the daily experience of employed work (Ironside & Seifert, 2003, p. 384).

Managers who bully other subordinates are also very often bullied by their managers too (Beale & Hoel, 2006). Consistent findings from several UK surveys suggested that bullying in three out of four cases is a downward process directed by someone in a managerial or supervisory position (Hoel & Cooper, 2000, cited in Hoel et al., 2006). If the motive of bullying is to encourage employees to work harder to harness success, or, alternatively, to demote or sack ineffective employees, then managerial strategies of control and coercion can be understood. For this reason, Beale & Hoel. (2006) proposed that there is less incentive for organisations to eradicate WPB. If labour costs are cut in an NHS service in order to save money, then termination of employment could also be a threat. In other European countries, and Scandinavia, however, co-worker bullying was reported as being more prominent (Beale & Hoel., 2006).

The survey by Carter et al. (2013), the results of which are given in the introduction, lead to the conclusion that the majority of reports of WPB in the UK have been situated within a vertical and hierarchical dynamic between a person in a position of power and their subordinate. This survey has not been accepted without contention. It has been argued that within interpersonal bullying research, managers are sometimes positioned as a ‘scapegoat’, as they have often, “shouldered responsibility for organisational practices that are predominantly outside their control” (Liefooghe & Mackenzie-Davey, 2001, p. 377). In fact, “the pathologising of victim of bullying or harassment, and perpetrator may act as a distractor for organisational practices” (Liefooghe et al., 2001, p. 377). This could indicate that research into interpersonal dynamics could be stigmatising and may ignore wider organisational dynamics, which could also be oppressive.

The next section considers the impersonal systems of discipline and coercion as being viewed as bullying.
2.4.2 Impersonal Systems of Discipline and Coercion

Liefooghe et al. (2011) and Ironside et al. (2003) explored how depersonalised organisational structures and processes often led to WPB and harassment. Liefooghe et al. (2001) controversially considered that it was the workplace that was bullying. This statement achieved two things. The first was that it shifted the focus away from an individualised approach that would situate the problem as belonging solely to the bully towards an impersonal dynamic. Secondly, the rhetoric of this statement could be attempting to incite resistance in the employee by critically focusing outwardly of what could potentially be illegitimate in the workplace, such as coercive organisational factors (Beale & Hoel, 2006).

A critical theory approach was adopted by Liefooghe et al. (2001), who explored perceptions of WPB and harassment amongst employees of a telecommunication company. Their aim was to move away from an expert-focused and institutionalised perspective of WPB, towards a more emancipatory one where they were prepared to listen to the employees’ perspectives. They argued strongly that employees viewed the impersonal systems for monitoring, publicising and control as forms of bullying (Liefooghe 2001). Employees found that:

The use of performance improvement as a punishment for failure to perform, penalising people who do not meet their targets by putting them on a personal improvement plan, threats, such as telling people their jobs are at risk if they don’t perform adequately. (Liefooghe et al., 2001, p. 388).

These examples contain messages of the wide discontentment about organisational systems that were perceived to exploit; in particular, punishment, penalisation and discipline were words that were frequently used by the workers in order to describe bullying and harassment practices. In this respect, excessive monitoring practices, threats of employment termination and improvement plans all sought to reinforce the idea that the employee, or indeed the workforce, is inadequate, unworthy or even weak.

In the NHS, performance improvement plans for meeting targets, and threats of punishment and dismissal, have been documented as modes of bullying and harassment (Pope, 2017). What remained unspoken, however, has been how these, perhaps oppressive, organisational systems came to be legitimised and not so easily opposed, particularly if they were viewed as
bullying (Liefooghe et al., 2001). A deepening of analysis might lie within an exploration of the development of an individualised culture in the workplace, including the NHS. In the NHS, this could refer to the tendency to separate and divide employees from each other, emphasising that the individual is solely responsible for the outcome of their work and their relationships with colleagues and management. Performance targets have encouraged workers to view themselves as separate individuals, removed from the group, and mainly responsible for meeting wider service objectives. Findings from a large survey of public services in the UK revealed:

In individualistic cultures, the phenomenon of WPB evokes pejorative judgements of targets more often than it does of perpetrators or impinging organisational dynamics. Targets are often blamed because others think targets have done something to deserve mistreatment. (Einarsen, 1999, p. 100)

2.4.3 Human Resources/Weakening of Trade Union Representation
The role of Human Resources Practitioners (HRPs) and surveillance practices have been subject to debate. HRPs have a critical role in identifying, preventing and resolving bullying in organisations (Lewis & Rayner, 2003). The perceptions of many targets of WPB or harassment are that they “perceive HR practitioner as inactive, hence ineffective, in response to claims” (Lewis & Rayner, 2003, cited in Einarsen et al., p. 370). Yet, whilst targets, following policy and raising bullying claims, report to HRPs in the belief it will help their situation (D’Cruz & Noronha, 2010), they often perceive HRPs’ responses to these claims as inconsistent with policy, and consisting of inaction, denial, target-blaming or management complicity (Hutchinson et al., 2009; Lutgen, 2008). Such responses from HRPs can be experienced as further bullying, thereby exacerbating the impact on the target (D’Cruz et al., 2010).

A qualitative research study by Harrington, Rayner, & Warren (2012) utilised a critical discourse analytical approach in analysing HRPs’ interview texts of reports of WPB against managers in workplaces. The study revealed that the HRPs mostly tried to exonerate manager’s behaviour, protecting the interests of the organisation rather than engaging in advocacy. Their findings claimed that “reports of bullying are exonerated by HRPs
considering them as legitimate performance management” (Harrington et al., 2015, p. 383).

The same authors used Bourdieu’s theory of ‘symbolic violence’ to support the theory that many HRPs commit symbolic violence on employees who raise claims of WPB (Harrington et al., 2015). Bourdieu talked about spaces, such as the workplace, being like a field, in which the game takes place between its players. It is a social space structured and organised by specific types of resources, or capital, such as respect, promotions and high salaries within organisations (Harrington et al., 2015). The rules of the game are often referred to as ‘the field’s doxa’, which include the fields symbolic capital, which then becomes the basis of power (Bourdieu, 1977). Then, through shared ‘habitus’, social practices become immediately understandable and predictable to similarly situated individuals – such as how HRPs respond to WPB (Harrington et al., 2015). In other words, capital could include rules dictating ‘performance management’ which could hold most economic power in NHS organisations.

The sense-making surrounding ‘performance management’ could then determine the habitus, in other words, how complaints are considered and then acted upon. One consequence of shared habitus is that individuals become less critical and reflective of their own and each other’s behaviour (Bourdieu, 1977, p. 80). Also:

Consensual taken-for-granted practices become endowed with a sense of objective common-sense, negating the need for ‘close analysis of the nuances of another’s practice’. (Bourdieu, 1977, p. 80).

Bourdieu (1991) called this dominance of common-sense practice through language, ‘symbolic violence’. This is the process by which the importance of economic capital is disguised by its transformation into symbolic capital. By virtue of their legitimised symbolic capital and the control they have over the valued resources in the field, powerful field members assert their voice and view of the world (Harrington et al., 2015). The significance of this research demonstrated how:

Casting doubt on the ‘truthfulness’ of the target’s perception of bullying negates the need to even consider the target’s feelings of being bullied and, hence, engage in employee advocacy. The HRPs are able to protect themselves from management
criticism, as well as avoid the dissonance and self-conscious emotions that would be associated with acknowledging the target’s subjective experience. (Harrington et al., 2015, p. 383)

The research evaluated how even the words ‘workplace bullying’ carry so much taboo within organisations that they are often used with discretion and caution. This research added to knowledge that the dominant economic power given to performance management becomes a text and a discourse. Reports of WPB are therefore read by HRPs within the context of this text. This could demonstrate how systems of macro power could contribute to the maintenance of WPB in the NHS.

A second point is that trade unions are usually those who represent employees of the NHS who wish to report an incident of WPB. It has been suggested that their role holds a lot of importance in bargaining the outcome of such bullying reports (Ironside & Seifert, 2003). Since the 1990s, there has been a weakening of influence in trade union power (Charlwood, 2003). This could also explain the increase of the reporting of WPB in the NHS and be one reason why so many cases fail to be brought to a tribunal.

2.5 Power, Surveillance and Resistance

These levels have been used as a framework to better understand three levels of inquiry and interactions. A definition of micro level is given as, “multiple roles and the self” (Marks & McDermid, 1996, p. 417). The meso level is given as group level experiences and interactions (Messner, 2009). The macro is the highest level, such as ‘national policy’, (Caldwell & Mays, 2012). These definitions, however, are themselves variations based on Goffman’s frame analysis which can be adapted to each particular area of research. For example, Caldwell et al. (2012) identified macro as national policy, meso as national programme and micro as (e.g.) north-west London. These definitions are important for this research (see Introduction, p. 1 & 2). Foucault also saw power as circulating at different levels.
2.5.1 A Foucauldian Perspective

This section will begin with a brief overview of Foucault’s book “Discipline and Punish” (1979); including his archaeological, historical analysis of the penal system from the 17th century to the present day. Specific attention will then be drawn towards his suggestion of ‘disciplinary power’, ‘surveillance’ and ‘resistance’, through his analysis of ‘docile bodies’ and the ‘Panopticon’. Finally, these concepts will provide a rationale for the need for research evidence for a potential relationship between power, discipline, surveillance and resistance in narratives of WPB and harassment in the modern NHS.

2.5.2 An Outline of “Discipline and Punish”

Foucault’s book “Discipline and Punish” (1979) aimed to resurrect a unique historical account of changes in the Western penal system during the period between the 17th and 20th centuries, based on historical documents from France. He was interested in the various transformations in how discipline and punishment were thought about, measured against the nature of the crime, enacted during different epochs, and in how (and why) they altered over time. His analysis portrayed a transformation in the use of modes of visibility as an instrument of punishment or discipline in different epochs. In contemporary disciplinary power, “the mode of discipline sometimes remains invisible, but the subject adopts a principle of compulsory visibility” (Foucault 1979, p. 187).

Foucault conveyed a movement away from the ‘politics of spectacle’ (sovereign power) in the Renaissance period towards ‘disciplinary power’ from the 19th century onwards. The former depicted an epoch based on punishment, which was visible and where the scarring of the body was made a spectacle, such as the display of a man being publicly tortured (as portrayed in Chapter 1 of “Discipline and Punish”, 1979). The latter conveyed a more sceptical account of modern modes of discipline both within the penal system and in institutions, where the body could become coerced into becoming more ‘docile’ and potentially lose its energy and power. For Foucault, discipline of the body could become a mode of capitalism, a way to increase potential for productivity in the workplace because, in short discipline dissociates power from the body, and turns it into a relation of strict subjection (Foucault, 1979, p.138)
If the consequence of discipline could be that ‘power is dissociated from the body’, then this could also imply that there is residual power that resides in the body but that is difficult to reach and that would thus remain disconnected. Just as when the body becomes more oppressed and restrained, the individual would then become objectified. They then may be viewed by their level of usefulness for an institution, instead of being seen as a human subject. This process could become dehumanising; “institutions is one way, in which we can understand how power shapes subjectivity – how it objectifies the human subject” (Foucault, 1982, p. 779).

Foucault later on confronted the assertion that power “only exists in action” (1980, p. 89). This could be interpreted as meaning that power and discipline are part of an interactive flow, where these only exist when the recipient begins to also self-discipline in a way that could constrain their own body in a mutual exchange. Discipline resides in the way that spaces within institutions are rigidly organised, in order to encourage workers to be separated from each other rather than form together as a collective. People become individualised within the work context. The organised environment of the workplace could present an “economy of texts” (Willig & Stainton Rogers, 2008), where the social and historical context residing within the framework of the workplace could only allow certain ways of expressing subjective knowledge to be known and experienced.

2.5.3 The Panopticon
The Panopticon was a tower, invented originally by Jeremy Bentham in the 19th century, which was installed within the centre point of a prison. The idea was that if an inspector stood at the top of the Panopticon, he or she could potentially see and observe all the prisoners within their prison cells. Foucault illustrated the Panopticon in the following way:

This enclosed, segmented space, observed at every point, in which the individuals are inserted in a fixed place, in which the slightest movements are supervised, in which all events are recorded, in which an uninterrupted work of writing links the centre and periphery, in which power is exercised without division, according to a continuous hierarchical figure… (Foucault, 1977, p. 200)
Foucault illustrated how the design of the Panopticon ensured the greatest amount of discipline for the whole of the prison. He hinted at how this mechanism could ensure that the perfection of observation, monitoring and supervisory practices could be achieved and enhanced. Power and disciplinary practices are therefore interlinked because of the presence, or imaginary presence, of a hierarchical figure.

Part of how power is exercised in the appearance that the prisoners are always being watched. This could lead to the internalisation that they are always visible and being observed or in sight of a more powerful other. Foucault demonstrated how the exercise of power from the Panopticon was not so much that the prisoners were actually being watched, but that they would internalise being the subjects of a ‘gaze’; that “the perfection of power should tend to render its actual exercise unnecessary” (Foucault, 1979, p. 205). The power of this internalised gaze meant that prisoners did not actually need the physical presence of a guard giving commands because they patrolled themselves. He elaborated:

There is no need for arms, physical violence, material constraints. Just a gaze. An inspecting gaze, a gaze which each individual under its weight will end by interiorising to the point that he is his own overseer, each individual thus exercising this surveillance over, and against himself. (Foucault, 1980, p. 155)

It (the Panopticon) had to be a faceless gaze that transformed the whole social body into a field of perception: thousands of eyes posted everywhere, mobile attentions ever on the alert, a long, hierarchicalised network. (Foucault, 1979, p. 206)

Foucault speculated that the whole of society would be transformed into a Panopticon. This meant that the ‘gaze’ of inspection could move into many different guises and become reinvented in many different institutions. Due this this, Foucault (1979) declared that, “our society is not one of spectacle, but of surveillance, under the surface of images” (Foucault, 1979, p. 217).

In contemporary institutions, whilst the Panopticon is an important concept for understanding surveillance, post-panoptic culture can “move beyond this” (Page, 2016). The instilled image of the Panopticon might denote that surveillance comes from one single source, from a
hierarchical, vertical power that could be internalised as all-seeing and all-knowing. In modern institutions, it has been argued that power is more sporadic and appears to come from many sources, where it might be difficult to know the origin of the source (such as some cyber-bullying). For this reason, a modern conceptualisation could be that surveillance is three-dimensional, through ‘vertical surveillance’, ‘horizontal surveillance’ and ‘interpersonal surveillance’. The first dimension is exhibited through language systems of hierarchical domination; this is ‘vertical surveillance’. The second dimension, ‘horizontal surveillance’, could be exhibited from colleagues who might oversee each other through keeping a watchful and suspicious eye on others. The third dimension, ‘the interpersonal gaze’, includes self-regulation and self-observation through the process of self-reflectivity (Page, 2016). The post-panoptic world, therefore, implies that surveillance could come from multiple sources within NHS services.

2.5.4 Resistance
The significance of studying power relationships from a Foucauldian perspective is that power will be viewed as something that is exercised rather than held. In other words, one way in which power could be resisted was if the target regulated their body in a way that could challenge the bully or surveillance practices.

Foucault was hopeful that disciplinary power could be resisted. In this sense, he adopted a radical conceptualisation of power. He hoped that at the micro level, people are able to make a difference to their circumstances, where “they can act within specific sectors at the precise points where their own conditions of life or work situate them” (Foucault, 1980, p. 126). He speculated that people, when or if they are organised, are able to resist the conditions that lead to their oppression within a relationship or a wider institutional field. In this way, they can “see the possibilities for the exercise of power in organisations to be resisted, and for new forms of organisation to emerge” (cited in Kearins, 1996, p. 2). Foucault believed that a society based on surveillance and discipline should be resisted; this was exemplified through his very brief – yet prophetic – statement, “we must hear the cry of the battle” (Foucault, 1979, p. 308).

2.6 Research Rationale
The rationale for my research, developed from the review of literature, is as follows:
In the modern NHS, the main system of management is achieved through a disciplinary agenda. Even NHS policy, which aims to combat WPB, could be viewed as a type of disciplinary procedure. So, discipline and coercion are inherent within the fabric of the NHS workplace. Foucault was interested in the impact that discipline had on the body – on the potential for the body to be weakened and then begin to lose its power. As an extension of illustrating the ways in which power and resistance feature in narratives of WPB and harassment, there is a potential link with the Panopticon. This might include the potential for the gaze of the bully being internalised, where the target could begin to construct themselves as their own overseer and to self-regulate.

2.7 Proposal for the Thesis
This review has not identified any in-depth research on the relationship formed within a bullying and harassment dynamic reflecting an organisational or disciplinary dynamic. The introduction has already identified the relevance to counselling psychology of the organisational and individual level dynamic processes, and the gap in research associated with this (Birkeland Nielsen & Einarsen, 2018).

In addition, there has been no step-by-step commentary of the content of WPB which includes a detailed account of the whole bullying scenario; nor an analysis of the context, language and reactions around WPB or harassment. At present, there has also been no research found specifically based in the NHS involving a detailed Foucauldian analysis. Therapists and other HCPs have both exposure to and heightened insight into the impact of workplace bullying. They are situated at the intersection between the NHS, the spectrum of performance management systems (including discipline), and the therapeutic needs of the clients who need their help. Therapists and HCP have been selected as the target group for this research.

2.8 Research Questions
1) How have therapists and HCPs working in the NHS experienced WPB and harassment?
2) How does power and resistance interweave into the narratives of WPB and harassment?
3) What are the implications for counselling psychology?

2.8.1 Research Question 3: What are the Implications for Counselling Psychology?

My main purpose for evaluating power and resistance in each of the narratives for this thesis is to make a practical contribution to the field of counselling psychology. This will include the prospect of increasing reflective practice in the field; including the ways power may circulate in organisations and to consider critically the impact that this may have on relationships between members of staff, and on service users. Through considering these pertinent issues, it is hoped that wider development in knowledge of how bullying or harassment dynamics occurs could be developed within the counselling psychology profession. A recommendations section will also be included at the end of the conclusion. This will aim to explore also in what ways resistance, collective action and solidarity could be promoted within this profession so that employees would not have to be so alone or alienated in facing or confronting their experiences of workplace bullying or harassment. This research question will be answered at the end of the discussion section and in the recommendations at the end.
CHAPTER 3: METHODOLOGY

Within this chapter, I shall outline my ontological and epistemological position as a researcher and present the methodology in relation to the different stages of the research process. Details of the recruitment procedure, data collection process and analysis will be presented, with reference to qualitative trustworthiness and how ethics were addressed.

To answer the research questions, I used a qualitative research design in order to focus on the meanings generated by the narrators, who had self-reported to have been subjected to WPB or harassment. My thesis examined the narratives of five different women, all of who had been subjected to different forms of harassment (including racism, misogyny and age-related harassment), workplace bullying and different forms of work-related exploitation. I used their narratives, which were audio-recorded, as the main form of data in order to generate the potential for qualitative meaning. The recordings were transcribed and analysed using a narrative inquiry and a Foucauldian discourse analytical framework.

3.1 Philosophical Underpinnings

In this section I will bring an overview of my own ontological and epistemological positioning within the current research to demonstrate how I made decisions regarding the methodological process, including my choice of research analysis.

3.1.1 Ontological Position

In this research, I wanted to generate data that would be meaningful, not just in understanding how HCPs or therapists who had left the NHS became a target of bullying, but in the broader context of how wider macro structures related to power could potentially have some bearing on the reproduction of this dynamic. My ontological and epistemological positioning, therefore, attempts to build an understanding of some of the multiple influences of power that interweave between and within complex power dynamics within the NHS.

Ritchie and Lewis state that “Ontology is the beliefs about the social world and what could be known about it” (2003, p. 1). There are various philosophical positions on beliefs about the social world. These include: How do we know we exist at all and what constitutes this
knowledge? Do people see reality differently, or does it depend on the context they are based within? (Ritchie & Lewis, 2003). My belief about the social world and what could be known about it is that we come to know that we exist through our interaction with other people, our culture and our environment. In this, I share Vygotsky’s ontological position that, “through others we become ourselves” and thinking is not from “the individual to the social, but from the social to the individual” (Vygotsky, 1987, p. 120). In stating this, I do not dismiss that social behaviour is also affected by conforming to social regulation. According to Arribas-Ayllon & Walkerdene (2008), Foucault thought that we are governed in our communication and what we do through a discourse of knowledge structures, or instead rebel or resist. Stories or narratives of WPB or harassment could be one way in which subjectivity and meaning could be transmitted, while allowing the potential for discourses to be explored and outlets for new meaning or resistance to be expressed.

The linguistic turn, that soon transformed into the discourse turn from the late 1970s, was a post-modern movement that began to question the foundation of truths that had remained unchallenged within orthodox psychological tradition (Parker, 1989). This movement broke from an empirical base to an exploration of meaning (Parker, 1994). People were viewed as more ambivalent and unpredictable, yet still shaped by their relationships and interaction with other people, systems and the wider world. My thesis will reflect this change of consciousness.

Foucault contributed to ontology through his premise that systems of knowledge are closely aligned with power; he thought that “there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute, at the same time, power relations” (Foucault, 1979, p. 27). If discourses construct subjectivity, then these will also be located within, and bring guidance for, how members of staff bully others. Systems of knowledge and power are the fabric and foundation of our being and therefore mark the territory of social interactions in the NHS.

For this reason, in terms of this research, the application of discourses was chosen because it was one way to understand the use of power within social interactions and how employees come to control each other.
3.1.2 Epistemology

Ritchie and Lewis state that “Epistemology is concerned with ways of knowing and learning about the social world and focuses on questions of, what is the basis of our knowledge?” (2003, p.13). With this research, it was not enough to just consider the basis of how human beings come to interact with each other; the interplay with levels of power also needed examining. When conducting my research, it was important to engage with issues that allowed me to clarify my position on key questions relating to values, politics, power and truth, and their implications (Burman & Wheelan, 2011). There are two epistemological positions that will be illustrated in relation to this: ‘social constructionism’ and ‘post-structuralism’.

3.1.2.1 Social Constructionism (SC)

Put simply, SC means that, “reality is socially constructed” (Berger & Luckman, 1966), therefore reality and power is constructed from a social context (Charmaz, 2000), and is constantly being produced and reproduced. My understanding is that employees in the NHS will actively socially construct their worlds, including their beliefs and experiences of WPB and harassment. My epistemological focus is that there are more concrete systems of power that govern systems of knowledge, such as the impact of policy, discipline and surveillance on workplace relationships. I wanted to study how employees NHS constructed meanings and actions from their experiences of abusive or controlling relationships, within their historical and social context. This research approach was designed to move closer to their experiences, especially in exploring how this power dynamic could change or alter how they see themselves or their sense of agency.

3.1.2.2 Post-Structuralism (PS)

Post-Structuralism (PS) emphasised “the instability in meanings and undermined traditional theoretical perspectives that claimed to have universal systems, and truths” (Arribas-Ayllón et al., 2008, p. 111). The question of the truth, became paramount in PS writings. Whilst, Foucault did not claim to be a PS, his philosophy and his cynicism regarding truth claims led other writers to position his writings within a PS framework. There are competing perspectives that have claimed that he was a relativist (Ransom, 1997). Traditionally absolute relativism is the theory is the theory that there are no truths, or alternatively that all claims to truths are relative. My reading of Foucault was that he was not an absolute relativist, and was less involved in the process of proving there was no truths, but identified instead that some
truth are given more power in society than others. The foundation of discourses, therefore, are composed of “as sets of statements that construct objects and an array of subject positions” (Parker, 1994, cited in Willig, 2013, p. 380). Discourses appear as truths, and they make available ways-of-seeing and ways-of-being, and are implicated in the exercise of power (Willig, 2013, p. 380). Whilst, discourses appear as truths; it is only because society or culture has positioned these are more truthful accounts of reality, compared with other, minoritised accounts. PS would seek to question how certain forms of knowledge, and ways of viewing the world become powerful.

PS adopted proclaimed that history is more unstable, comparable to Foucault’s genealogical perspective (see Chapter 2); that power can only be understood within the historical and social context of each epoch. Also, power does not follow a set of rules or patterns, but instead generates from multiple sources and is exercised, rather than held. This means that there is a symbiotic relationship, rather than there just being one person having absolute power over another. A combination of both the SC and PS philosophical perspectives might incorporate how employees constitute themselves within relationships (within a SC framework) and then align this within the context of wider systems of power (a PS framework). I included both perspectives in this research that generated data from shared experiences and relationships with participants and other sources of data (Charmaz, 2006).

The main paradigm to which the narratives have been interpreted, has utilised critical theory approaches, (in the context of Foucault’s analysis of power). PS is embedded in this paradigm, but also critical theory shares a commitment towards challenging the status quo, using anti-racist and anti-sexist perspectives and moving towards change.

3.2 Research Design
The main aim for this research was to analyse how meaning is constructed within narratives, and to observe how dominant discourses that might influence relationships of power in the NHS workplace, fold in. The objective was to “understand and represent the experiences and actions of people as they encounter, engage and live through situations” (Elliott, Fischer & Rennie, 1999, p. 216). For this reason, a qualitative research design was well suited for this research. The task was to represent subjectivity in its fullest, how systems of power function
in the NHS (through the eyes of the narrators) including the potential for resistance in the bullying dynamic.

3.3 The Narrators
My research proposal was to secure narrative interviews with HCPs and therapists who had been subjected to bullying and harassment in the NHS and had since left the service. As explained in detail in the introduction, this specific participant group was chosen because its members were positioned at the interface of competing systems of power due to the fact that they themselves were being bullied and were also providers of support for others who might present as being subjected to bullying.

3.3.1 Recruitment
The narrators needed specific characteristics to be included in the research, therefore the sampling style selected was ‘purposive’ rather than random in that participants had to meet prescribed criteria for selection (Ritchie et al., 2003). A poster used as an advertisement for narrators was drawn up (Appendix 1) explaining my role and purpose, the topic of research and broad criteria, inviting relevant applicants to contact me. As the interviews encouraged the narrators to talk about how they might have challenged (or not) WPB or harassment, this may have limited eligibility for the research. This poster was circulated electronically to specific websites and other contacts in the field of workplace bullying. My selection of narrators was primarily through a ‘theoretical sampling’ method as it was made with the intention of examining theoretical insights from an FDA perspective. It was also, to some extent, ‘snowball sampling’, as a basis of contacts was through informed colleagues and some of the participants (Lynch, 2011).

I recruited six potential narrators between February and October 2016. Two of the narrators had seen my advertisement on the internet and decided to get in touch. Colleagues and a member of staff at Manchester University recommended another two narrators to me, and I then recruited another two narrators who were recommended by a friend. I liaised with all the narrators initially through e-mail. I provided a brief checklist of the main inclusion criteria, which were that they needed to self-identify as having experienced WPB or harassment over a substantial period of time, where this was felt to be continuous, or escalating (Einarsen et al., 1996; Leymann, 1996). A similar checklist has been used widely in current and past
research into WPB and thus fitted in with other research projects into this area. I encouraged the narrators to read through this checklist, and if they thought it was applicable, to then e-mail me within two weeks. After the second e-mail response was received from the narrators confirming that they were interested in taking part in the interview, a written description of the study was sent to them with ‘a participant sheet/consent form’ (Appendix 3), which they would need to sign and send back to me before taking part in the research process. They were also sent a list of questions to consider for the interview (Appendix 4).

All the narrators said that they were thankful and optimistic that this type of research was being conducted and were willing to tell their story. They commented that the interview would be valuable to them. Four mentioned that they wished to help other people who had been bullied or harassed in the NHS. I interviewed six narrators in total who met the criteria. There was one participant whose narrative I decided to exclude from the analysis. This was because at the end of the interview the person told me that they had disclosed information that would have compromised their legal obligations.

3.3.2 The Narrative Interviews

The completion of the narrative-based interviews took place face to face, apart from two, which took place via Skype. The narrators came from different parts of the UK. This cross-section of areas was extremely important for the research because it indicated that WPB or harassment was not confined to a single area, or to one type of NHS service, but was more widespread. The services included community and mental health teams (CMHTs), a therapeutic community and a forensic setting.

I travelled to three of the narrators’ homes, with their consent, in order to conduct the interviews. Two interviews were conducted via Skype, as noted above, and I used a therapeutic room in Manchester for another interview. I avoided impersonal and institutional interview environments which could have mirrored workplaces where most of their experiences of bullying could have occurred. The choice of locations for the interviews was intended to ensure participants were in a familiar place of comfort so that they felt safe enough to speak. I was aware that talking about previous abusive experiences could revive distressing memories or trigger unprocessed emotions. How I dealt with and managed this
risk in a considerate and ethical way is addressed later in this methodology. I wanted to
customise the research process so that the participants could feel validated and heard.
At the beginning of each narrative interview, I asked participants to sign a consent form (see,
Appendix 3). I then talked about their rights, including that they could stop the interview at
any time and had the right to ask me not to include in the research something they had
disclosed in the interview. Each of the narratives were recorded onto a digital tape (also with
their consent), ready for transcription. The digital tape was encrypted, and the narratives were
each saved onto encrypted files. One interview was 2.5 hours long, two were 1.5 hours long,
one was 1 hour long, and the final two were each 45 minutes long. In total, I obtained over 8
hours of interviews that took approximately 72 hours to transcribe.

3.3.3 Narrators’ Pseudonyms
I asked each of the participants to choose a pseudonym that would be used in the write-up of
the research and for a description of how they would want to portray their organisation. One
woman chose her own pseudonym as ‘Juniper’, another three asked me to choose their
pseudonyms. The choices agreed were, ‘Farah’, a female Muslim name reflecting the
participant’s culture and religion; ‘Evie’ and ‘Anna’. The final participant, ‘JM’ wished to
use her real name, but for reasons of anonymity, this was altered.

3.4 Rationale for Using the Narrative Approach
The rationale for using the narrative approach needs to be addressed. The research process
needed empathy for the lived experiences of those who had been oppressed by WPB or
harassment and for these experiences to be told in their own words. In order to achieve this
level of assurance, I used narrative as the main framework for generating this research data.
Stories have been viewed as the main avenue for personal and social transformation, thus
allowing the narrative to also become politicised (White & Epston, 1990). More widely the
narrative, as research data, has been used by researchers in order to document the experiences
of those who have been minoritised, such as rape victims, women who have experienced
interpersonal violence, and children who have been trafficked from different countries
(Sandelowski, 1991). In their lives, they would have encountered many people from
dominant positions, such as the abusers, solicitors, psychologists, social workers, and judges,
who have then related and reported on their experiences to others, over and over again. I
wished to hear the narrators’ own narratives, without the interference of a more dominant and detached version.

The boundary of the narrative could be limited in itself because, “stories show how hegemonic dominance also filters into the lives of people” (Tamboukou, 2011, p. 2). For this reason, the narrative is still open to the possibility of more dominant voices influencing the narrator’s own subjectivity. As I wished to expose dominant structures of power as they impacted on the narratives of WPB and harassment, the narrators were well-placed to inform me about how power functions worked through the lives of people who have been bullied or harassed. From a genealogical perspective, “only certain things can be said in any one moment”, (Foucault, 1998, cited in Tamboukou, 2011, p. 2), so the narrative is also subject to historical and social constraints. The narrative could do much more than simply translate how people were mistreated in the NHS; it could also explore how identities have changed and have impacted on relationships, as well as subjectivities. In short, the narrative may not offer simple answers to questions about bullying, but on the plus side would be extremely valuable in opening up an exploration into the lived experiences of the targets of bullying.

The narrative is temporally fluid, where multiple meanings have the potential to shift and change throughout the story. Riessman, (1993) advocates the honoursing of one complete analysis rather than analysing themes across different narratives, as this helps to show the processes through which the narrator is able to construct meaning. If, therefore, the narrative was cut up into themes, or boxed into codes, the resonance of meaning could be lost. For this reason, I have not used a semi-structured interview style, nor have I introduced a theme-based approach for analysing the final data. In line with PS, the narrative may be messy, and might not be linear, so meaning could be more complicated to extract. The primary aim for using a narrative is firstly to introduce the lived experience of WPB or harassment in the NHS, and secondly, to explore how power filters into each of the narratives, using an FDA analysis.

3.5 Data Analysis
The method of data analysis was a narrative inquiry (NI) with FDA. In this section, I offer a description of, and rationale for, both NI and FDA. A step-by-step guide will be outlined as
to how the data analysis process was applied to the five transcriptions. This will provide a clear and transparent view of the process of analysis.

3.5.1 Analysing the Qualitative Data

My main aim for the research analysis of each of the narratives was to reproduce something that would be meaningful, not only for the narrator and the reader but also for a wider audience. When I first listened to and then re-read the transcripts of each of the narratives, I began to reflect upon the positioning of relationships of power between myself, as the researcher, and the narrators who had been bullied. It gradually dawned on me that I was bearing witness to different disclosures of exploitation, almost as if I was positioned as the third party – the bystander. There has been much research into how the non-disclosure, or the lack of intervention by the bystander, often leads to the perpetuation of bullying. Parker remarked that it is important to attend to “the multivoicedness in language” (2004, p. 89), so in this, there is one position that is less known or clear in this analysis – the voice of the reader. The reader is also a bystander because the act of reading is not a passive activity but both active and politicised. The reader might well feel challenged or could be quite conflicted regarding their positioning in relation to the narratives, which could be quite understandable because the narratives are already embedded in conflict.

Both NI and FDA originate in a philosophy, commonly named semiotics, which is a process where meaning-making is established through a process of signs (Parker, 2004). This means that there are no obvious, punctual points of meaning, but instead there is a gathering of meaning that is established through either a process of storytelling or by extensive analysis. Traditionally, FDA identified discourses and removed them from the main transcript or texts in order to make sense of their wider representation and implications. This dissection meant that the voice of the author's subjectivity (the creator of the discourse), may have been excluded, which Parker critiqued as “a procedure warranted by the so-called ‘death of the author’ in literary theory”. He remarked:

What if we worked discursively right to the end of the research? Would it be possible, for example, to bring participants into the analysis of discourse rather than treating texts as abstracted systems of meanings? (Parker, 2004, p. 198)
In this sense, as the participants are the active agents of meaning in the transcript, there are some arguments to format the analysis in a narrative style that would bring to life (and to bear witness to) the story of how they were bullied, and then to make sense of the discourses that could highlight something about wider systems of power or coercion in the NHS.

3.5.2 Narrative Inquiry (NI)

NI was originally adopted as a political challenge against simplifying people “as objects” of an empiricist agenda (Margarete, 1991). The importance of adopting NI as a method was because this opened the potential for the narrator to become, “the subject of their experiences, with a focus on how they express themselves, identify with meaning, with the added component that there is a human impulse to narrate” (White et al., 1990, p. 5). Through an academic lens, NI is an invested method of “collecting, interpreting and evaluating narratives”, including, “the individual within relationships, patterns of social activity, socio-cultural context, and social change” (Gergen & Gergen, 2004), which are sometimes muted within institutionalised texts. The use of NI in the analysis here was intended to trace the meaning-making subjective processes as expressed through the narratives.

3.5.3 Foucauldian Discourse Analysis (FDA)

FDA was used as the second analytical model, as a way of extracting relevant dominant discourses from each of the narratives. Where relevant and possible, a link was made with Foucault’s theory of ‘power and resistance’, including his theory of ‘the gaze’, ‘the Panopticon’ and the potential for ‘resistance’ as portrayed in his book “Discipline and Punish”. It is important to state that Foucault did not impose dogma in his philosophy. Instead he advocated that:

After all, these were only trails to be followed, it mattered little where they led … they were merely lines laid down for you to pursue or to divert elsewhere for me to extend upon or redesign as the case might be. (Foucault 1980, p. 79)

By this, Foucault was indicating that his theories were intended to be laid down as just a ‘trail’; thus, advocating that this trail could also have many ‘diversions’ and was open to being redesigned. For this reason, there is not a definite predetermined model of FDA, but the
intelligibility of how this was designed and then applied to the findings will be carefully accounted for and illustrated with a clear rationale. It has already been established that discourses refer to “the structurally elaborated and situationally reiterated frameworks of meaning” (Burman & Parker, 2016, cited in Burman et al., 2017, p. 9), and by this they are the imprints of “contemporary practices through which individuals constitute themselves as subjects of knowledge” (Arribas-Ayllon et al., 2008, p. 111). Foucault, however, linked discourse with ‘power’. He claimed that, “discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it”. (Foucault, 1980, p. 100). The possibility of ‘thwarting power’ means that discourses are always fragile and are open to challenge. In the main analysis of the narratives for this thesis, discourses represent three levels of power (described in the Introduction).

3.5.4 The Merging of Narrative Inquiry with Foucauldian Discourse Analysis

The NI and FDA, I used direct quotations by the narrators and then inserted an interpretation underneath. On the one hand, I accept that this leaves open the opportunity for different or other interpretations to be made, but on the other hand this will encourage critical evaluation of how I arrived at each of the interpretations. If I did not represent the narrators’ accounts of their stories through direct quotations, then part of my own analysis would remain invisible and insincere, because the reader would not be able to detect how I made the research decisions regarding the final analysis. The structure of how NI and FDA were presented followed the same structure of the original narratives. This was deliberate and intended because this may have helped in developing meaning within and throughout the narrative and not just in singular points of events.

3.6 A Step-by-Step Analysis of the Narrative

As Foucault’s intention was not to impose a dogmatic model for approaching FDA, the methodological model adapted Parker’s (1994, p. 95) 7-step approach to constructing an FDA. This was outlined as follows:

i) Turn the text into written form
ii) Free-associate to varieties of meaning
iii) Systematically itemise the objects, usually marked as nouns, in the text or selected portion of the text
iv) Maintain a distance from the text by treating the text as the object of the study rather than what it seems to refer to

v) Systematically itemise the ‘subjects’ – characters, persona, role positions – specified in the text

vi) Reconstruct presupposed rights and responsibilities of ‘subjects’ specified in the text

vii) Map the networks of relationships into patterns

In adapting this step-by-step approach, I began the analysis differently, through first spending time and becoming familiar with each of the narratives. I then utilised steps (i), (ii), (iv), (v) and (vii). As I was using both an NI and an FDA, I rationalised that the discourses would emerge from the range of subject positions (of the institution, the bully and the narrator) portrayed in the body of the narratives.

3.6.1 Step 1: Exploration of the Narratives

Becoming familiar with each of the narratives included reading and re-reading each of them and making sense of how the narrators presented themselves. This included the types of bullying or harassment being introduced, the circumstances in which these occurred, and their impact. At this stage, I was more interested in exploring meaning and making sense of their story rather than moving into the second research question, based on language, power and resistance. Also, after each narrative interview, I made some notes of my first impressions of their stories before writing the transcript (Appendix 6). I used these notes to i) reflect on the research process; ii) form an impression of the narrators; and iii) identify my own interpretations before reading the transcript.

3.6.2 Step 2: Free-Association

Step 2 of the methodological analysis involved, “turning a text into written form and then free-associating the points where potential discourses may prevail” (Parker, 1994, p.95). Before illustrating some concrete examples of how the data from each of the transcripts were free-associated, it is important to analyse what free-association is, and means, and how this can apply to Foucauldian Discourse Analysis (FDA). I will firstly begin by introducing free-association. Secondly, I will then link this with the unconscious. Thirdly, I will apply this theory to Foucauldian discourse analysis and finally, I will use some concrete examples of how I applied free-association to the method of analysis.
The roots of free-association, are embedded in psychoanalytical theory and practice namely through the work of Sigmund Freud (1901, 1905, cited, 2011). Free association is the main intervention used in psychoanalytical psychotherapy, whose purpose is in allowing “an opening into the multiple levels of living experience combining surface and depth with continual array of ideas, feelings, memories, fantasies, and bodily sensations that are rationale and irrational in continual motion passing through time” (Bornstein, 2018, p. 488). In other words, free association is a creative process whereby the analysand is allowed to freely speak their thoughts, feelings, ideas and associations without thinking too hard about what they are saying in their conscious mind. In being able to creatively free-associate, this has potential in opening the discourse of self-consciousness (the representations available to reflective awareness), to the voicing of the repressed (Barratt, 2017). According to Freud (1901), ideas, wishes, desires or things that might be forbidden could become repressed and, therefore, become unconscious, or unknown or unknowable to itself. Free association, is one way in which the analyst is able to interpret some of the unconscious processes that are being repressed. The essence of the process of repression lies, not in abrogating or annihilating the ideational presentation of an instinct, but in withholding it from becoming conscious (Barratt, 2017). Freud introduced free-association as a way of analysing forbidden or oppressed desires in dreams (Freud, 1899, cited), through the oedipal complex (Freud, 1919, cited, 1950) and other psychosexual developmental stages (1901).

Freud warned against the idea that free-association meant, “anything goes”. Instead, he claimed that “free, meant spontaneous, free from the chains of self-criticism and other constraints, and at the same time determined, or even overdetermined by previous or present experiences and interactions” (cited, Lothane, 2018, p. 412). In this sense, there are barriers and constraints in everyday language and communication that may limit or repress what can be said. Free-association, therefore, is way of allowing associations to arise, without the self-critical doubts that may block the spontaneity of speaking or writing. More so, the intent of free-association in psychoanalysis is to reduce suffering – the suffering created through self-criticism, or with how over-thinking might restrict what could be said. In more contemporary psychoanalytical practice, the associations made through psychoanalysis are intended to transform the structural interiors of the person (Bornstein, 2018).
Free-association is a method for unveiling the unconscious. An earlier outline of the unconscious was conveyed through Freud’s topography model. In this, the mind was conceived to be like an “iceberg”, where the conscious mind, positioned at the tip of the iceberg, preceded the preconscious mind and finally the unconscious mind was located at the bottom. This comprised of mental processes that are inaccessible to consciousness but that influence judgements, feelings, or behavior (Bornstein, 2018). In the unconscious, there are no words and thoughts (Green’s comment, interview with Kohon, 1999). The unconscious, might therefore occur through representations, such as seeing a man scowling in a dream may represent something that is forbidden about the person who is dreaming. Contemporary writings in psychoanalysis have attempted to analyse the unconscious processes in organisations (Menzies-Lyth, 1960, Hoggett, 2013, Hoggett, 2017). Menzies-Lyth’s research (1960) based on the nursing profession at St Thomas’s teaching hospital, found a nursing profession in singular denial about the emotional challenges it faced, and therefore unequipped to support nurses in their emotional labour (cited, Hoggett, 2013). The claim was that there were social defense systems designed to minimise patient and nurse contact (cited, Hoggett, 2013).

Social anxiety, therefore, is reduced through organisational systems that are designed to divide and separate people from each other. “Institutions may come to embody social anxieties through its rules, systems, structures and procedures” (Hoggett, 2013, p. 73). This could mean that if there are social anxieties in wider society, such as migrants moving into the UK (that gained a recent positive vote for Brexit, for example), then rules, systems and structures within institutions would initiate ways of managing this (thus, containing social anxiety). Hoggett (2006, p. 177) takes one step further, “Institutions, and the apparatus of government as a whole, play a vital role in containing some of the troubling feelings which characterise citizens lives and that anxiety seems to be the most powerful”. In summary, whereas, Menzies-Lyth’s research brought useful insight into how professionals become separated from others in institutions (such as the NHS), and then use unconscious defense mechanisms in order to maintain their distance from others. Hoggett, (2013) believed that institutions have a political function, to contain the feelings that are burdensome and unconscious in society, such as those associated with death, sex and anxiety.
Free-association, as a methodological analysis, was utilised as a way of freely making both conscious and unconscious associations from the data derived from each of the narratives. At step 2 of the data analysis stage, my only aim was to free-associate the whole text in order to ascertain what the narratives meant, what they indicated about bullying and harassment, what each of the narrators heard from the bully or harasser and how they conceived this to be bullying or harassment. Once this was established, I then free-associated what I thought was significant about the language that was being used. I was interested in, a) the language and discourse of bullying and harassment (from the perspective of the narrators), b) the language and discourse that the narrators used to describe the organisation and c) the language and discourse used to describe themselves, as a potential receiver of bullying and harassment. This stage was very important in the analysis. The actual discourse analysis was scripted and illustrated at step 3.

**Examples of Free-Association from the narratives**

These examples have been taken from Appendix 6.

**Anna’s narrative mentioned the following:**

So even though I know in the background that it wouldn’t happen to me; or just – umm, I don’t know – I just did not think so much about it. So even though I know kind of in the background – I’m quite robust anyway.

**Free-Associating the text:**

What stands out to me is “quite robust”. Robust means stable, toughness, an armoury that shields against knocks (robust reminds me of the government rhetoric of ‘tough leadership’ – so a practitioner needs to act like a leader?). So, in contrast, a person who gets bullied is the opposite of being robust? Perhaps this is saying that bullied people are weak, more inclined to be sensitive – unable to take knocks. So, leaders are robust, but bullied people are weak. Anna was a clinical psychologist – but at one stage, she compared herself with someone who conveys Leadership qualities? So, subjectivity in relationship to the discourse of leadership is important here – only people who do not have qualities of leadership are bullied (another way of showing how bullying is institutionalised?)
Anna’s narrative talked about her relationship with a manager, who bullied her (Appendix 6)  
I did think you were ready for the promotion, but now you’re, you know, not accepting it and now you’ve basically wont accept it – well, I’m not sure if you are ready for the promotion (voice of the manager)

Free-Associating the text:
At this point, Anna had put in a complaint because she had not been paid the correct amount for her new job. After making this complaint, her manager began questioning her capability as a professional for working in her role. Not ready for promotion – the only basis that Anna would not be ready was because she was questioning her manager’s decision – and authority? Is this a threat? Is this a sanction? If Anna questions her manager’s decision, the sanction is that she could lose her job? This sounds like JM’s narrative of her being seen to be too challenging. So, leadership cannot be questioned – and sanctions will prevail if their decisions are questioned? Certainly, there’s an undertone of threat.

Farah’s narrative (p. 95 of the Analysis); what she heard her manager say
Why is she allowed to have her own office? I’m the manager, why don’t I get my own office?

Free-Associating the text:
This manager is speaking to Farah, who openly describes herself as “the only female muslim in the service”. So, Farah has been allocated an office and not the manager. There’s an undercurrent of envy? The manager thinks she is more entitled? So, Farah is given a special status in her forensic service (representing equality and diversity team?). There is a political undertone – a female muslim moving into the space that is normally occupied by a person in a dominant position – white, dominant person? This gets blended in with meaning derived from hierarchical status embedded in the NHS – a manager is more deserving than an employee (so race, or the intersection of female and race becomes invisible. Is there an association of privilege and whiteness – embedded in discourses of leadership?
In the free-association stage, I have attempted to bring my own personal associations with the narrative to the fore. In illustrating how I have free-associated each of the texts, this may also indicate some of my unconscious processes. For example, often the texts from the narratives had unconsciously led me to analyse leadership, racism, hierarchy and the issuing of threats and sanctions in the NHS. Whilst, these may derive from some personal experiences of working in the NHS, and the aspects of working life that I may have processed as a threat, or means of intimation, yet these associations are also socially and politically orientated. For example, topics of leadership control, racism and the use of sanctions are very current in the news, especially in relation to Brexit and also some of the sanctions used against people who are on benefits. I am filtering general themes of government economic policies and ideologies, and how these interweave into the NHS.

Traditional interpretive formulations limit the capacity to divulge the unconscious processes (Barratt, 2017). A thematic analysis may limit, or attempt to seek order, to the data. This presents a conscious process of categorizing data into blocks. The narrative, however, is not always coherent in the way this told. Free association invites an in-depth method of analyzing narratives, and lays open the possibility of interpreting meaning in the text, from both a personal and social perspective. This data analysis was then shared with other academics, and I believe this allowed both thoughtful and insightful analyses of the narratives.

**3.6.3 Step 3: Tabling the Data**

I created a table, where I connected the relevant discourses with quotations that would demonstrate how I arrived at a particular discourse (Appendix 7). In outlining the different discourses, I also demonstrated how these were related with Foucault’s theory of ‘power’, ‘surveillance’ and ‘resistance’. This was an illustration of how I was able to maintain ‘a distance from the text as an object of study’ (Parker, 1994). An example of step 3 was as follows:
5.6.5 Figure 1: An example of how I tabled the data generated from the free-association stage to a discourse analysis

<table>
<thead>
<tr>
<th>Original Quotation from the narrative</th>
<th>Free-Association</th>
<th>Discourse Analysis</th>
<th>Foucauldian Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>JM: “The experience there was quite challenging and the only problem I have was that in most places I go I’ll be the only black person.”</td>
<td>NHS services tend to recruit less black people in senior positions&lt;br&gt;JM is speaking from a politicalized position&lt;br&gt;She is minoritized because of her race and colour&lt;br&gt;Black is othered</td>
<td>Discourse of otherness.</td>
<td>Institutional surveillance? – maintaining norms of white domination – they hold more senior positions in the NHS. &lt;br&gt;Resistance: - narrative is a protest against racism, so politically orientated.</td>
</tr>
</tbody>
</table>

3.6.4 Step 4: Merging the Data into Written Form (Narrative Inquiry and Foucauldian Discourse Analysis)

After completion of my tables for each of the narrators, I then began the process of reconstructing the original narratives through a joint Narrative Inquiry and Foucauldian Discourse Analysis. This was a merging of the different steps taken in the analysis, which ensured inclusion of the narrator’s voice and how they made sense of their experiences of harassment and WPB, before pulling out the relevant discourses.
3.6.6 Figure 2: A Deconstruction of all the Steps taken in the Data-Analysis

**STEP 1: Becoming Familiar with the text and taking reflexive notes**

Example: JM’s Narrative

The experience there was also quite challenging, and the problem I have was that in most places I go I’ll be the only black person, but when I went to the (therapeutic community) there was another black person that was a junior emm, person and again it was because I speak out my mind and em, most of the time people feel upset by that, but I can’t change who I am.

**STEP 2: Free Association**

JM experiences herself in an isolated position, as being the ‘only black person’ in most of the NHS mental health sites that she has worked in. She finds this challenging. In the TC, there was another black person who was junior, she upset people because she speaks out her mind (perhaps she is very blunt). Others feel upset about her challenging things, but this is set in stone as her own self-identity.

- NHS services tend to recruit less black people in senior roles (statistical fact).
- JM is speaking from a politicalized perspective, she is minoritised because of her race and skin colour, so JM’s experience in the NHS, is figured in from a racially minoritised position.
- Black – conveys an othered/ isolation position in her service – she is in the minority because she is black.
- Being black and challenging upsets people, yet this is also a challenging aspect of her identity.

**STEP 3: Tabling the data**

This is a politicalised narrative

- Black and too challenging: this statement conveys her perception of how she is seen by the NHS organisation. She is ‘outcasted’ because she is both black and challenging.
- ‘Black and challenging’: is a dominant discourse of the institution. The subordinated discourse is, ‘African woman who subverts cultural trappings of femininity’ and chooses to, ‘speak out her mind’.
- There is a division between institutional rhetoric (such as too challenging/being a trouble-maker) and her own subordinated subject position (speaking out, and reaching out) - inviting an audience to hear her. JM is speaking out to a wider audience.
- JM is embedded in two worlds: the institutionalized and racist assumptions and judgments (institution) and the divide with her own positioning.
- She ‘speaks out’ from a minoritised position.
- JM’s life is configured between many divides/ awareness of being othered/institutional discrimination against black people
- Speaking out as an African woman interrupts the discourse of ‘trouble-maker’, and is resistance.
- Institutional discourse set in contrast with self, using her own politicalised language.
- She is speaking out against injustice, racism and inequality.

**STEP 4: Merging the data into written form**

JM’s narrative presented with separate positions, where each one appeared to be in conflict with the other. On the one hand, her self-representation was an independent-minded African woman who was not brought up culturally or politically to be subservient. On the other hand, she often found herself situated in an othered and minoritised position within her NHS services because she would be the only “black person” in a senior position. The narrative portrayed a divide between the institutional dominant discourse of “black and quite challenging” and her own (subjugated) self-positioning – or representation – as a “subversive African female who speaks out her mind”. While the former discourse seemed to objectify her and therefore might mute her, the latter allowed the potential to be vocal (to speak out). “Quite challenging” could indicate an institutionalised out-casting, similar to a label of “trouble-maker”. In contrast, the subordinated discourse of, “speaking out” could potentially align with a type of consciousness that could allow the possibility to speak from a minoritised position. Resistance was shown in the interruption of this institutional discourse – such as speaking out against racism.
In the final analysis, I included a brief synopsis and a title for each narrative. These titles included:

JM’s Narrative: Speaking out
Evie’s Narrative: Valid, Proud and Counted
Farah’s Narrative: Covering Up
Anna’s Narrative: Institutional Infidelity.
Juniper’s Narrative: Survival

All these titles represented resistance in each of the narratives. I then presented each of the narratives as a combined Narrative inquiry and Foucauldian Discourse Analysis.

3.7 Trustworthiness

The researcher’s claim to trustworthiness in qualitative research, is established through trust; in other words, the trust that I have produced research that is of good quality and would therefore, follow good practice guidelines. It is important for the researcher to justify how they represent and are able to write about other people’s experiences, and to bring a rationale for their methodological approach. Burman & Whelan (2011, p. 2) warned that, “the researcher splitting off from their epistemological assumptions is dangerous because psychological research cannot act outside of politics”. The philosophical underpinning of all research claims, including analysis of data, is generated from their epistemological position. One of the main claims for my research, was that the paradigm was situated within a critical theory approach. This paradigm was partly illustrated through situating the narratives within a wider, socio-politicised level as an attempt to inspire change.

The claim to trustworthiness in my research will be illustrated through demonstrating how my epistemological stated positions (of SC and PS) have been maintained, and underlined decision-making throughout the data-collection and the data analysis phase. The “Evolving Guidelines,” a symposium on qualitative research sponsored by the “Division of Counseling Psychology” (cited in, Elliott et al., 1999), summarised a set of guidelines that outlined what would constitute as good publishable qualitative practice. A brief outline of how I met some of these objectives will be illustrated.
3.7.1 Owning One’s Perspective

Chapter 5, the reflexive chapter, has illustrated my research position. This indicated how my previous experiences, and relevant philosophical viewpoints might impact on some of the interpretations made in the analysis. I understand that the qualitative researcher cannot claim neutrality, for this reason I kept a reflexive journal (some of this shown in Appendix 5). This was used to own my own perspectives, which may have influenced the interpretations made in the analysis. This also helped to re-situate the focus of the research back onto the narrator. Situating my research paradigm within a critical theoretical framework, and appreciating its limitations, moves closer towards an understanding of how the narratives have been interpreted. This way of approaching research is one part of a wider academic field; including previous claims of the importance of situating analysis within prevailing structures and ideologies (Kitzinger & Wilkinson, 1997).

3.7.2 Situating the Sample

Before presenting the final product of the NI and FDA, I provided a brief synopsis of each of the narratives. These provided their pseudonyms, age, gender and race (when they wanted to disclose these) and a description of their workplace. I then outlined their whole narrative. I selected relevant aspects from this that would be useful to portray as an NI and FDA. I am aware that there has been some concern with researchers ‘cherry-picking’ extracts from transcripts (Burman & Whelan, 2011) that might serve to represent a desired outcome. Whilst, it is true that I have picked specific extracts from the transcripts, these have mostly been chosen because they could present conflicting perspectives. For example, in JM’s narrative, I have portrayed how the institutional claims that she was “too challenging”, actually coincided with JM’s self-identification, as someone who in fact did “speak her mind” and challenge things in the workplace context. This is one example, of many, where I have tried to initiate some thought regarding the circumstances of her claim to racism. The FDA demonstrates how I have maintained my epistemological viewpoint, similar to the post-structuralist position; that whilst there are no definite claims to truths, some of these are given more credit and power than others in society. The tension between what had been said about each of the narrators (by bullies, the NHS service and others); was on many occasions set in contrast with what the narrators thought about themselves. I have not tried to idealise the narrators, nor resistance as the preferred means of protest. In fact, the pursuit of resistance
sometimes had destructive consequences; where for some, there was not a desirable end point to WPB or harassment. I tried to present a balance of experiences.

3.7.3 Providing Credible Credit Checks (Claims to Credibility)

The interviews with the narrators gave them ample time to describe in detail the context and content of their narratives. Time and attention were paid to setting no time limit to the length of each of the interviews. Each of the narrator’s transcripts was sent to them, once they were completed, so they could check for accuracy. They all endorsed the content of their individual transcripts, and some provided additional feedback, which added to the richness of the data. Juniper, in particular, added further information to the transcript. This was welcomed, and used as part of the final analysis. Trust was built with the narrators, who gave their consent to include the most painful details of their experiences and situations. They all expressed relief that they were being listened to, were relieved that attention was being paid to their situations, and gave advice for others in the same situation at the end of their narratives. This was portrayed at the end of each short synopsis of their overall narrative.

During the analysis stage, I also brought some of the narratives to the group called ‘Discourse Unplugged’ that meets regularly at The University of Manchester. A Professor of Education, some academics and some PhD students normally attend this. I used this space to check the accuracy of some of my own interpretation and to gain extra feedback from those who have had much experience in using discourse analysis. I also brought my analysis findings to my academic supervision group, where I was able to check my own understandings of the narratives and to gain extra feedback. This was an example of how I used the wider research community to check the accuracy of my analysis.

I was interviewed by a colleague, using the same interview process as provided to the narrators. From this, I was able to reflect upon both the challenges and enabling aspects of the interview process. I was able to use this transcript to single out some of my own experiences and interpretations of bullying, and then compare these with the data. This helped with the relevant credit checks for the final analysis.
3.7.4 Coherence (Claims to Dependability)

The research methodology was ethically approved. The purpose, process, confidentiality and results of the research were made known to, and approved by, the narrators, and were clear throughout the process. The narrators’ transcripts were the sole data source and the single base of the direct and in-depth research analysis. There is a risk to dependability in that no third-party view of the narrators’ experiences was obtained, but this meant that their experiences and views encompassed integrity and research validity. The review of literature and analyses gives examples of other published research drawn upon which some of the analysis relates to.

3.8 Ethical Considerations

The research complied with the ethical research requirements of the Health and Care Professions Council and the British Psychological Society (HCPC, 2016; BPS, 2014). The University of Manchester School of Environment, Education and Development approved the research (Appendix 1). All the narrators were provided with information sheets regarding their rights throughout their interviews, and they understood clearly that they could stop the interview at any time or could reveal something and then choose to not include this in the final analysis. They all signed and dated consent forms, which highlighted their consent for me to use their narrative as the main data for the thesis. I taped all their narratives on a digital recorder, and recordings were encrypted and then kept in a locked and secure place. All the narrators were told about their identities remaining anonymous. At the end of each narrative, I also gained feedback about how the interview was for the narrators, and they all gave positive feedback, such as it “being a good experience”, and it being “good to let this out”. I also provided details about support groups that might be able to help them with their experiences of bullying, as well as a list of websites so they could access a wider community of people who have had similar experiences. I offered support when some of the more sensitive areas of WPB were disclosed.

3.8.1 Process of Obtaining Research Approval

I received ethics approval from Manchester University, where my proposal was pronounced ‘medium risk’ in January 2016 (Appendices 4, 5 and 6). One of the reasons for the main inclusion criteria of HCPs and therapists who had left the NHS was that if I had recruited
narrators who were currently working in the NHS, there might have been more restrictions placed on them in terms of what they could safely say or reveal.
CHAPTER 4: ANALYSIS

Chapter 4 will present the main analysis for the five narratives collected. A general synopsis of each narrative will be made, followed by a combined NI and FDA.

TL = transcript line.

4.1 JM’S Narrative

Speaking Out

JM was a Community Psychiatric Nurse (CPN). Her narrative was based at a time when she was working as a nurse in a community-based therapeutic service and later as a therapist in the NHS. She is originally from Africa. Her narrative recounted a culmination of events regarding her experiences of racism in the NHS as they unfolded, and a self-reflective account of how these opened-up previous past traumas.

JM’s first experience of racism was within the community-based service. It occurred after she applied for a more senior position. She was quite ambivalent about the environment because on the one hand, it offered a good and grounding experience, but on the other, there were some challenges.

JM described that when she was interviewed, she thought it had gone well. However, she was told later that she had not got the job. Afterwards, a secretary, who sat in on the interview panel, revealed to JM that she was voted as the best candidate for the job with the most points in the interview, but was not offered it as she was seen to be “too challenging”. The secretary was extremely upset by that decision, which compelled her to talk to JM.

JM claimed that there was no evidence that she was “too challenging” and decided to take the organisation to a tribunal. She brought a number of different examples of her being racially discriminated against, which she claimed proved that there was a repeated pattern in the way she was being treated which could not be evidenced as a problem with just her personality. The jury at the tribunal accepted that this incident was an example of a repeated pattern of
racial discrimination and racism, and she successfully proved that eight out of thirteen incidents were racist in their intent.

Afterwards, JM decided to disregard legal advice to resign from the therapeutic community, and instead she returned back to this service. She surmised from a psychoanalytical perspective that the process of the tribunal case tended to split the opponents and herself and categorise them as being either “good or bad”.

JM detailed two other incidents where she was subjected to racism and discrimination. When she returned to the organisation, she was discriminated against by two men who had challenged an intervention she had introduced to the service, and were openly hostile towards her. She took these men to another tribunal hearing, which she lost. JM believed that these men had not told the truth, and so she felt betrayed by them. This experience triggered trauma related with earlier experiences of ‘betrayals’ by men. After her father passed away, she had stayed with a male relative. At one point, she was in a situation which became dangerous because she became aware of warning signals that indicated that this man intended to kill her. She then managed to escape the building, and afterwards she “ran into a forest”. For JM, the re-experiencing of betrayal led her to feel very vulnerable and to being susceptible to reliving earlier experiences of trauma. This new experience of trauma lasted a year, during which she felt scared, felt that she could not trust her own judgement, and became very quiet.

JM’s advice to anyone choosing to go through a court tribunal against racism was that, “it might kill you”.

Addendum
I received an e-mail from JM sometime after the interview and transcription, which I am including. She was shocked because she had learnt through a colleague, who was still working for the NHS, that an inaccurate version of her story of winning a tribunal against racism was used in NHS services as part of an online mandatory training package. Her name was included in the training, but it has been removed here. It is shown in the extract (Figure 1):
“In this case, [X] was a black African woman. Following a number of incidents over a period of time, she submitted a grievance alleging race discrimination. She later applied for the position of _______ (senior post). Despite receiving the top score at interview, she was not given the post for reasons which the employment tribunal could only conclude related to her previous grievance for race discrimination.”

JM was not officially asked for her consent for this story (which contained inaccuracies) to be documented.

**Meaning of the Title**

I chose the title “Speaking Out” because it was a term that JM used in the early stage of the narrative. This narrative appeared to be a testimony, and speaking out was her protest against an environment in the NHS that sometimes discourages and disempowers black employees from speaking out and challenging their situation.
4.1.1 Speaking Out: Narrative Inquiry and Foucauldian Discourse Analysis

My father had not brought me up as a traditional African child, so I did not have all the traditional trimmings; you know, you obey and things like that. I didn’t have any of that. My father had always encouraged me to have my own way of thinking … I used to answer back. (JM, TL. 323-326)

The problem I have is that in most places I go I’ll be the only black person … but at the therapeutic community there was another black person but that was a junior and umm … because it was like that; when I speak out my mind; and umm, people feel upset by that…. and I can’t change who I am. So, I went to apply for jobs, nearly three times, and each time I did not get it. (JM, TL. 36-41)

JM’s narrative presented with separate positions, where each one appeared to be in conflict with the other. On the one hand, her self-representation was an independent-minded African woman who was not brought up culturally or politically to be subservient. On the other hand, she often found herself situated in an othered and minoritised position within her NHS services because she would be the only “black person” in a senior position. The narrative portrayed a divide between the institutional dominant discourse of “black and quite challenging” and her own (subjugated) self-positioning – or representation – as a “subversive African female who speaks out her mind”. While the former discourse seemed to objectify her and therefore might mute her, the latter allowed the potential to be vocal (to speak out). “Quite challenging” could indicate an institutionalised out-casting, similar to a label of ‘trouble-maker’. In contrast, the subordinated discourse of, “speaking out” could potentially align with a type of consciousness that could allow the possibility to speak from a minoritised position. Resistance was shown in the interruption of this institutional discourse – such as speaking out against racism.

Racism appeared to be more pronounced when JM was being refused a promotion in her employment. In particular, JM mentioned that she won a tribunal case on the grounds of being subjected to racism when she clearly was the best candidate:
The people who had interviewed me for the job (as a senior nurse) were saying in the meeting that I was the best candidate, but they decided that I wasn’t going to get the job because I am too challenging … So, it so happened that at the same meeting, the secretaries were also present there. One of the secretaries came out and she was very distressed, and she came to see me and then she said, “don’t mention my name but this was what was discussed”. She told me everything, So, I decided to challenge that, so I challenged it and I think they were a bit shocked because I was saying exactly what was said in the meeting, but they couldn’t figure out who had told me. (JM, TL. 52-59)

JM not being offered this job was judged as racism and resulted in her winning a tribunal. JM and another junior were the only black members of the team; this implied that members of the interview panel were non-black. Racism was presented as group compliance because nobody disagreed with the decision to deny her the job. Silent obedience appeared to emerge and dominate decision-making. The actions of the secretary broke and interrupted this silence. Perhaps her non-participatory position enabled her to express some shock and distress that JM was not offered the job to which she was entitled. The secretary’s outsider position might have helped in interrupting the power that was exercised by each member of the interview panel through their obedience in not challenging the decision to not offer JM the job to which she was entitled. For this reason, it could be argued that the interview panel mirrored the panoptic gaze of surveillance for the team, which controlled who could (or could not) fit and be (or not be) appointable within the NHS service.

An anti-racist perspective could be that there were underlying racist discourses of a black employee being viewed as more desirable if they are less threatening. If JM was considered as too challenging, this might imply that she was also perceived as too powerful. If so, this could revert back to the need to raise questions related with the culture of this NHS service, where obedience might be expected, or where racism might filter into decision-making.

The tribunal eventually concluded that the decision not to give JM the job, despite her being the best candidate, was one part of a wider pattern of racism that she experienced in this NHS service:
I managed to prove eight out of 13, and the other 5, the ones I didn’t prove, the judge just said that “no, you’ve already proved the majority and you can’t prove any more”, because she was saying that proving any more was not going to make any difference, but it’s just going to cost the taxpayers money. So, “let’s just conclude that you got the majority of your complaints” and she was saying “it’s quite impressive to manage to get eight out of 13”. So, the other ones we couldn’t prove. (JM, TL. 102-108)

It appeared as if the main judge for her tribunal believed that winning eight out of thirteen cases was sufficient. Sufficiency appeared to move into capitalist discourses of what amount of evidence (or worth) could be justified financially to the taxpayer. The full scale of exploitation or abuse related with racism was not considered economically viable. Scales of evidence of racism were compromised by economic cost.

**Discourses Related with Experiences of Racism**

JM appeared to be the object of other racist and bullying altercations in NHS services, such as being told directly by a psychiatrist that she “sticks out like a sore thumb because she is psychiatric”. She illustrated how the psychiatrist noted above attempted to cover up his statement on the grounds that she was a CPN:

He said, “oh, that one she is psychiatric”, and then I said to him, “what do you mean by psychiatric?” So, when I, em … I complained, I put in a grievance. His explanation was that he meant that “I was a psychiatric nurse”, and that was why “she stands out like a sore thumb, because she’s psychiatric.” So, I said, “it can’t be that I am a psychiatric nurse,” because the majority of the nurses were all psychiatric nurses, so that wasn’t it. Now, instead of him coming in and apologising, he wasn’t apologising at all. He said he was saying it like a “bleeding wound”, and then I thought, you know, he must be joking and I think it is people who get away with things because either they are the consultants or that everyone is bowing down. So, I wasn’t going to have it. (JM, TL. 67-76)

The implication that JM “stood out […] because she is psychiatric” indicates how medical, bureaucratic and racist discourses filter into the language of perceived racism. The implication of these words was clearly undermining and belittling. This is because the
medical application of diagnosis would hold a lot of power in psychiatric and psychology-based services. The term ‘psychiatric’ is a play on the word ‘psychiatric patient’, and so he was identifying JM as a person who was not only mentally unfit and ill, but also beyond recognition even within the psychiatric diagnostic criteria. The psychiatrist, therefore, was positioning JM in an inferior and derogatory position which meant that her professional position was undermined.

The metaphor of “bleeding wound” could resonate with bureaucratic dominant discourses related with disease and infection control. These discourses are subject areas that are taught in mandatory training in the NHS. Discourses of contamination and infection often feed into racism. If what the psychiatrist was implying was that JM stuck out because she was the only black senior nurse and then viewed this position as contaminating the service, then this would be racism. Just as a bleeding wound would need to be ‘cleaned’, this could indicate a desire to eradicate the contaminant that was located in JM. Racism, in its extreme variation, is the desire of a dominant race to eradicate a race considered as inferior.

This statement by the psychiatrist did not contain a direct reference to race, nor did he use the word ‘black’. What was more certain was that there was much ambiguity in his statement, which presented with double meaning. For this reason, his use of language was manipulative. This manipulative use of language was strengthened through his attempt to exculpate himself through his statement that he had said she stuck out because she was the only psychiatric nurse in the service. Power could be displayed through the use of double meaning, which also allowed the psychiatrist to attempt to exonerate himself from responsibility. Resistance, illustrated by JM, was in her determination to interrupt this exercise of power. This was one of thirteen cases, eight of which she managed to prove were racism through a tribunal hearing.

Later, when working in a different NHS service, she was accused of being a “spy for management” by her colleagues:

The people questioned why I was really there because they knew it wasn’t because I needed the experience. So, when I walked in a room, everybody would go quiet and then one of them explained that people are scared and they think you are a spy. They
said that, “you have been put in by management, so that is why nobody will talk with you”. (JM, TL. 135-140)

The assumption of JM being a “spy for management” could have illustrated how far other colleagues might have been suspicious of their management, or of wider managerial structures within her service. It might be that their internalised, critical gaze of management could have been projected into the presence of JM. If this was the case, then she almost was perceived as an object by her colleagues, because she became someone who was watching over them, observing and almost holding them under surveillance. JM was then positioned as the same thing as the embodiment of the Panopticon. Perhaps this then meant that she was ostracised (a form of bullying) within this service because she was aligned with management.

**Ganging Up and Racism**

There were a number of instances in JM’s narrative which illustrated her experience of racism as group ganging. This was illustrated through the reluctance of the trade union to support her protest against racism when she wished to take the NHS to a tribunal:

> My union looked at it and said “ok, yes, we can hear what you are saying, but there is nothing we can do about it because racism is very difficult to...to prove, so there is no point going to court about it”. (JM, TL. 82-84)

As the narrative unfolded, JM attended her employment tribunal without trade union support. She also did not ask witnesses to testify in her favour. One reason was because that while she was in the process of taking her service to the tribunal, she was not allowed to go to work, nor to talk with any of her colleagues. The fact that the trade union believed that they were helpless to represent JM could illustrate how there might be powerful processes in the organisation that could create barriers, for even the trade union, to represent cases against racism. The echo that “racism is difficult to prove” could illustrate how inequality and racism was tolerated. There was a strong indication that racism was institutionalised because this remained unchallenged.

JM indicated how other staff members both ignored and alienated her because of her decision to challenge the service through a tribunal. While, she was going through her tribunal case,
she was not allowed to work and was forbidden to speak to any other member of staff. Her experiences of being alienated, because of racism, could indicate a phenomenon of individuation. This process came to light when colleagues became divided from each other, either because of their loyalty to, or fear of, the organisation. Both reactions, indirectly, formed a protective shield that kept collective challenge to racism at bay:

When I went back there was a lot of resistance and a lot of aggression from various people. Even the new people who had joined the organisation in my absence, had formed an opinion about me based on what they had been told about me, and were condemning and judging me. (JM, TL. 195-198)

JM’s experience of colleagues being ‘aggressive’ could indicate how far she believed that there was a charged strength of feeling against her. There was a sense of precariousness regarding an idea that rumours had been recreated and re-told about her. Surveillance, in this sense, appeared in a discourse of ‘reputation’. From JM’s perspective, the power of the group coercive circle began to rule over the decisions which were proposed by the service:

JM: After the tribunal was done and dusted, the organisation said they wanted me to go somewhere else. So, they were telling me to look through other vacancies.

Interviewer: Did they explain why?

JM: Well, they said it was because people were angry with me, so I could not come back to the [service]. It was better for me to go somewhere else, but I refused ... (JM, TL. 181-186)

The aggression then became a potential ruling entity. Resistance by JM was in her determination to return to the service, despite the threat of aggressive attacks. The ideological rule of potential group mobbing was interrupted and resisted.

Second Tribunal and Trauma
JM took out a second tribunal case because she felt discriminated against by black and Asian people when she introduced an intervention to the therapeutic community that was not
accepted by some black and Asian members of this community. The lead of diversity for the trust (a male) testified against her. The sense of betrayal from this led to a traumatic reaction for JM:

I think the consequences of that case was that it had a very, very emotional impact on me because all the people I had complained about, now it was all the black people and Asian, and it felt like it was my people and I felt totally betrayed and on top of that, they had called in another doctor who had nothing to do with the therapeutic community, but he was the lead of issues to do with racism and so forth. He was the lead of diversity for the trust. He was a black man … and he lied under oath.

(JM, TL. 281-286)

JM lost this second tribunal case. At the tribunal, several black and Asian men testified against her. All of these men, JM claimed, were prepared to lie under oath, as if the whole group represented one voice. There is a sense that betrayal appeared all-invasive, where group allegiance took on a self-protective mould and a patriarchal flavour. Even the lead of diversity was not prepared to testify against the male group. Power, in this respect, was exercised through the outward appearance representing a united vocal force opposing racism and discrimination, which appeared to hold a certain level of truth in the service. However, if they had lied under oath, then this signalled how an allegiance towards self-protection overruled a commitment towards the cause of protecting an employee against exploitation. The threat of disloyalty towards other men was perhaps more intolerable than a potential threat of being imprisoned for perjury. A patriarchal text could be read of allegiance and protection of male interest. JM mentioned the impact this form of domination had on her body:

Emm, and I think that had really serious consequences for me. It took me a year of feeling scared. I am a very stubborn person and I do argue a lot, and I found I did stop arguing. I couldn’t trust my own judgement, so that was scary, you know when you can’t trust your own judgement because I think all the lying that had taken place I couldn’t believe that people could lie so much under oath. (JM, TL. 312-317)
For JM, her feelings of being scared were linked with betrayal. In her position in the NHS, however, she felt that there was no escape from racism.
4.2 Evie’s Narrative

Valid, Counted and Proud

Background Information
Evie’s narrative took place at a time when service users were being employed by mainstream services for user consultation purposes. The purpose was to ensure that service users’ needs were being met.

Narrative
Evie was employed as a service user consultant. She described herself as a service user and an activist. She was well-qualified academically. Her role was to work for a Patient and Public Involvement Scheme to help influence the delivery of services so that they represented the needs of service users. She was managed by the scheme lead and co-chaired a committee that included professionals and managers of various NHS sites and people with life experience of mental health issues. The committee was involved in research and auditing in order to measure and ensure that needs were being met.

Evie visited different psychiatric wards and interviewed service users. She said that when she made recommendations to committees about what she considered were the needs of service users, she was not listened to. The consistency of this happening contributed to her feeling bullied and belittled by the committee. She disclosed that she felt frustrated because there were frequent e-mail battles between managers. This meant that decisions were not being made to improve the conditions for service users within NHS trusts. She thought that petty power games got in the way of anything good happening that would help people.

Evie said that she put a lot of energy into changing the food that was offered to people on a psychiatric ward. She thought that the food was not edible. However, she felt dismissed in the committee every time that she mentioned this. She was also sensitive to different forms of deterrent strategies used on wards in order to control the behaviour of service users. For example, a smoking ban was applied on a ward if a person was seen to misbehave. She talked in despair about how a senior manager felt that service users could see this as an
‘opportunity’ to give up smoking, or to alter their behaviour. Evie said that she did not see how this could be an opportunity, but instead she thought this was a form of punishment.

Evie was critical of the difficulty that service users had in receiving therapy. She said there were constraints placed on them. These included that they would have to prove that they were clean of drugs and alcohol for a period of 6 months before they could be seen in therapy. Again, Evie wondered if this was a punishment.

Finally, Evie was critical of the clinical commissioning group that she was a service user member of, as the majority of members were white, middle-class women. Most of the population they were representing were from the black community. She also talked about sitting in on management meetings, which she felt were run under as an apartheid system. They majority of the senior managers were white men, and they were representing their own needs. Evie insisted at the end of her narrative that the NHS needed to integrate more black managers and therapists. Her closing statement was:

Yes, we need to integrate black culture in the same way that hip-hop has taken over music. (Evie, TL. 225-226)

**Meaning of the Title**

“Valid, Counted and Proud” were words that Evie used to advise people who have experienced bullying or harassment in the NHS – she felt that they should aim to feel that these words applied to them. These words also remind me of discourses taken from the civil rights movement. This summarises Evie’s wish to revolutionise the NHS, especially in terms of its policy in relation to race and racism.
4.2.1 Valid, Counted and Proud: Narrative Inquiry and Foucauldian Discourse Analysis

Evie described a theme of how representation of service users’ views was mostly ignored. By Evie’s standard, the outward image of the NHS service being inclusive and ethical hid inequality within its structure:

When it came to the big decisions, I don’t feel we were listened to. (Evie, TL. 19-20)

Evie claimed that although small issues regarding service users’ rights were attended to, the larger decisions did not include service users’ opinions. Evie experienced bullying as not being listened to and being misrepresented:

It [bullying] was so subtle, though. You could not turn around and say this person is bullying me. It would just be an atmosphere. It would just be a thing. Minutes would come out and it wouldn’t be what you said. (Evie, TL. 26-29)

A conflict with bullying was experienced as a continual battle to be heard and represented. Politically, Evie considered that attention to bureaucratic structures took precedence over service user representation within NHS services:

We were not focusing on service users, we were not focusing on people who needed help. We were focusing on petty e-mails that were going back and forward, little power games. Nobody was talking about the people we were supposed to be helping. (Evie, TL. 41-43)

Dominant discourses surrounding government and bureaucracy were suggested in the script. The circulation of e-mails and power games could indicate that a constant battle for professional recognition in the NHS took priority over looking after service users. Evie continued with this line of thinking:

I was thrilled at the time. I thought, hey the big, bad NHS you know. Here I am. I’ve made it. I work for Government. I wanted it to be right. I wanted everything to be better. Yes, you know I was vulnerable. I guess we’ve all got to learn that lesson that nothing is actually better. But at that time I was so vulnerable that I really needed
support and I didn’t get it. When we got up to clinical governance level, no. (Evie, TL. 121-129)

From Evie’s perspective, the further up the hierarchy that professionals were in the NHS, the more distant and less supportive they were of service users’ needs. So, the higher people were in their profession (meaning they had a higher level of recognition in the NHS), the less supportive they were felt to be of service users. Her statement that “nothing is actually better” suggested a divide between hope and reality. Perhaps the reality check was the divide between the hope of being employed to make things better for other service users and the reality, which was that this hope diminished in the midst of power games and external appearances that hid the lack of service user recognition and involvement. Evie also felt as if she did not get support for her own needs. Evie indicated that she felt split and divided by a struggle between her desire to make things better for service users and her own need to be recognised within an organisational culture which prioritised professional recognition. This, at times, devalued her role:

The arts strategist, who employed me because I’ve got an arts background, was lovely. As soon as you get up to a statistician, they’re all about “how are we comparing with another trust, another part of the country?”

Interviewer: How did these organisational factors impact on service users? Did it help them?

Evie: I think it alienated us. We were supposed to be representing them [meaning service users]. We looked like a bunch of do-gooders. (Evie, TL. 132-135)

There were parts of the organisation, connected with statistics and targets, where Evie may have felt dehumanised. Also, there was a mixed feeling of being alienated in the service, which may have translated back to the service users she was representing, who may have seen her as a ‘do-gooder’. This dehumanisation and alienation manoeuvred into clinical governance meetings:
Interesting about gender and race, because it was predominantly white, middle-class women. This is the health profession, you know? (Evie, TL. 162-163)

… as soon as you got to clinical governance level, not one black face, not one. It was like an apartheid. (Evie, TL. 205-206)

The emerging theme of non-recognition and invisibility prevailed through the dominant and subordinate positions related with race.
4.3 Farah’s Narrative

Covering Up

Farah worked as a forensic psychologist. She identified herself as being “the only Muslim female” in her service and was traditionally dressed. She was young at the time of working for this service and was commended for her ability to conduct good quality research. Within the service, she worked in clinical practice and research involving confidential information. She had a separate office of her own, removed from other members of the team. This brought envy from a senior manager who believed that she was more entitled to have this office than Farah.

Farah described how racism began at a very mundane level through jibes from this same senior manager, but then began to escalate into more serious open undermining and racism. She thought she was possibly also vulnerable to receiving these attacks because she was young. Farah brought her experience of racism to a tribunal. She testified against her senior manager for racism and bullying and won her tribunal case.

Meaning of the Title

I have named Farah’s story “Covering Up” because this was a phrase that Farah repeated many times in the narrative. Firstly, she was covered up because she wore traditional dress. Secondly, she described that she needed to cover up aspects of her culture and religion within her workplace because these were not completely accepted. Thirdly, her NHS service may have had an ulterior motive for encouraging Farah into taking out a tribunal case against a senior manager who was already not popular in the forensic service. This was possibly another form of covering up.
4.3.1 Covering Up: Narrative Inquiry and Foucauldian Discourse Analysis

Institutional Dynamics of Power

The introduction to Farah’s narrative painted a picture of the forensic environment to be a workplace that is open, visual and accountable. For example, she portrayed herself as being:

A friendly soul who was always on the move and then ended up doing work for equality and diversity. (Farah, TL. 16-20)

… because the team needed to understand more about the culture aspects of patients from different backgrounds, cultures and faiths. (Farah, TL. 26-27)

The team is portrayed as enterprising and open to new ideas and one that is sensitive to new innovations and ways of working with people who are seen as different. Farah almost places herself in an ‘entrepreneur position’. That was because her difference in race, religion and background to the rest of the team appeared to bring opportunities to make changes in the general awareness of race and diversity issues. She described herself as being:

The only Muslim female in the forensic service and who also covered up. (Farah, TL. 20-22)

The entrepreneur position seemed to bring an opportunity to develop an internal sense of space, which allowed movement and to be innovative in the service. It enabled Farah to push dreams and provided the model and incentive that allowed a wide network of connections and relationships to form:

You know, I was being approached to do things. “You know you’re the only Muslim female, what do you think about this?” and “what could you do for this?”, and “what do you think about this?”. I was happy to help, you know. I wouldn’t turn anyone away and say, “I’m only here to do this job”, and you know, I made it a point to walk around and meet people and to get to know people, find out their roles and go find out about other areas. (Farah, TL. 215-222)
The service’s open marketing identity conveying multicultural interests appeared to contrast with what could be assumed to be some of the more hidden aspects of cultural and racial intolerance. For example, Farah was the only Muslim female forensic psychologist in her organisation and, as she disclosed later on, the “only Muslim worker” in the whole forensic setting. If there was a need for a wider understanding of the cultural aspects of patients from different cultural backgrounds, then it could be assumed that the dominant knowledge was from a white, dominant perspective. The same discourses connected with ‘otherness’ that optimised opportunities for black people and people from different ethnic identities by the dominant culture also shut doors to them at the same time.

The institutional context of the NHS forensic service being open, transparent and seeming to provide opportunity later brought inner ambivalence. This ambivalence was experienced as indifference and alienation:

> They did not have anyone else who covered up. So, I stood out [pause] [voice saddens], so a lot of people kept on stopping and asking me, “who are you, I haven’t seen you around before?” But emm [pause], the patients asked me the same question.’

(Farah, TL. 18-22)

This quotation seemed important because, at that point, there was a break or crack in the discourse surrounding ‘otherness’ being influential or popular. Something also cracked internally for Farah because she showed some sadness and regret. This regret might be related with her being positioned as a person who ‘stood out’. Perhaps this regret was that in her exposed professional position, being different could restrict or restrain what might be known or thought about her. So, her exposed identity of being Muslim, being a female Muslim and wearing traditional dress would then become the objects that would initiate talk, or the subject of being talked about. This could demonstrate how the visual and political context of the NHS, advocating openness, liberalism and transparency, could be somewhat illusionary. Instead, the same strategies that promote liberalism could also be silencing, restrictive and oppressive.
Political Codes and Personal Contexts of Power

A manager held Farah under suspicion only when the unknown aspects of her and her religion were observed. The theme of ‘covering up’ encapsulated the narrative at a personal and political level. On the one hand, Farah declared that she ‘covered up’ through wearing traditional dress, which could be a visual and political symbol marking her religion. On the other hand, during the times when she needed to be hidden or to have a space for solitude in the workplace (the personal context), the covering up created the moments that stirred her manager’s grievances:

Bit by bit it began to come out, “why is she allowed to have her own office?” Why this, why that? “I’m the manager, why don’t I get my own office? Why does she get her own space?” So, if it was prayer time, I’d cover up the porthole with some papers to get some privacy for those 5 minutes. She began to say, “Why is she allowed to put paper up and nobody else?” “Why is she allowed to cover the porthole up?” Yes, these are small things, but it began to become quite targeted and things like that. When I organised events for the equality and diversity, “why is she doing that? It’s not part of her role, we don’t need this here. I’m not going to that event.” It was things like that. (Farah, TL. 92-102)

Dominant discourses conveyed a struggle between property and ownership. In other words, there was a conflict between who is or is not entitled to own public or private space in the workplace. In this instance, Farah had her own office, she created her own time-table for when she wanted prayer time, and she set up her own tasks for doing extra work for the cultural and diversity team. The demands and questions posed by the manager, who may have felt aggrieved, displayed a competitive edge that made her question if either she, or the rest of the team, should be the rightful owner of Farah’s office and over her personal space and time. There was also a strong racial element to this competitive edge because it appeared as if it was the religious and cultural aspects of Farah that were not being tolerated and were being challenged. The parts of Farah’s religion and cultural heritage that were covered up, through putting paper on portholes and having her own space within prayer time, were the ones that were being held under suspicion. The manager’s grievances were open, and the manager did not hold back from Farah (and possibly others) being able to hear this. This could demonstrate a power struggle, which possibly could have been fuelled by some envy.
and a need by the manager to re-establish authority and control with other colleagues, as if this was being challenged.

If Farah was being targeted because of her heritage and race, this could be received as racism. There could be possible colonialist discourses underlying this incident. The symbol of the separate office, where Farah was situated, appeared to play out something in the workspace. This was indicated by the direct attack against the decision to allow Farah to be based there. It was almost as if the office became symbolic of status, power and specialness. The manager’s appeal to a public audience (of colleagues) to begin questioning the decision to place Farah there could be a politicised manoeuvre to try to get her out. Colonialist discourses could culminate in questions over entitlement and domination, such as: should a person considered to have lower status and ranking, with a secretive religion, be more deserving of status?

**Racism and the Intrusiveness of Personal Space**

Discourses of otherness that intruded upon Farah’s personal space could be witnessed through name-calling, unreasonable demands placed upon her, and public humiliation by being shouted at in front of colleagues:

> Then bit by bit [pause], then [the senior manager] started to place a lot of demands, and was quite short and abrupt … I just went along with it … I thought this was how the workplace was … and you’re young and naive. (Farah, TL. 31-36)

> The way that she came and dumped files on my desk in front of me and shouted at me in front of everybody for something that was completely irrelevant. (Farah. TL. 38-40)

Farah experienced racism through the sound and tone of the senior manager’s voice, whose apparent shortness and abruptness almost took on a militarised tone. Discursively, there is a hint that the senior manager was almost placed as a warden or a chief figure and Farah as patient (even inmate). Also, it seemed as if Farah felt childlike under the scrutiny of a suspicious onlooker.
The physical action of dumping files in front of Farah suggested that Farah’s sense of space and movement was also being controlled. Instead of Farah making independent decisions about where she would go in the team or what she would do, the act of dumping files restricted her autonomy because it demanded her attention to this particular thing. This type of control of her personal space was experienced as loss:

… and it got to the point where I was dragging my feet going to work and feeling quite down and unhappy and I stopped being friendly and stopped smiling, keeping my head down. (Farah, TL. 49-52)

So, this control over Farah personal space in the workplace was being mirrored through her body. There was a sense of Farah’s body being sculpted as if it were enslaved. Her movement was slowed down, and she was keeping her head down as if her body were dragging weights.

**Ideological Position**

Farah did not believe that her experiences of racism were connected with her gender. She said:

Ultimately the case proved that it was WPB with a strong element of racism. I don’t think it was so much about my gender, but it was definitely about my age and my heritage and faith as well. (Farah, TL. 203-206)

The apparent envy from the senior manager, which could feed an aspiration to control a younger woman, was covered up. Discourses of racism and WPB took the leading role when the case was brought to a tribunal.

**Resistance**

There were points of departure and movement away from dominant discourses relating with otherness, suspicion and control. Farah interrupted the dominant discourse of otherness that held her under suspicion:

I thought about it and I thought, “I will take a stand”, as this was getting silly because it was starting to stink of racism to be honest. (Farah, TL. 88-89)
This statement appeared to represent a turning point for Farah. Instead of dragging her body with her feet to work every morning with her head held low, she was allowing her body to elevate again. At that point, the personal dimension of her experience became a political one because she was spearing the suspicion, which was held against her, back to the organisation. Her political stand was that it was in fact the manager and the service that was polluted and contaminated by racism. Ideologically, this was resisting racist and colonialist discourses that held the individual as being responsible for this pollution.

Another departure from being controlled by racism was through eventually restoring her own faith, which she called “the guiding compass”:

It was my faith that kept me grounded – a guiding compass. (Farah, TL. 326)

Farah was able to retain the personal and private sphere. She was able to allow something that could not so easily be understood by dominant culture to guide her. Finally, Farah took a stand at an institutional level by taking the organisation to a tribunal. She won her case against racism and WPB.
4.4 Anna’s Narrative

Institutional Infidelity

Anna was a psychologist working in a mental health team. She was working in a senior position in her team. She described the events that unfolded in her service that led to the eventual elimination of her main managerial roles and responsibilities. She claimed that this termination of duties was a consequence of her being a target of sexual harassment because she chose to go on extended maternity leave. She said that the main harasser was a female senior manager who had always taken a dislike towards women who took extended time off in order to go on maternity leave. Anna was also the main co-ordinator and lead in setting up a support group for service users within her trust. Some of the service users were employed by the NHS in order to co-facilitate the group.

After Anna discovered that she was pregnant for the first time, she applied for, and was offered, a more senior post in the team. After 14 months of being on maternity leave, she experienced the service in a very different way. This service had been restructured and there were strict rules in place for each psychologist to meet targets. Also, there was an internal culture where members of staff would work overtime as a way of demonstrating their commitment to the service.

Anna was unable to work overtime because she needed to return home to attend to her child. She noticed that there were a lot of discriminatory looks when she left at the correct time. These included, “strange looks”, “rolling eyes” and some verbal jibes. She said the service had become more disorganised, where some significant targets were not met for a service she had set up before going on maternity leave. She said she was not to blame for this, but it was just that nobody had attended to meeting these targets when she was away. The senior manager who had taken a dislike to Anna later denounced her in a public e-mail addressed to the whole team, stating that her maternity leave was solely to blame for these targets not being met.

Anna then became pregnant for the second time. Soon afterwards, a head of department noticed that she had many maternity appointments written in her diary. The department head told Anna that she would need to take a laptop home with her in order to make up for the
time that she was taking off. Anna’s response was that she knew that by law that she was permitted to take time off work in order to attend these appointments. After she returned from her second period of maternity leave, she was asked to attend a meeting with her manager and clinical lead. She was told that her ‘operational lead’ responsibilities were being taken away, effectively meaning that her role was downgraded to holding just a clinical responsibility for the service. The service was then due to be restructured for the second time. As a consequence, Anna feared that her job would be vulnerable to being terminated. Her previous role, as operational lead, was allocated to a person she perceived to be less experienced than herself and was someone she had originally trained as a junior. She then began to feel invisible in the service.

Afterwards, an administrator made an official complaint about her. She believed that the administrator was friendly with the member of staff who had been given her previous operational lead roles. She was then summoned into a formal meeting where she was shouted at, and she felt undermined. She was asked not to speak with this administrator and she was not allowed to provide her own version of what had happened.

Anna eventually resigned from the service. She had worked there for many years and had also set up a group. She was told that once she left, the mutual support group for service users would also be terminated. She said that behind her clinical lead’s back, she arranged a conference for this group as a way of gaining publicity for the huge potential for personal benefit through membership of this group. After Anna left the organisation, she did some extra clinical training in the field of working with psychosis. Her final reflection for others going through similar harassment was:

Address it early, professionally and as clearly as possible. (Anna, TL. 1112)

**Meaning of the Title**

“Institutional Infidelity” is a parody of matrimonial infidelity. In matrimonial infidelity, a spouse betrays his or her partner by sleeping with someone else. The title portrays a similar type of betrayal, but to the organisation. It seemed as if Anna was considered to have betrayed the organisation because she chose to take extended maternity leave. For this reason, she believed she gained a poor reputation in her service because this was considered to make
her inept and less effective as a psychologist. This belief was actualised because her main manager suddenly took away all her operational lead duties once she returned back from maternity leave. She considered this an act of discrimination. The cultural norm in this service seemed to be that all members of staff worked overtime, putting their energy into meeting shortened deadlines and meeting targets. Perhaps one way of looking at this is that these members of staff tended to put in their devotion into the service almost as if they considered it to be an expectant lover. Anna’s infidelity therefore was that she resisted this culture by achieving only what was required of her and also put a lot of her time into preserving the group she had set up – something that was targeted and was on the verge of being abolished.
4.4.1 Institutional Infidelity: Narrative Inquiry and Foucauldian Discourse Analysis

Introduction
Anna introduced herself in the following way:

I’m a psychologist and I’ve been qualified for ten years. I’ve had two NHS posts. My first post, emm, was just for about 15 months and the post I have just recently left I’d been in for 7 years, and emm, and it’s a mental health team for adults. (Anna, TL. 1-4)

Anna presented herself in a very confident manner as an experienced psychologist and was very vocal in sharing the longevity of her commitment towards the NHS. Later, she portrayed her NHS site as an environment that had its own internal commercialised communication system that advertised the success of psychologists:

I won first prize, I was nominated as employee of the year for my work with the group. I published in peer-reviewed journals for the work that I had done. So, you know, I was doing a good job. I was recognised as such – emm, I never felt that I was under-appreciated, or that there were any questions about the work that I was doing. (Anna, TL. 11-14)

The significant point could be that for Anna, it was not so much that she was nominated as employee of the year and published in a peer-reviewed journal that was important; it was more that she was ‘recognised’ in her service. Perhaps a text of ‘recognition’ could filter into an overriding discourse of visibility. This is because, if visibility is pertinent in the portrayal of success, then in contrast, a loss of visibility could reinforce exclusion or perceived failure. She also worked in an open-plan office, so the lines of visibility and invisibility took on both social and political meaning.

Following Anna’s first period of maternity leave, she disclosed that she was bullied through being excluded from important e-mails and was then not invited to attend team meetings. She exclaimed:
I was expected to come back and work at a Band 7, so I was copied out of e-mails and not being invited to meetings, not having any visibility in the team. (Anna, TL. 20-21)

After Anna’s first period of maternity leave, she returned to the service on a lower band. Her claim of “not having any visibility” soon after she began working part-time and losing all her operational lead responsibilities demonstrated how power was closely allied with visibility and recognition in her service. Anna felt the need to be “robust” in the NHS, which could suggest that there is something internally perceived to be quite threatening about her service and organisation because she needs to set herself up to defend against any potential threat:

But I guess, I don’t know why, I probably just guessed that it wouldn’t happen to me, or just – umm, I don’t know – just didn’t think so much about it. So, even though I know kind of in the background that it had happened to other people, emm, I wasn’t particularly concerned about it happening to me and I’m quite robust anyway. (Anna, TL. 27-32)

Anna appeared, at first, to be in denial that there was a strong chance she would be discriminated against for going on maternity leave. The sense that ‘it wouldn’t happen to me… because I am quite robust’ could also build a picture of how she may have held a person who is discriminated against in mind. Discrimination and harassment, in this instance, is ‘othered’ because of the insinuation that this could only happen to employees who do not know how to defend themselves. While in some ways robustness could empower employees, there could be a regulatory quality to this. This is because there is a sense of self-responsibility for defending, which could highlight a discourse of toughness. A hierarchical alignment of personality types, such as tough and robust, which can withstand bullying, could be set against vulnerable and weak, a type prone to being bullied. The consequences of discrimination being reduced to personality types could mean that this is then decontextualised from the workplace and the organisation.
Political Codes/Personal Contexts of Power

After Anna returned back from her first period of leave, her maternity leave was denounced, in a public circulation of work e-mails, as being the sole cause of the service not meeting targets:

There was I guess lots of subtle put downs… I remember a project I had worked on prior to maternity leave, which I had worked really hard on, it was service development stuff. There were ongoing targets about that, that things were supposed to happen each month, and while I was on maternity leave … no one had bothered to do them. Emm, then an e-mail was sent to, emm, like a lot of the head people in the psychology trust, saying that “unfortunately we had not being able to meet these targets because of [my] maternity leave”. So I was, emm, named in an e-mail as the reason why that target was not met. (Anna, TL. 119-130)

It was to do with commissioning as well. It was like a target so if we did not meet the target then the commissioners would not have what they had paid for in effect … emm, so that was that. (Anna, TL. 130-133)

This implied that the organisation implanted into public knowledge that the failure to meet targets resided in Anna’s maternity leave and not in other factors, such as other employees not taking responsibility for meeting targets. In this instance, possibly this claim collided with justification for why commissioners lost money. This denouncement implied not only public naming and shaming but also how the gaze of commissioners filtered into the organisation because of the assumed dodging of organisational responsibility. A potential threat for the service could always be that commissioners could suddenly decide to pull funding away from the organisation.

Organisational Harassment

Anna also claimed that she experienced harassment through gradually becoming over-monitored or micro-managed:

My manager sent me an e-mail saying that she noticed that there was a maternity appointment booked into my outlook calendar, and emm, I would have to work from
home in order to make up the time for my maternity appointments. So, I wrote back saying “well, legally I am aware that I don’t have to make up time for maternity appointments” (Anna, TL. 149-154)

This conveyed a sense of Anna becoming closely observed in her job. She was accused of evading responsibility for her work duties by supposedly taking unlawful time away from her job. Texts connected with distrust and disloyalty to the service appeared to fold into this monitoring practice – as if she was deviously trying to evade work responsibility. This type of surveillance practice mirrors suspicion – but could have implied a possible method for ensuring employees meet budget objectives within the service. Also, the tone and style of communication could convey a disciplinary tone because there was a sense of an implied accusation of Anna doing something wrong and then being caught out. On this occasion, the manager made an inaccurate accusation. This could suggest how the implementation of monitoring practices (and rationale for these) could sometimes mask personal bias or grievance.

**Ganging Up**

Ganging up was also experienced as a form of harassment. Anna’s colleagues began mocking her for taking time away from the service in order to go on maternity leave:

There was that weird virus going round, you know the really serious virus – I can’t remember was it called, ‘Ebola’, and I think it might have been the Ebola virus because it was going round ... em, at our trust, we had to go on training to spot the signs of it, and such was the sort of constancy of the digs about me going on maternity leave, that it was a running joke in our psychology department that my maternity leave was probably responsible for the Ebola virus because it was responsible for everything that had gone wrong, that it would somehow come out in conversation that it was my maternity leave’s fault ... (Anna, TL. 226-235)

Anna’s maternity leave was blamed for all the problems that were making the service not function well. The imagery of the Ebola virus could be quite evocative because of its link with dominant discourses of infection control. This discourse of ‘infection control’ is taught in mandatory training in the NHS. Techniques such as washing hands properly and using
alcohol gel are often taught in this training. The metaphor of ‘Ebola’ was subtle and indicated that just as the Ebola virus was responsible for all the destruction caused in African countries (and was travelling to the West), Anna’s maternity leave was responsible for everything that was destructive (or had gone wrong) in the service.

Texts of the Ebola virus could be reminiscent of racist propaganda leaflets during the 1980s. These often blamed African countries for the spreading of the Aids epidemic into the UK and other countries in the West. These ideological texts blamed African countries for bringing disruption, disease and contamination. Similarly, the Ebola virus began in African countries. If Anna’s reproductive system became a symbol of Africa, then the implicit assumption made by her colleagues was that her reproductive system would need to be controlled in order to ensure the targets of the organisation were met. It is also important to consider how Anna’s previous role in the service helped to expand the service and set up innovative groups. She metaphorically was able to pro-create many aspects of the organisation prior to her maternity leave. Without this type of coercion of her reproductive system, she had allegorically brought disease, contamination and disruption to the team. Ganging up in this context therefore potentially took on dominant, colonialist and misogynist power.

**After Second Maternity Leave**

In the mid-section of Anna’s story, she described the development of a power relationship and a bullying dynamic between herself and a less-experienced psychologist. This psychologist had been allocated all of Anna’s operational and managerial responsibilities for the service after she returned from second maternity leave. This resulted in Anna being demoted in her role as a senior psychologist. There was a swapping of roles because the less-experienced psychologist suddenly assumed responsibility in managing Anna in her clinical job. This situation created much friction because:

She gave me a warning that “it’s not going to be made easy for you to come back”. She clearly didn’t want me to go back to my old job because she was promised that job on a permanent basis if I didn’t go back. Her and her manager virtually cooked up this agenda to get me out. (Anna, TL. 298-303)
What is striking from this extract is the apparent warning from Anna’s less-experienced colleague that the organisation could be conspiring or scheming against her in order to make it more difficult for her to return to her role. This was received as a threat because of Anna’s belief that there was an ulterior motive between the manager and the colleague to get rid of her.

Anna’s experience of the relationship between the senior manager and the less-experienced psychologist was framed within a discourse of domesticity. For instance, she said that the pair “virtually cooked up this agenda”. This brings an impression of a close bonding of two female professionals, which was situated within a private frame. The impression made was that they both adhered to traditional female bonding, which was portrayed as a silent allegiance to a ritual outside the frame of the organisation. This metaphor resembles conspiring over manipulative strategies. The consequences of framing this perceived threat within a domestic discourse could mean that the organisation, or indeed the impact of restructuring or the manufacture of a sexist culture (as anti-maternity), could then be exonerated as the source of threat.

Anna later disclosed that the less-experienced colleague then began to use flattery, which contained a signal of superior resentment and competitiveness, as a way of holding her own hierarchical stake in the service and as a way of exercising power over Anna:

She said, “you’re so good at leaving on time” … and I normally come in so early every morning and she doesn’t. Emm, “I’m really going to take a leaf out of your book every day”… there’s lots of, you know, snidey comments but framed in the way that ‘oh, I’m praising you but for not anything that you want to be praised for’ … but yeah, basically making a show in front of everyone that ‘I work harder than you’. (Anna, TL. 328-324)

This is a double-edged sword. On the one hand, Anna’s less-experienced colleague was praising her, but on the other hand, there was a vicious undercurrent in that she was trying to show Anna up for not conforming to the workplace culture of working overtime. At that point, Anna was leaving early in order to look after her children. The harassment technique was experienced as a kind of mockery, which involved a public exposure of her apparent
ineffectiveness through not conforming to this work culture. An assumption could be that she was seen to betray the service because of her commitment to domestic duties. Ideological aspirations of work and obedience towards this work ethic, in this instance, created the conditions for harassment.

Surveillance was less related with the actual experienced scorn or judgement passed by other groups of employees, but instead was interconnected with Anna’s mental internalised representation of work culture (or the organisational gaze). This was expressed by the younger colleague “making a show in front of [colleagues]” that she works harder. Discourses of moral performance became equated with work ethics; which then seemed to become normative.

A regulating and perhaps a moralising text could be that ineptitude moves into discourses of maternity; for instance, Anna had all her operational duties taken away from her. Anna indicated in the final sentence that this decision was rationalised within the context of ‘time limitations’ because she was working part-time. In contrast, she mentioned in the narrative that the agreed and legal terms and conditions of her employment included this operational lead responsibility. So legally, this responsibility was her right. Perhaps, this text of ineptitude could imply how an allegiance towards extra commitments in the private and domestic space, such as the need to work part-time, is lowered in the workplace.

The less-experienced colleague then appeared to exercise power over Anna through making a public demonstration of trying to tutor Anna in her work:

… this big long explanation like I was having to be tutored from her. I could see like there’s other people in the department, who were thinking like, I dunno, well I could only think that they thought that she was in charge of me, and it was like I didn’t know anything, or they were questioning why she [meaning Anna] was acting as if she is a trainee psychologist? (Anna, TL. 343-347)

Power appeared to be exercised through the public performance of a teacher/pupil dynamic. Anna insinuated that she was being treated as if the colleague thought that she needed to be re-educated. It was not so much that she was undermined, because she sensed that her
colleague was marginalising her, but it was more the fact that the group may critically judge her for “acting as if she were a trainee psychologist”. In this instance, self-surveillance could be demonstrated through her own internal representation of how she could appear through the eyes of others – others could interpret that her colleague was in charge of her, which indvertibly would also challenge her authority. However, Anna mentioned that there was also some reality in this internal representation.

Power and Resistance

Anna subverted maternity discrimination and harassment at different times during the narrative. Examples of Anna’s added reflective commentary about the events she was experiencing were as follows:

Well, so really my priority was not with the service, my priority was not really with work. You know, somehow I had gone from being a long-standing employee that was giving over and above the service and suddenly it was like that all disappeared and I was seen as some kind of self-entitled mum. (Anna, TL. 103-107)

So that’s a real bullying tactic, I feel, to make snidey comments. So, when a person responds on a professional level she just says, “oh it was a joke”. (Anna, TL. 161-163)

The added reflective commentary indicated that Anna was not a passive receiver of harassment. She subverted the cultural pull towards working overtime or meeting targets. The commentary positioned her as a thinking and thoughtful person who questioned what she was experiencing all around her. She indicated that having children altered her priorities. Through her commentary, she was making sense of her situation and her world and actively choosing not to accept the work culture. Her emphasis on the words ‘you know’ could highlight a method for bringing me as an interviewer into her way of viewing power dynamics. It was as if harassment could only be tolerated when more than one person could be brought in to think about and tolerate the power dynamic.
Anna’s reflective commentary demonstrated that she is critically thinking about the implications of a power relationship built on the discipline and surveillance of another employee:

I mean I could be wrong, but my impression was that it’s a little drip by drip, “I’ve got my eye on you, I’m a little annoyed with you”, em, but if I met her at the level and said, “lets talk about this in supervision, what are your concerns?”

She was like, “no, no, there’s nothing wrong”. I knew there was nothing wrong because I wasn’t doing anything. (Anna, TL. 188-194)

For Anna, harassment became powerful because this was enmeshed with non-verbal cues, parody and being watched. The term, “drip by drip” was a phrase that was repeated three times in the narrative. Perhaps this phrase could be seen as a time-code that represented a gradual alteration of subjectivity. A drip could represent a brainwash, a fusion between the subject and object position. In other words, the harasser gradually began to drip into her internal world. “Drip by drip” reminded me of ‘rip by rip’, or the process by which surveillance could lead to the gradual shredding of a professional identity.

Resistance in this sense was in the vocalisation of what was considered wrong in the organisation. Perhaps addressing non-verbal cues conveyed by her manager could have meant that she was not going to accept someone having power over her.

**Service User: Power and Resistance**

After Anna resigned from the team, she was told that her group would be ‘wrapped up’ and terminated. Anna demonstrated resistance by mobilising the group, team and wider national support for her group:

I basically was able to get other psychologists and psychotherapists on side and arrange for them to step in and run the group. They made it clear that they would not just roll over and let the group be rubberbushed and got rid of. That’s good and you know I am a bit subversive. (Anna, TL. 878-884)
Anna’s resistance by being subversive came in the form of gaining group and community support for helping the group to survive:

I arranged a promotional event for the group. I didn’t ask my manager nor even tell her. I invited all the doctors, all the nurses and all the social workers and all the service users and we made loads of video interviews of the clients who came to the group. (Anna, TL. 885-888)

They all loved it, they all thought it was amazing and they’re like, we’re going to start referring to you and its all wonderful blah, blah, blah … (Anna, TL. 889-901)

The promotional event for the group brought together a mass of people. In the end, the group did continue, but the service users were all made redundant from their roles in co-facilitating it. This could highlight how group and community power could be effective in challenging some organisational decision-making. Redundancy, however, was more difficult to change. The threat of the group falling apart did not materialise; instead, the group was held together and survived because of community action and resistance towards it being abolished from the service.
4.5 Juniper’s Narrative

Survival

Juniper’s story took place in the period between 2004 and 2015, when she worked in a CMHT. Various changes had taken place in the NHS during that time. Firstly, the ‘Agenda of Change’ was introduced. This was a policy that established new posts and scaling systems, where the criteria, qualifications, and level of experience for each post was clearly defined. Psychologists’ roles in the upper layers of NHS mental health services kept increasing in terms of managerial responsibilities. In 2008, there was a recession in the UK, leading to cuts in services. Many NHS services nationally were undergoing restructuring, including mergers between different NHS sites. This was implemented in order to save money, and many professionals were being made redundant. At the same time, there was a national waning of psychotherapists and counsellors within NHS services.

Juniper’s job role in the NHS was in a precarious position, because she was a psychotherapist working as a lead psychologist in a multidisciplinary mental health service. She was assigned leadership roles and acted as a line manager and supervisor for most of the decade. Juniper was middle-aged at the time of the interview. It was evident that she was astute in her knowledge of NHS policy and procedures. For this reason, she was able to describe where the processes were implemented unfairly or illegally. Her job had been secure under the old structure; however, under the new structure there were new leadership roles and responsibilities only for trained and accredited psychologists. So, her job and role were then vulnerable to attack or to being abolished altogether. She spoke of how the environment of her NHS service during this transition also developed insecure relationships between staff, and in some areas unlocked different means to exploit. She described an experience where her head of department made sexual advances towards her during a supervision session.

Juniper described some of the managerial processes implemented that resulted in the eventual decline of her leadership duties and responsibilities and the gradual dissolution of her role. She experienced bullying firstly through jibes and inappropriate remarks from management, which culminated into a more threatening intent to push her out of the service. Juniper recounted that one day she saw her job being advertised in a newspaper without her prior
knowledge or her having been told officially that she was going to lose her post. She reflected on how the shame she experienced from this was almost paralysing.

Juniper painted a bleak picture of the NHS during the time of the recession, stating that it, “just felt like a very dangerous place to be working”. She said that her job was not graded according to the ‘Agenda of Change’ policy, and so she lost all her clinical lead responsibilities. Bullying, in this respect, was experienced as employment discrimination. She eventually left the NHS and is now working in private practice. She reflected that the experience impacted negatively on relationships in social life and professional life and on her mood in general. She stated that she “would never recover” from her experiences of working in the NHS. Her advice for other professionals experiencing bullying was to consider:

Not to just pretend that it’s anything other than what it is. (Juniper, TL. 428-429)

Meaning of the Title

The title “Survival” was used because Juniper’s professional identity, job and sense of personal dignity were constantly under attack. Her survival was based on self-defence. The narrative provided an opening for her to share what had happened to her during a difficult time and to speak from a position of survival.
4.5.1 Survival: Narrative Inquiry and Foucauldian Discourse Analysis

Juniper’s experience of harassment appeared to be a gradual and slow process of small events culminating over a long period of time. The occurrence of these small events conveyed that there was some escalation of harassment to the point where her job was terminated. As the harassment was spread out sporadically, it would be difficult to pinpoint any one event as a concrete example of harassment. She identified that there had been sixteen small incidents, or blows, over time, which could have been harassment. Power could have been exercised, blow-by-blow, without a discrete, identifiable way of locating the source or the origin of this.

Juniper was placed in a precarious position within her service:

I’ll call myself Juniper. I’m a female in my 50s. I’m a senior psychotherapist and I was working in mental health service as the team psychologist, although I am a psychotherapist. I was the only psychotherapist in the department. The head of the department had some psychotherapy qualifications but was not registered or accredited, but he did have some understanding of psychotherapy. While there are a lot of similarities, in particular to counselling psychologists, emm, there are also differences. So that put me in quite a lonely position. (Juniper, TL. 6-12)

Juniper was not positioned as a perfect fit in her service. She was separated into two worlds. The less-known world was the one that was associated with therapy, and possibly this side of her was more taboo or subjugated in her team. It was her difference to the rest of the service that meant she often found herself alienated and in a lonely position. Even by her expressing that there are differences to ‘counselling psychology’, she was perhaps also letting me know, as the interviewer, that we had a connection but that there might be a side that I would not be able to grasp. There was an indication of the secretiveness of psychotherapy, which was set in contrast to psychology.

Insecurity began to filter in with the transitioning nature of her team at that time:

Our health board trust merged with another local health board trust … um (Juniper, TL. 38-39)
We then merged with the other trust and, um, there was restructuring of the whole psychology department. This restructuring involved, um, contractual changes and er, without any consultation at all, [the head of department] allocated me to be line-managed by somebody highly unsuitable, um, who was also line-managing her own daughter. (Juniper, TL. 56-59)

The image of the CMHT work environment was one which was unprotected during the time of restructuring. The emphasis on “contractual changes” could indicate that jobs were being cut, redundancies were being made and new posts were being instated. During this time, there were unstable and unethical boundaries between members of staff. The country had also moved into recession:

Actually, the country had gone into recession and appointments were difficult to get, so, um … but it was very much dividing and rule. (Juniper, TL. 289-291)

‘Divide and rule’ in politics can refer to one ruling body maintaining power by breaking up larger concentrations of power into pieces that individually have less power than the one implementing this strategy. This metaphor of one dominant, ruling body breaking up and disempowering smaller factions of power could be read into Juniper’s experience of sexual exploitation from a supervisor:

Umm, at one of my supervision sessions, my head of department made inappropriate sexual remarks and umm then, I walked back from that session – I very firmly and coldly rebuffed his remarks twice. He came back and repeated what he’d said after the first rebuffal and then I rebuffed him again … um, er, and as I was walking back to the department, I remember thinking “my days are numbered and, [speech drops voice tearful] um, I didn’t complain because the culture was one where I knew that, um, I would have lost my job, rather than him; um, but I immediately put in for external supervision, and I think he felt it wise to support that application … (Juniper, TL. 44-51)

There was a clear power disparity between the head of department, acting as a supervisor, and Juniper, as a team psychologist. This incident clearly caused much distress, as she broke
down and cried at this point while narrating her story. The fact that she rebuffed him twice indicated that the clear message that she was turning him down was not received the first time. There was a powerful indication that this incident was experienced as dangerous and a risk to her continued employment within the organisation. These imagined consequences appeared somewhat exaggerated in her mind – if she did not stick to her own silent rule of keeping quiet, then she would literally die (her days would be “numbered”).

There was a strong and powerful metaphor present of the threat of job loss being linked with the threat of the worst type of punishment being administered, which is her death. This demonstrated the extent of how terrifying this situation was in her experience. Yet, at the same time, the count-down to her death being portrayed as her days being “numbered” could indicate how she experienced her death through the gaze of the organisation; that the potential loss of her own life would be viewed from a dispassionate perspective, as a number instead of as a loss of a human being. This could be linked to how the circulation of statistics in the workplace could depersonalise perceived relationships. For Juniper, her career and self-identity were enmeshed into one thing – so if she were positioned outside of the organisation, she would no longer (in her perception) function or exist. The juxtaposition was that the organisation could become persecutory and metaphorically kill and yet at the same time was the source of her self and professional identities.

Juniper’s internalisation of the organisation was configured in a discursive construction of patriarchy, including the notion that power is exercised by the dominant male management ruling over employees. Male dominance was constructed through discourses of both sexual exploitation and male dominant sexual power (Juniper would lose her job rather than seeking justice and the head of department losing his job instead). Also, the display of male sexuality, through the sexual remarks, was equated with a display of dominance. This brought an image of the service being considered as corrupt.

This style of Juniper’s self-management of her situation mirrored self-surveillance or self-monitoring of her professional composure:

I haven’t ever addressed or challenged or complained about the sexual exploitation.

(Juniper, TL. 38-39)
Juniper’s decision to deal with the situation in a very dispassionate and pragmatic way, (through changing supervisors), could demonstrate quite a cold response, but could also be quite insidious because it did not draw any attention towards the situation – almost as if this was self-sacrificing. Her response reminded me of wider discourses in the NHS workplace of conflict management where the incentive is to deal with situations in a timely, cost-effective way that will not escalate a crisis. Perhaps managerial texts could have filtered into Juniper’s strategic way of dealing with this situation.

What was apparent was that there was a divide between the outside horror that was inflicted onto Juniper’s internal world, and a rule which was of maintaining professional composure. This divide could be conveyed as a political and personal divide between her internal, damaged and very scared reality, and the rule which was her external performance of holding everything together. This manner of not complaining and self-preservation then ruled over the potential to respond from a more congruent place. The organisation remained unchallenged through this self-regulated response.

**Impersonal Aspects of Bullying in the Organisation**

Juniper experienced some exploitation (although she does not name this as exploitation) through organisational systems, such as the refusal to grade her job under the Agenda of Change and through the sudden termination of managerial duties in her service:

> There was a consistent refusal to grade me, um, under the NHS Agenda of Change um thing … which is legally binding, but they just refused point-blank to do it. Roles that I was undertaking were withdrawn from me with no explanation and no notice. So, I was supervising and mentoring a trainee therapist, and suddenly I was informed that you know, she … that I would no longer have the responsibility for her …

Juniper later added on hindsight:
This should have said it was my role as her line manager that was withdrawn.

(Juniper, TL. 74-79)\(^1\)

Juniper described the actions of employment discrimination in the passive voice, which gave the impression that parts of her job were suddenly taken away from her without prior warning. Expressed in this way, this implied that the source of this decision remained invisible. The main decision-maker, who withdrew her managerial duties, therefore was protected. Without an identifiable source, the effect of such decisions appeared all-encompassing and inconsistent, without the space or the leave for Juniper to challenge these decisions. This makes the actions of the main decision-maker appear to be all-powerful and omnipotent. Juniper positioned herself, at this point, in a passive role and as a victim of these decisions. The refusal of decision-makers to grade her role would have brought much doubt over her job security and marked a punishing and disciplinary act:

I should say that this senior manager arranged a meeting with me… and threatened me – that if I didn’t stop asking for um – oh, well, yeah, I’d better backtrack. During this time, they also told me they were going to remove my external supervision – cut it right back to less than half of the provision, not remove it initially. In fact, I was told that it wouldn’t continue unless I agreed to work above my grade and, um … but, in the end, they chopped it down to less than half and I had to fund the rest, so I felt like I was subsidising the NHS for the work that I was doing for them. This senior manager who just sent my, my whistle-blowing really, into my personal file, came and threatened me that if I didn’t stop making a request about external supervision, that my unblemished record would get marked. (Juniper, TL. 139-155)

The environment of the NHS was described as being quite ruthless in making cutbacks. The imagery associated with “cut it right back” and “chopped it down” depicted a gradual shedding of Juniper’s professional role. It was almost as if her role was being cut away from the main body of the organisation – like a removal of a limb. The threat made by her senior manager brought together secrecy, ideology and surveillance in the NHS. The threat was that

\(^1\) After I sent Juniper her transcript, she added extra information to it. This was an example of something she wished to add.
if she did not stop complaining, then she would be blacklisted (her record would be marked), which could then possibly disadvantage her in future employment. Surveillance, in this sense, was the threat of a marked reputation where this type of punishment would be permanent. This was in contrast with a quick, temporary telling-off. It is noteworthy that the word ‘marked’ is also a reference to damaged skin after physical punishment is inflicted. In this instance, instead of the main source of threat being physical assault, words and language had replaced this mode of discipline. It was the use of threatening words that was intended to mark. However, whereas in physical punishment the wound that is marked is evident, the wound left after a marked record is less knowable. The consequences of a marked NHS record could therefore linger in the imagination. The imagining mind could know no bounds as to how far this could conjure many damaging scenarios associated with the prospect of a marked record. An implicit threat of the Panopticon could be read. This was because a threat of future surveillance over Juniper’s career was cast. The Panopticon could move into areas such as the internalisation of future employers or the general public forming judgements of her work and reputation. Later on, Juniper’s words echoed this:

Mentally, I got to a place where I felt very frightened and I thought that I would break down if I continued, and I think I probably did break down afterwards in some ways but, um [starts to cry and show distress] … (Juniper, TL. 234-236)

Clearly, this was a very frightening time for Juniper. She was unable to finish this sentence, which demonstrated a literal breaking down of the words that could justly convey this experience.

Juniper’s experience of employment discrimination appeared to continue:

In early January, I noticed on a website that um [voice tearful] some of my roles were being advertised and nobody had said anything to me and I couldn’t speak for about 10 days to anybody about it [voice drops, sounds tearful], but then we went to my dreadful line manager that I hadn’t been able to change and emm, I asked her why my job was being advertised and she said, “yes it is your job and you are going to work in P and you’re going as soon as possible”. (Juniper, TL. 164-171)
The fact that Juniper was unable to speak to anyone about this for 10 days conveyed a state of shock. This emotion that was expressed by her was set in contrast with the quite cool and pragmatic approach taken by her line manager. Discrimination was immersed in both secrecy and omnipotence of decision-making and management without fairness or a perceived sense of compassion towards the employee. This could call into question the legality of advertising a post without consultation with the employee who is still being employed in the role. When Juniper eventually changed jobs to a different area, things appeared to get worse:

Um, and um, then in, yeah in June, I got an e-mail from somebody I’d never heard of, saying that she was starting, that she would be at the referral meeting that afternoon and she was emailing just to say ‘hello’ in advance, and this was the psychologist who I had been assured was not coming to take my roles – and she turned up and began to take over my role in the service referral meetings [voice tearful], which was hugely distressing. (Juniper, TL. 196-201)

The hierarchical decision in the NHS to appoint more psychologists into managerial roles, as they were better suited for this responsibility, could infiltrate into discourses of tough leadership styles mixed with colonial discourses regarding the ruling of one profession over another. Perhaps, there is a sense of professional entitlement that is hinted at. Juniper mentioned how the internalisation of a watchful and critical other led to some self-regulatory strategies:

I was very fearful and [had] low self-esteem. But, I think what began to happen was a bit more worrying than that and [I] began to get really suspicious about everything, and hyper-vigilant; so I would send an e-mail and then panic and I’d think maybe I worded it badly, or maybe the tone would offend somebody, or, and, I’d go over and over that e-mail, 5 or 6 times, checking and double-checking, thinking “oh no, can I get it back, should I have sent this?” (Juniper, TL. 300-305)

Finally, she expressed the extent of feeling very traumatised and frightened:

And, um, and in the end I reached a place where I suppose I was just absolutely terrified of losing my sanity and um it was like being ... like hanging on to a branch over a 200-foot drop and feeling like I wasn’t going to be able to hang onto that
branch for much longer. And, after I left, I um, just lay on my sofa with my eyes closed for weeks, because I just felt like every time I opened my eyes I had to face a reality that I just couldn’t bear to face; which was that I was going to lose my home and I’d just, um, I’d lost my profession, I’d had to abandoned my clients, which was just terrible [voice tearful], terrible to walk out on my clients [tearful] and um, I just had nightmares over and over and over again, night after night … [crying] (Juniper, TL. 309-317)

The real fear for Juniper was the prospect of multiple losses as a consequence of employment discrimination and bullying.
CHAPTER 5: REFLEXIVE ANALYSIS

It has been stated that what makes qualitative research, “good quality and good practice” (Elliott, Fischer, & Rennie, 1999) includes multiple facets, but mainly:

Disclosure of the researcher’s orientation and preconceptions, explication of the social and cultural context of the research, description of the internal processes of the investigators and close engagement with the material … (Stiles, 1993, cited in Elliott et al., p. 218)

This chapter will aim to introduce a ‘critical reflexive analysis’ of my own embedded philosophical position and my theoretical, methodological, and personal positioning as a researcher. This will help me to engage in a dialogue of how I am able to bring a rationale for some of the decisions and claims that I have made throughout the research. I will also critically reflect upon how I arrived at some of the main interpretations in the discourse analysis.

5.1 Rationale for Critical Reflexive Analysis

Reflexivity in research not only obliges the researcher to support how they can defend some of the claims that they make in their research (especially in relation with the analysis), but also to reflect on how their relationship with the participants also contributed towards the shaping of the research. So, in reflexive practice, there are two types of reflexive analysis that are performed. The first could involve a reflexive account of the process of research and the second, an account of the challenges, uncertainties and enabling features of the relational dynamic with the participants. The former could reflect on learning and development within the thesis. The latter could strive to capture how some of the connections of subject and object positions in each of the interviews (of both the researcher and the participants) influenced and constituted each other (Foley, 2002). In summary, reflexive practices, including both process and relational reflexivity, aim to explore how knowledge is produced and located within the context of subjectivities and inter-subjectivities, and the spaces that can be inhabited (Sultana, 2007).
How knowledge is, “acquired, organised and interpreted, is relevant to all the final claims and theories made in the research” (Altheide & Johnson, 1994, p. 486). It was also foreseen by Murray and Holmes (2013) how reflexive practice could become “embodied practice”, and Pio and Singh (2016), asserted that it has the objective of unsettling multiple audiences. In other words, if organised well, the reflexive process could disrupt traditional claims to knowledge, and findings could present as something unexpected or even uncomfortable (Pillow, 2015). This process also raises complex questions about the legitimacy, basis, and authority of knowledge claims (Denzin & Lincoln, 2005).

In grounding my research into WPB and harassment in the NHS; the type of discrimination that is based on the reproduction of an exploitative power relationship could violate human rights. Through writing this chapter, I have come to realise that, as well as being careful in stating my situated position as a researcher, I also need to incorporate a critique of how power and exploitation were considered and responded to throughout the research process. For this reason, I will now put forward an argument for situating my reflexive chapter within both a feminist and a critical reflexive perspective.

5.2 Historical Origin of Reflexive Practice: a Feminist Perspective

The origin of reflexive research is rooted in feminist research. This arises from feminist claims that traditional qualitative research reproduced conditions of exploitation, namely the shaping of patriarchal structures, which some of the traditional research was attempting to challenge. Feminists highlighted that, indeed, there are unequal social relationships between the researcher and participants. Bondi (2009, p. 328) warned that because of this, there was a strong risk of reproducing power relationships and processes of disempowerment in the research. One mode of such exploitation could be in the claim that the researcher is always in a neutral position. Also, Burman (2006) adamantly stated that:

Reflexivity identifies research that refuses the scientific positioning of the neutral observer, to instead highlight and explore the nature of researcher involvement as a relevant source – extending to the broader claim that objectivity is a specific (culturally masculine) form of subjectivity, rather than the absence of subjectivity. (Burman, 2006, p. 316)
In this active refusal of the scientific positioning of the culturally masculine phenomena of objectivity, there is conviction that all forms of research could be strengthened through a reflexive analysis regarding how power is identified, understood and challenged. A statement of refusal to accept how traditional empirical modes of research have been conducted also then contextualises reflexive practice in a political framework. So, the statement “the personal is political” (Hanisch, 1970) creates the ground of most feminist reflexive practice, as the personal context of reflexive practice is viewed as being related to the wider political apparatus.

In the first instance, I will use this chapter to explore how power was identified and addressed both in the process of gathering data and within the relationships developed with the narrators.

5.3 Introduction to a Critical Reflexive Approach

The foundation of critical reflexivity was built from a growing tide of cynicism and protest against some usage of reflexivity, where the researcher would position themselves as omnipotent – that is, as all-seeing and all-knowing (Rose, 1997). Perhaps a concern could be that the researcher could utilise the reflexive mode purely to advance their status or recognition as a researcher. If this were true, then a reasonable question could be: which type of audience does the researcher wish to be popular with, and why? This could lead to questions regarding whether or not the researcher holds any ideological or political agendas, or if they could possibly be using the research in order to advance their own career. Similar to these lines of questioning, there were warnings “against the growing trend in neo-liberal culture to use reflexivity quite freely in both research and therapy”, and “claims that this could return back this practice to an old state of individualism” (Burman, 2006, p. 315). The protest in critical reflexive analyses is therefore against researchers who use their analysis purely to enhance themselves, in the sense of re-centring the research narrative only around researcher subjectivity. However, more discreetly, critical reflexivity would seek or question the role of ideology (such as neo-liberalism) that could produce and reproduce either self-seeking aspirations or the basis of knowledge within research.
Unlike the tendency for the researcher to just think about him/herself, critical reflexive analyses always adopt an ethical and political commitment. This commitment could include a wish to create resistance and change, to challenge dominant norms and assumptions, to resist power and constraint, and to open up new theoretical and practical possibilities (Rolfe, Freshwater, & Jasper, 2001). I believe this style of critical reflexive practice complements my research thesis because of the radical component, especially its dedication to change. So, in summary, I will use both feminist and critical reflexive analyses in this chapter.

5.4 Outline of this Reflexive Chapter
Sections 5.4.1 to 5.4.6 critically analyses how far my own subject positions and subjectivity could be considered as a reliable source in reproducing valid interpretations of the final analysis. I acknowledge that my subject position, as a white, female researcher who has some personal experience of harassment in the NHS, could, in some ways, limit the research process. I will describe how this limitation was addressed, including how this may have impacted on some of the relationships with narrators. I will also explore how the process of becoming reflexive of this limitation could at the same time enable change.

Section 5.5 illustrates a critical reflexive analysis from a personal perspective of being interviewed myself, using the same narrative interview that I used with the narrators. I will use this to illustrate my own reflections from having gone through this process myself, and in what ways this has been useful in reflecting upon the data generated from the narrators.

Section 5.6 illuminates the earlier stages of the research process, and my reflections concerning the level of interest in the research helped to construct a more critical and political perspective.

5.4.1 My Subject Position as a Researcher
In confronting a personal critical reflexive analysis, I immediately faced both an ethical and a philosophical dilemma. The former involved the necessity for self-disclosure, transparency and openness as a way of reflecting on power relationships within the research process and with the different narrators. This could highlight differences in power and privilege. The latter included a concern with confession which, as Foucault considered, is a component in the exercise of modern power (Tell, 2010). Foucault claimed that confession should be a
practice in the service of a regulatory power (Butler, 2005). This could mean that if I ‘confessed’ my reason for studying this topic, I could then be subjected to discourses that could expose me in a way that could render me as an object. Foucault argued that confessional practices are compounded by guilt, so this led me to question whether or not a potential confessional act could engineer a need to be absolved by something more powerful than myself. The need for ‘forgiveness’ reinforces a complicity in believing that there could be something ‘sinful’ in my own narrative or subjectivity. Discursively, the act of confession could automatically render the narrative as deficient or inept. This sense of deficiency or insufficiency is also a key feature in the experience of harassment in the NHS.

The main concern therefore is that if I ‘confess’ my personal reason for wishing to study WPB and harassment in the NHS, I could leave myself open to alternative discourses that may trivialise or pathologise me. This is because both the bullied and bully positions are sometimes constructed in dominant discourses through a framework of psychological deficiency. This could be a moral framework or an ideological foundation based on regulating behaviour in order to strengthen the economic position of the NHS. There could even be a chance that my subjectivity and experience could be dismissed. In disclosing this, I am also aware that these discourses could be the same ones that prevent self-disclosure by members of staff through openly speaking about their experiences of being harassed in the NHS workplace. So, in other words, there could be similar systems of power that either discriminate against people if they talk about their experiences of harassment, or, alternatively, silence them – that is, prevent them from disclosing. The consequences of the threat of pathologisation could be that inside stories of harassment may never be documented. The infringement of confession could harness a power dynamic; however, to not confess could muffle and silence.

In weighing up this original conflict, I have decided to take a risk and provide a brief overview of the reason why I chose this topic. I will also comment on relevant details that helped to ground me as a researcher. These included some challenges I faced when analysing narratives based on racism and sexual harassment. I hope to give a chance for my own voice to be heard, and, at least, to impart a rationale whenever the infringement of discourse imposes.
5.4.2 Personal Interest in Workplace Bullying in the NHS

I am comfortable in disclosing that I am feminist and have always valued the statement quoted earlier that the “personal is political”. This would appear to weave together a sense of hope that personal experiences matter and that they can also be merged in order to be considered with the wider political apparatus. I have found this statement important when considering not only how macro structures of patriarchal and racist systems in organisations may lead to sexual harassment and racism, but also the more micro-structural level, when harassment leads to silencing. An example of this could be Juniper’s narrative, where her experiences of harassment brought a divide between her inner personal reality (an experience of pain) and her external performance of holding everything together through a professional identity. I believe that personal experiences of harassment are meaningful and are not dislocated from the wider political organisation of the NHS. So, the narrators’ accounts are already situated politically.

I have an interest in politics, race and culture. These interests took me to organising a group in Manchester ten years ago called ‘The Language Party’. This group brought together people who spoke two or more languages, where the incentive was for each person to find a person who spoke their more unfamiliar language and then practice speaking this. The main ethos of the group was that everybody was invited. The aim of this was to combat social exclusion and to appeal to a social justice and human rights agenda. After a few months, over 50 people had joined the group. They included people from all the different continents of the world. New people were welcomed and always seemed to bring a different dynamic to the group. At one stage, a group of Libyans, who had refugee status, brought a political feel to the group, and provided talks about protest and collectivism. The group soon became a refuge and resource for many people who were isolated within various communities. I learnt that I could organise a group which did not have to have a defined leader. I believed that when the core of the group remained stable and consistent – meaning when a few people always returned week after week – the group could withstand change, such as the arrival of newcomers. Over time, several inter-cultural relationships were also formed.

The Language Party invited a heterogeneous quality and was unified epistemologically through the knowledge that difference was both interesting and intriguing. Some of the qualities of this group enabled it to become a safe enough space, where the core inner circle
became a container for the group’s survival and led me to consider how similar groups could be formed in organisations such as the NHS. This reminded me of a description of the setting up a reflective, psychoanalytically orientated staff group for therapists which was built on the principle of safety. The group was visualised as “a thinking and working space where issues could be worked through and where the basis of the group was built on interrelatedness and connectedness” (Cotton, 2017, p. 47). But, from learning how such a group as this could potentially help in addressing some aspects of wider isolation or discrimination in the NHS, I often felt alarmed when I observed the reverse occurring in NHS organisations, which I have worked for in the past, in response to the widespread incidence of harassment in the workplace and isolation of staff.

I have worked as a therapist for the NHS since 2006 and have had much experience of working in inner-city multicultural areas. I have been trained in both psychodynamic and CBT approaches and worked as a front-line member of staff in an IAPT service and in acute hospital inpatient settings. While training as a counselling psychologist, I helped to organise a therapy service within a women’s refuge for women who had escaped from domestic violent relationships. Following this, I wrote a theory paper in the second year of training commenting on my reflections from this. I speculated that one of the main difficulties that the women seemed to face were experiences of displacement as a result of being made homeless and physically removed from anything connected with their previous life. I also acknowledged that there were occasions when they showed resistance during times of struggle.

From this earlier development, I began to consider, and make parallels with, times when therapists or HCPs appeared to be bullied in institutional settings. While there has been some reporting of physical violence against members of staff in the workplace, the focus of harassment appears to be more discrimination and perceived exploitation. My work in domestic violence, however, led me to ask whether or not harassment in the NHS could lead to feelings of displacement. Moreover, would, in the context of WPB and harassment, such feelings of displacement and being alienated from the self lead to a similar feeling of homelessness? I was also curious to know if there were any acts of resistance.
5.4.3 Positionality of my Insider and Outsider Position as a Researcher

As a researcher, I am positioned on the border of the NHS. Aitken & Burman’s (1999) reflexive paper, based on their account of a white woman researching a black woman’s experiences of engaging in clinical psychology services, emphasised the importance of stating their ‘inside’ and ‘outside’ positions in relation to clinical psychology. This statement of positionality enabled them “to become reflexive of how these positions could affect the researcher-researched and therapist-client relations that could perpetuate dominant representations and distribution of resources” (Aitken & Burman, 1999, p. 279). My research into harassment in the NHS called into consideration the ways in which I have not allowed dominant representations to affect my opinion. Also, since some of the narrators were either black or from black and minority ethnic background (BME background), I will also briefly comment on how some of challenges of being a white researcher were tackled.

My insider position is that I am a white female in the NHS and that I try to adopt both a feminist and anti-racist stance in all my work. When I state ‘insider’, I mean that I have experience of the inside of the workplace. I have had colleagues in the past in the NHS who have told me about their experiences of what they suspect to be racism and sexism. Often, they have struggled to prove this, either because they were not believed outright or because the justification for them being treated disrespectfully was based on an idea that they were struggling with their job. I observed, however, that they appeared to be more shouted at and undermined in comparison with other members of staff. I believe that these experiences cannot be devalued, and this led me to wonder if other non-white (or specifically non-white and female) members of staff or other females from different NHS sites have experienced something similar.

These first-hand experiences also led to me question the limitation of scripts written in NHS policy regarding the nature of harassment or bullying. Liefooghe et al. (2010) argued that a paternalistic and white-European discourse appeared to feature dominantly in the Dignity at Work policy; which is the main policy that outlines the bullying and harassment policy in the NHS. The policy connected with harassment (ACAS, 2010) in the NHS does acknowledge discrimination against race and gender. However, it does not provide a text outlining racism or misogyny, for example. By these terms, I mean where there is an expression of domination and hatred because of the supposed superiority of either race or gender. I think these
experiences helped me to be reflexive and begin to question what could be known about these experiences from an institutional level in the NHS.

I was not unduly surprised, when collecting data for my thesis, to notice that three narrators out of the six (Farah, JM and Evie) had either witnessed or experienced racism. The fact that a national appeal for participants was advertised through websites relevant to WPB (specifically looking for participants with experiences of WPB in the NHS) makes it more significant that more than half of the participants, all from different parts of the UK, were from BME backgrounds. Two of these narrators had successfully won a work tribunal on the grounds of racial discrimination. This brings support for their experiences. On these terms, some of my observations were somewhat validated.

From an outsider perspective, I am aware of structural and political changes that could impact working life and which in turn have a direct effect on interpersonal dynamics in the NHS. These changes include the role of privatisation and commissioning in importing a competitive, target-driven agenda into the lives of therapists and their teams and organisations; the role of cuts, which could lead to staff being laid off; and the huge increase in talking therapies and ‘psychologisation’. This could lead to discourses which intervene in how people speak and are able to be with each other, which affect what is considered truth, and which perhaps promote individualist thinking. In some ways, I am accustomed to these ways of being. In reading and studying discourse analysis and in learning psychoanalysis, I can (in some ways) distance myself from these expected discourses. I am also aware that the aftermath of Brexit led to an upsurge in reports of racism. So, with regard to these statistics, it did not surprise me that I needed to contemplate and consider my own views and opinions of racism in the NHS.

5.4.4 Challenges to My Own Views of Racism
When I describe myself as being a white female and researcher, I am placing myself also in a socio-political context. My racialised position does not (fortunately) involve the extreme historical atrocities of another race claiming superiority over mine through colonialist aspirations, or worse still, the shaming or outrage of slavery or ethnic cleansing. I was brought up in Scotland during my early years, however, and still see myself as not English,
although I moved to England when I was 11. I have memories of experiencing a lot of discrimination for having a Scottish accent. Old tribal conflicts still play out in the school playground. Even so, I could not know what it would feel like to be a black therapist or someone originally from a different (non-UK) culture and experience racism or harassment in the NHS. My determination, through this thesis, was to learn about the possibility of the struggle through resistance to this form of power and control over another human being. I wanted to learn from some of the narrators what this experience was like and meant for them. My part as a researcher was, then, to study how the expression of the desire to control another human being, whether this is through words that could put a person down or racist phrases, could be embedded in such institutional discourses.

From taking a risk in conducting a discourse analysis, I could be criticised for bringing too much of my own interpretation into the final discourse analysis. I even questioned whether or not being white could in some ways act as a barrier in constructing a discourse analysis that aimed to dissect racist discourse. My answer is: yes, this is, and will always be, a barrier, and so the final analysis will be inevitably incomplete and imperfect. When writing the final analysis, I was continuously re-reading previous research papers and discourse analyses that had been written about racism. I was constantly reading my narrators’ transcripts and then comparing them with the findings from these other papers. I also brought some of my findings to a research group based on discourse analysis. Here, I was able to consult with other PhD students and an academic member of staff regarding the main interpretations of the findings. Even so, while the final analysis may bring some suggestion of the historical and cultural implications of each of the discourses, I am open in acknowledging that there could be other interpretations that have been missed. My intention was to open up a debate, and at least to dig out a critical and questioning tone to phrases and words that could well be missed in everyday conversation.

An objective I had was to use the process of re-authoring (Etherington, 2009), where my interpretations were partly built from the phrases and words which were used by the narrators, in order to describe what they heard and witnessed in relation to harassment and racism. Despite utilising an interpretive discourse analysis, I would claim that my interpretations are not completely my own. I argue that when the narrators were exposed to something that could be shocking to hear, they will have found it difficult to forget the words
and phrases that they heard being said about them. Such phrases could include being told that they “stick out like a sore thumb” (JM’s narrative), or having their maternity leave likened to the Ebola virus (Anna’s narrative). I believe that these words, metaphors and phrases – through their traumatic character – in some sense speak for themselves. My intention in conducting an FDA was to disentangle the political and historical implications underlying these racist and possibly misogynist discourses and to convey how their impact was narrated. I wanted to lay the racist or potentially misogynist discourses out bare, so they could be witnessed and observed. My hope was that this could then begin to elicit change, not only for the context of this thesis, but also for the reader; I wanted the reader to consider change a possibility and to consider what possibilities there may be for change.

I have attempted through the analysis of the findings to expose some of the racist discourses in order for these to cause some disturbance and hopefully outrage. However, my ethical-political position is such that I also wanted to convey the dignity that the narrators showed in response to this.

5.5 Reflective Analysis from Personal Experiences of Harassment

I want to share that I was also interviewed for own my thesis, and therefore have constructed my own narrative, based on my personal experience of being a white, female therapist experiencing harassment in a previous NHS service, different to the one I am in now. The reason for my interview was to have a primary experience of how it would feel to be interviewed about experiences of WPB. This also aided the reflexive process, as it enabled me to draw on my experiences as opposed to the other narrators’ experiences. As part of this interview, I was asked to draw a picture which represented my experiences of WPB. For a reason that I will describe later, I am not allowed to share in any depth my experiences. I will, however, provide a brief overview, which I believe could be useful in considering how my experiences could relate to the narrators’ experiences and perhaps will add some helpful additional background detail for my construction of the analysis.
5.5.1 Reflexive Narrative

When talking about such experiences, I noticed that a tight knot had contracted in my throat. My words did not flow very easily, and when still, I noticed a flurry of stilled images, which I witnessed in combination with hearing echoes of confusing, blunt and controlling words pouring out from them. I noticed that there were still things that I was unable to disclose. Pauses and silences in the narrative shuddered with the unsayable. These experiences often took me by surprise, as I was not expecting these things to still continue and still create an inner hurt. I was placed back into my body, while sensing this hurt had no place.

5.5.2 Reflexive Summary

Putting words to the experiences of subtle bullying and harassment is difficult (Lutgen-Sandvik et al., 2008). The reasons for this could be twofold. The first is that memory of the events could be fragmented if they are instilled with some trauma. A clue, if that was the case, was that the narrative could present as a broken narrative (Hydén & Brockmeier, 2008). The narrative could portray a series of images or metaphors, without a symbolic context or base in order to hold the sea of symbols. I noticed while I was talking that a series of images did appear in my mind. These often took me by surprise and appeared to be fast-moving, and they changed and altered in quick succession. This insight into talking through my own narrative reminded me that spoken words and language only paint a narrow picture of the actual experience of harassment. The extent of the emotional impact may have no words and so could be difficult for the reader or the researcher to hear or witness.

This reflection enabled me to look at all the narratives from different perspectives. I came to realise that silences, pauses and metaphor are filled with meaning and an embedded language. From this reflection, I re-read Farah’s narrative and noticed that there was a moment where she paused after stating, “and I stood out”. The intonation then rapidly changed, and her voice saddened. There were two different time zones being conveyed with this. The pause represented a sense of regret, which flooded her back to the present moment. This regret could have been because both she and the organisation allowed this representation of herself, as the person who stood out, to continue. The pause therefore became a type of time capsule, which allowed a sense of continuity between the past and the present moment. However, the
silencing of the unsayable, through this pause, could also explicate something like the experience of exploitation. Therefore, this pause became the unspoken unknown, but with the potential to be known if this experience could be shared.

As a researcher, I am aware that this shared meaning came from my own knowledge of harassment. The political context of known ‘exploitation’ enabled a personal relationship to be established through the silence.

A second reason why myself and the narrators may have had difficulty in constructing a language which conveyed harassment could be because when speaking, this may invite the presence of a third party, which might well be the harasser, victimiser or another. From a psychoanalytical perspective, Lister (1982) remarked that:

The transference (in people who have been exploited) does not reflect a simple dyadic relationship, but rather a triad. This third image could be the victimiser, who … demanded silence and whose command is now being broken. (cited in Herman, 2015, p. 137).

In my own narrative, I can relate that, because I am still practising as a therapist in the NHS, the triad could have been the organisation or the NHS itself. I was very aware, while being interviewed, of the near presence of the service. I became conscious of my job on placement, and I questioned whether or not I could be easily replaced if I disclosed this previous experience. I worried about how this could be heard. Would a demeaning discourse be backfired at me in order to preserve the reputation of the NHS? I was also very conscious that I may wish to return to the NHS once completing my doctorate. I contemplated how an employer could hear these experiences. In this sense, as I was still based in the NHS at the time of the interview, I possibly could have found it more difficult putting this experience into words than the other narrators, who had all left the NHS at the time of their interviews.

From this reflective analysis, and in noticing the presence of the third party in my own narrative, I felt more able to reflect on a potential triad forming in the narratives. JM’s narrative described some of her fears regarding the spreading of ‘rumours’, and the notion of a third party only hearing how the organisation had portrayed her, and not her own version of
events. I described that it was almost as if there was always the presence of a hostile audience in the narrative, where there was some concern that they could then become a form of surveillance. JM reflected that one employer had initially treated her well, but on discovering who she was (based on the image of her that had been created by other sources), suddenly became hostile towards her. This audience was constructed on the basis of a perceived truth. This reflection then enabled me to consider a type of surveillance which could be anticipatory.

5.5.3 Further Reflections
Through writing my own narrative of an experience of harassment, I was able to reflect on how difficult the process of remembering every detail was. Memories did surface; some I could detail, and others were harder to articulate. I reflected how a barrier against the fluidity of self-expression was created by the fact that I am still working as a trainee in the NHS. From going through this process, however, I feel more empathic towards the narrators who had been through the process of being interviewed. I became much more aware of the significance of pauses, silences and when a third party could appear in the transcripts. I was then able to be reflexive of the meaning of these.

The fact that some people confronted by WPB find that they lack words to describe their experience presents concerns around the difficulty of being heard, thought about, or believed, in a workplace. Instead of being taken seriously, they may instead be seen as unable to manage or understand social interactions effectively, or unable to handle communication with difficult others (Dzurec et al., 2010), or as socially deviant (MacIntosh, 2010). In effect, this manifests if the ethos of the workplace does not take into account the difficulty of articulation when experiencing such extreme communication.

5.5.4 Institutional Silencing
As already indicated, I am currently on placement, working in the NHS. I am not employed in the NHS. However, there are structural, legal and institutional policies that prevent me from disclosing in any detail my previous experiences of working in the NHS. I wish to highlight this as a way of considering how there could be control systems that lead to many experiences of harassment not being disclosed to the public. For this reason, the incidence of
harassment could be more widespread than is currently known. There are both NHS and Guardian surveys that are conducted annually that attempt to record the prevalence of reported WPB and harassment. However, the details of such incidents tend to be missed. I think this builds an argument that the NHS does exercise a certain level of control over information that is then distributed to the public. The narrators in my thesis have all left the NHS, and so they have more freedom to tell their stories. My prevailing question could be, are these stories typical of other people’s experiences in the NHS?

5.6 Earlier Planning Stages of the Research
In the earlier stages of planning the research, I was involved in many deep discussions with colleagues, friends and other members of staff in the NHS regarding the topic of harassment and WPB. I noticed that gradually more and more people began to open up about their experiences of bullying and harassment. The topic proved popular, and many people who did not fit the criteria for being interviewed asked me to interview them as they wished to share their story regarding what they considered to be their relationship with the bully.

I heard, informally, some surprising, disturbing and distressing stories. I learnt that people managed these experiences in different ways. While some people reported having become subdued and eventually having resigned from the NHS, others used flirtation strategies in order to win over the approval of the bully, thus appeasing their anger. When the bully, however, appeared to no longer have power over them, they responded by disowning these feelings. Some were able to challenge the bully head-on. In reference to the former, I hypothesised that if there is little outlet for cultural suppression of emotions such as anger or aggression in the NHS, then sexual strategies, as a means of gaining a sense of power or control, could be one way of appeasing harassment. So, generally I was noticing that strategies for coping with, or resisting, harassment could include sexual control, revenge, open challenge or resignation. Also, in the earlier stages of the thesis, I helped an HCP (with whom I had worked for a time) who had put through a disciplinary investigation in her workplace. There was very little evidence of her being supported whilst being put through this process, but nevertheless this took seven months and then it was eventually dropped. She was not allowed to go to work, nor talk with any of her colleagues while she was being investigated. At the end, she felt so distraught that she eventually resigned from her service.
These stories led me to be even more determined to pursue this thesis. In particular, I was interested in how people resisted power dynamics – especially the ones that seek to control the worker in the NHS.

The narrators whose voices were represented in this thesis were all very eager to talk about their experiences of harassment in the NHS. I believe this thesis provided a useful outlet for them. At the end of the interview, I asked how this process was for them. Each person provided an appraisal, stating that they had felt heard and understood throughout the interview and that this had helped them.
CHAPTER 6: DISCUSSION

6.1 Summary of Chapter
This chapter will examine the multiple levels in which, workplace bullying and harassment were experienced by the narrators (the ex-NHS therapists and healthcare professionals (HCPs) in this research). This discussion will be divided into four parts. To open the discussion, the first research question: how have therapists and HCPs working in the NHS experienced workplace bullying and harassment? will be addressed. This section will indicate some of the parallels and subversions found in the analysis of the narratives viewed in the context of the literature review. It will incorporate the different interconnected levels of harassment and WPB. The intention will be to remain with my understanding of the narrators’ subjectivities and frames of reference.

The second part will aim to broaden and deepen this discussion in acknowledgement of Foucault’s belief that, “power is everywhere, diffused and embodied in discourse, knowledge and regimes of truth” (Foucault, 1991, cited in Rabinow, 1991). This will be divided into two sections: the first utilises Foucault’s discourse analysis on power and resistance; the second utilises Foucault’s analysis of the Panopticon. It will seek to address the second research question: how does power and resistance interweave into the narratives of WPB and harassment?

The third part will combine the discussions of the previous research questions in answering the third question: how can this inform counselling psychology? This will aim to expand counselling psychologists’ knowledge of the institutionalisation of racism, sexism and bullying, how status quo norms perpetuate the regulation of bullying regimes, and ways of instigating change.

Finally, the fourth part will highlight the limitations of this research.

6.2 The Narratives
Harassment and WPB has been identified in research as an abuse of power which escalates over time and occurs well over a six-month period (Einarsen & Skogstad, 1996; Leymann,
The narrators all self-identified that this was the case for them. They brought extreme examples of bullying, harassment and exploitation, which may have propelled them to agree to tell their story. Unlike the widely held and accepted ‘individualised’ definition of WPB and harassment, the narratives presented far deeper and broader practices of socio-cultural prejudices, related to racism and sexism, that penetrated into the workplace culture. In a similar vein, impersonal systems, such as performance management, perpetuated bullying. There were examples where these systems seemed to produce normative, status quo structures within workplace cultures, keeping at bay, with suspicion, some of the narrators who were seen to be different. There appeared to be an interplay of wider bullying structures (at macro and meso levels) that may have influenced the relational dynamics (and consequences) of both direct and covert WPB and harassment. The discussion will explore these phenomena in more depth, and will seek to argue that undisputedly, each level is interlinked with power.

It would be difficult to read JM’s narrative of being subjected to racism through not being offered a senior post because she is black and vocal; Juniper’s story of waking up one morning to find her job being advertised in the local newspaper; and Anna’s narrative of being publically taunted and mocked by groups of colleagues for going on maternity leave; without acknowledging that these experiences were “very shocking, frightening and shattering both for the targeted and onlookers” (Lutgen-Sandvik, 2006, p. 406). Moving closer to the narratives, these potential breaches of human dignity sits alongside other texts of courage. This included Farah and JM challenging and winning tribunal cases; resistance in the form of Anna’s perseverance in preserving her group; and some hope that even after Evie witnessed bullying of service users, she retained her wish to revolutionise the NHS.

6.2.1 The Credibility of the Narratives

The credibility of some parts of the narratives cannot be disputed, such as JM and Farah both winning their racism tribunal cases against the NHS. Others fell into patterns that are familiar. For example, Juniper’s reluctance to report sexual exploitation, which she rebuffed, resonated with the current media coverage that reported similar widespread fears in the NHS of disclosing experiences of sexual exploitation (Clarke, 2017). This could represent restrictions in terms of institutional norms that could suppress what could be spoken or
expressed within some NHS services. Anna’s experience of organisational discrimination against her maternity leave aligned with research claiming that every year, 54,000 women lose their jobs as a consequence of maternity discrimination (Topping, 2018). These experiences mirror many current debates and bring some justification towards their believability.

6.2.2 Incidents of Harassment and Workplace Bullying
The chart below (Figure 4) provides the range of incidents of harassment and WPB as portrayed in the narratives. The term ‘sexual harassment’ was not used directly by any of the narrators. However, it can be inferred through descriptions of, ‘direct experience of unwanted sexual conduct, or words of a sexual nature, which affected dignity’ (Equal Opportunities Commission, 2007).

Figure 4: The range of harassment and WPB experienced by the narrators

<table>
<thead>
<tr>
<th></th>
<th>Sexual Harassment</th>
<th>Racism</th>
<th>Age-Related Harassment</th>
<th>Silencing &amp; Exclusion</th>
<th>Group Ganging</th>
<th>Direct Verbal Abuse</th>
<th>Manipulation</th>
<th>Unreasonable Le</th>
<th>Monitoring</th>
<th>Public Humiliation</th>
<th>Exploitation</th>
<th>Witnessing Others</th>
<th>Being Bullied</th>
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<td></td>
<td>Harassment</td>
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<td><strong>JM</strong></td>
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<td><strong>Evie</strong></td>
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<td><strong>Farah</strong></td>
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<td><strong>Anna</strong></td>
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<tr>
<td><strong>Juniper</strong></td>
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In this sense, Juniper’s direct experience of unwanted sexual advances (micro level) could be referred to as an attempt to discriminate and discredit her professional standing in a team (meso level), but kept her experience at an individual level as an object of sexual advances,
similar to harassment (Fitzgerald et al., 1995). Anna may have experienced a form of sexual harassment against her maternity leave (Fitzgerald et al., 1995). This included her senior managerial roles suddenly being terminated once she returned from her second period of maternity leave (e.g. meso level). JM, Farah and Evie labelled their experiences as ‘racism’ (e.g. macro level). This labelling was validated with regard to JM and Farah through their winning tribunal cases. Age-related harassment could occur with Farah’s experience of being young and believing that because of this, she was susceptible to discrimination. This demonstrates the links between the macro, meso and micro levels. These will not be defined the whole way through this discussion, but only when this needs to be emphasised.

Experiences of WPB included ‘overt bullying’ such as verbal bullying and aggressive communication, persistent criticism (Einarsen & Hoel, 2001) public humiliation (Royal College of Nursing 2002; UNISON, 1997) (JM and Anna’s experiences) and being closely monitored (Liefooghe, 2011). Ganging up, or ostracisation, was a strong phenomenon that featured in four of the narratives. These included JM’s experience of being excluded by groups of colleagues after returning to her workplace, Anna’s experience of colleagues taunting her maternity leave, and Evie feeling ostracised within managerial meetings. Other forms included ‘covert bullying’, such as some of the narrators becoming isolated, silenced and excluded from team meetings.

What could be construed from each of the narrators was that their use of language, words and metaphor to talk about their experiences of workplace abuse and exploitation was often changeable and multifaceted. In other ways, some of the narrator’s use of language defied legal terminology, such as JM, Farah and Evie insisting that their experiences were racism, as opposed to racial harassment, which was the official legal term. There were moments when the language was more localised and impersonal, such as Anna explaining that her experience of bullying was related with a personal grievance from a senior manager against all female employees who took time off work due to maternity leave. This was in sharp contrast with Juniper’s experience of being personally attacked, which she claimed was “a deliberate attempt to undermine” her. The changeable, and at times misused, terminology could also explore how much employees in the NHS are in fact aware of their rights in challenging abusive and exploitative experiences in the workplace.
The difference between racism and racial harassment could be that while racial harassment, as a legal term, individualises the problem as discrimination against race, appearance or religion (which makes it micro level), racism is a politicised term because it scrutinises the foundation of domination and ideology (which makes this macro level), namely a view that ‘the inherent superiority that one race, over all others, holds the right to dominance’ (Lorde, 1980, p.115). This is an example of the law (the macro level) being challenged by the micro level.

Farah, JM and Evie’s experience of racism and WPB supports research that confirmed, from a cross-sectional analysis, that “ethnic groups were approximately twice as likely to experience bullying in healthcare services compared to their white counterparts” (Hoel & Cooper, 2000, cited in Lewis & Gunn, p. 661). JM’s narrative brought issues of wider inequalities that may perpetuate systems that limit the opportunity of people from BME communities to be employed in senior management positions in the NHS. An alarming report, “Snowy White Peaks Report” (Kline, 2014), indicated that London NHS Trust Board members from a BME background was 8%, whilst those who are elected as chief executives were 2.5%. If considering that 40% of the total population in London are from BME groups, this raises questions. Things are not changing fast enough. One critique was that these reports often did not break down the percentage of women from BME backgrounds that represent these senior executive positions. A research paper, now eleven years old, reported that women from BME groups “are more likely to experience more racism, harassment and WPB than all other groups in the healthcare services” (Lewis & Gunn, 2007, p. 661). All these factors legitimised the non-white narrator’s suspicions related with racism being institutionalised in the NHS, and the lack of representation of women from BME backgrounds from more senior positions.

6.2.3 Organisational and Ideological Implications for Racism
Indisputably, Evie’s suspicion that the managerial meetings, which represented a predominantly black population, were like an ‘apartheid’ and carried and contained messages of protest against institutional racism and oppression. The apartheid regime in South Africa was a consequence of a brutal and violent regime and was a system where black citizens were oppressed and segregated. The effect of associating these meetings with a system of
segregation was possibly intended to shock, for the potential purpose of mobilising action. Consciousness-building can occur through language that is intended to shock, and yet is suppressed at the same time.

6.2.4 Covering Up for Racism
With reference to the addendum to JM’s narrative (Section 4.1) being published for training purposes in the NHS, there were significant inaccuracies in the document. The main one was in the final sentence: “… she was not given the post for reasons which the employment tribunal could only conclude related to her previous grievance for race discrimination”. This contrasted with JM’s claim that she won the tribunal case because not being offered the job was ‘racism’ in its own right. The changing of the word ‘racism’ to ‘racial discrimination’, and the idea that this was just a small part of a previous grievance, softened or even downplayed the implications of what had happened to her. Racism politicises (at macro level) the situation because this could hold the NHS to account. In some respects, this could show how the NHS (macro level) may still not be taking full responsibility for racism. The potential implications of not recognising her story could replay potentially traumatising experiences of not being taken seriously (at micro level).

6.2.5 The Bully or Exploiter
The majority of the narrators’ experiences of the bully or exploiter concurred with the research evidence that stated that, in most cases in the NHS, this is enacted by a person in a more senior position, such as a manager or a supervisor (IRS, 1999; Hoel & Beale, 2006; Seifert et al., 2003; Carter et al., 2013). While each of the narrators shared a story of their relational experience with managers, they also conveyed experiences of racism and WPB in less individualist ways, including group ganging, bullying through e-mail communication, (Anna and Juniper), and from other colleagues.

In respect of experiences with managers, Farah was constantly humiliated, Anna felt discriminated against, Evie spoke consistently of being misrepresented, and Juniper experienced sexual exploitation. All of these occurrences involved a senior manager or a supervisor. The analysis mirrors research that located the harassment or WPB dynamic as vertical alignment of power (Hoel & Beale, 2011). Four of the narrators (Farah, JM, Juniper
and Evie) eventually left their jobs because they were not getting support. This supports the findings of a UK survey which conveyed that harassment and WPB, in about three out of four cases, is a downward process directed by someone in a managerial or supervisory position towards a subordinate (Hoel & Cooper, 2000; Unison, 1997; 2000). It is noteworthy that bullying and discrimination from managers often results in absenteeism (Carter et al., 2013). Juniper’s claim that she would “never recover” from her experience of bullying strengthens the argument that her perception of justice in the NHS was clearly affected.

All the narratives shared broad, interrelated levels of WPB and harassment. The narrators’ perceptions were mostly within an individualistic (micro) framework of a power dynamic; they held a narrow perspective of the whole systemic field of power dynamics in the NHS. During the moments of them exposing their aggressors, they rarely reflected upon other potential organisational factors that could have been influencing decision-making – such as wider political manoeuvres that could result in terminating some employee positions. For example, when Juniper was told that she would be based at a different workplace, she reacted by saying, “that dreadful line manager”. Research literature brought a more expansive explanation, such as how performance management could impact negatively on power dynamics (Hoel & Beale, 2011), or the ways in which restructuring of services had a major influence on the escalation of exploitative dynamics (Gabriel, 2010). For this reason, many of the narrators’ experiences were configured within the dominant discourses of WPB and harassment. These were similar to the discourses outlined in the Dignity at Work policy indicating that power dynamics are portrayed in individualistic terms (Dignity at Work Act 2010).

6.2.6 Industrial Relationships and Performance Management
The impact of ‘performance management’ on cultures of harassment and bullying was both explicit and implicit in all the narratives. Many of these incidents could be explained through the model of organizational dysfunction (Pope, 2017), which was one way in which performance management often led to dysfunction. This included, “organisational silence, normalised organisational corruption and protection of image” (Pope, 2017, p. 577). Organisational silence, in relation to performance management, will be considered through Evie’s narrative. Evie is a self-identified service user, who was employed as service-user consultant for a range of different NHS services – namely, inpatient care. The term ‘service
user’ has come to describe a range of people on the receiving end of health, welfare and social care policies and services (Ocloo & Fulop, 2011), but, who have historically emerged from an oppressed and disenfranchised positions where their needs were often denied within healthcare settings (Ocloo & Fulop, 2011). The service user movement emerged as an activist force, which in the past had struggled for recognition (Ocloo & Fulop, 2011). The NHS has, over the years, invested money in order for service users to be involved in service-provision and delivery, (Ocloo & Fulop, 2011). This became the governmental response towards customer-based marketization, i.e. if services are delivering for customers (i.e. service users), then customers should have a say in how they are delivering services in order to meet their needs.

Whilst Evie’s role was seen to meet governmental objectives (a tick box) of service-user involvement, the paradox was that the service still did not seem to take into account her own opinions (or research) that identified parts of the service which were not caring for service-users. Whilst she contributed strongly to discussions in meetings, including her concern that inpatient care often used punishment as a way of coercing people into controlling their behaviour (such as banning cigarettes), these issues were often not included in minutes. In fact, she felt as if she was not listened to. So, it seemed as if her position within the NHS was diminished or at worst disregarded, in favour of statistics that could show that service users were, indeed, contributing towards service delivery (and that the NHS Trust was doing comparatively better than others at a national level). This split the value of her role; with on the one hand, the service’s apparent agenda to fulfill governmental requirements, and on the other hand, with how far service users’ opinions actually mattered. The knock-on effect was that Evie began to feel bullied. This increased when other service-users then began to resent her, as they thought she looked like a do-gooder, instead of a thinker and doer. In this way, the organizational allegiance towards silencing or covering up (of any conflict) put Evie at risk of being in a potentially charged or conflicting relationship with other service users which, at times, might be bullying. So, centralized decision-making within NHS organisations might play a strong part in service-users views not being listened to and this same system could well have been responsible for Evie being bullied (as responsibility was placed on her shoulders). This could demonstrate how when or if organisations cover-up, or hide, what might be distressing for service users (such as modes of punishment within inpatient care), the responsibility for this not being addressed might fold back to the service
user lead. So, the blame for organizational factors are often placed on individuals who are already marginalised in organisations (Ocloo & Fulop, 2017). This could often present with a disconnect (and a power relationship) between the discourses from marketization objectives and the actual, expressed needs of service users.

Evie’s narrative might be representative of a situation where centralized decision-making in the NHS might present a lack of informal and formal upward feedback, leaving service-users feeling undervalued, (Pope, 2017). So, it is likely that the consequence of this top-down decision-making might be that management have ultimate control over how the images of service-users’ are fully represented, (and often framed in marketing terms), (Beresford, 2003). This could reflect wider power relationships in the NHS that could alienate them from their previous activist role, and also render them objects and victims of the market. Even the official title of Evie’s role, “a service-user consultant” demonstrated how discourses of leadership filtered into this role title (and alienated her from her previous activist title, which was a service user consultant. This could show how, “the purpose served by leadership around empowerment of patients, is to attempt to align subjectivities of these peripheral agents with policy intentions” (Martin & Learmonth, 2010, p. 286). Evie’s leadership role could also demonstrate a form of “symbolic violence” because “there are no democratic controls or forms of participation” (Martin et al, 2010, p. 287). Also, if her role was aligned with policy agendas, then there are greater modes of surveillance, where she could be more prone to receive unfair treatment because she was near to the bottom of the hierarchy (despite being termed a consultant) (Martin et al., 2010, p. 287).

Normalised organisational corruption could emanate from a pyramidal, command and control structure, where targets and other imperatives arise from the centre (Mandelstam, 2011). This was the style of management of “divide and rule” to which Juniper protested against. Such styles of leadership have been linked with performance management in the NHS (Pope, 2017). Whilst performance management was not specifically mentioned by JM, her being considered as a spy for management by her colleagues could represent their suspicion of an all-powerful presence of leadership prompted by surveillance and close monitoring. Such close monitoring of work could also be seen in Anna’s narrative, where a manager closely scrutinized her calendar and (inappropriately) remarked that she had taken time off for maternity appointments, and would need to make up for this lost time by working additional
hours. This demonstrated a hint of a suspicious manager who was closely observing Anna’s work, but this was also indicative of an organisation that wished to use up every moment of an employee’s time in work. This could demonstrate how managers may often feel an unease and pressure to ensure that every effort is made to assure that performance targets are being met. The backlash was that Anna felt controlled, held under suspicion – as if she was, in fact, the one being targeted. Also, Juniper expressed that she used to become fearful of e-mails, which is often one way in which problems in performance are raised. In this way, “NHS targets may have a blunting effect on compassion” (Newdick & Danbury, 2013, p. 3).

This blunting effect on compassion created a power-relationship based on suspicion and control; almost in a similar way as a person may become coerced by another within a domestic exploitative or abusive relationship. This was also exemplified through the threat made against Juniper - that her “unblemished record will be marked, if she does not stop complaining”. This was an example of implicit managerial beliefs where employees are seen to be self-interested, management knows best, unity is good and dissent is bad (Pope, 2017). This threat was referring specifically to her performance record being marked, where any concern raised against this could pose a threat of her being disciplined. This would confirm the research that indicated not only that there might be an overuse of disciplinary procedures but the threat of discipline equally underlines most bullying that is applied by managers (Beale & Hoel, 2010). This shows how the professional and managerial language of performance management might often be used as a way to bully or harass other members of staff. This could be one way in which bullies could disguise or cover up their own bullying behavior through calling this a justified performance management procedure.

Finally, the protection of the NHS service’s image could have been played out when it was suggested that Anna’s maternity leave was responsible for the service not meeting targets. In order to preserve the reputation of the service, and assure the continuation of funding, there possibly was a diversion of blame. This could show the desperate measures that services might take in covering up organizational responsibility – hence preserving their good name. This, at the same time, would have created a very fragile and deceitful relationship between Anna and her manager.
In summary, there are indications from the accounts generated for this thesis that the impact of performance management on industrial relationship has created fragmented, fragile and bullying relationships between members of staff. These appear to confirm predictions of “organizational silence corruption and protection of image”.

6.2.7 Intersectionality
The heart of the theory of intersectionality is to notice and bear witness to how intersections of different minoritised positions and identities, could broaden the scope for understanding oppression, minoritisation and discrimination. For example, JM’s self-identity as African and female could open up a discussion of how this becomes translated in a white, dominant culture of the NHS? It is also worth considering that not only was she discriminated against for her race and culture, but she also came from a relatively less, economically privileged background. Crenshaw (1991) would explore how the intersections of female, black and living in poverty could explain their subordination.

In JM’s narrative, there were some invisible lines where it might have been difficult at first to ascertain where her gender (and race) might have been attacked. Sometimes, whilst it might be easy to explain how something is racist, it might be harder to notice how she is being discriminated against because she is both female and black, there were incidents where this occurred. Her experiences of black and Asian men testifying against her in a tribunal could raise some tensions in relation with the intersections of her being black and female (Crenshaw, 2016). Power, in this respect, appeared to be exercised when the lead of diversity stepped in and openly testified against JM, and in doing so, displayed his own commitment towards the self-protection of the male group. The open visibility of this male group may have led to JM appearing more invisible within the tribunal setting. Whilst racial harassment and racism are a legally protected title and is therefore rendered as visible, the intersections of gender and race remain invisible in the court room.

It could be concluded that the experience of women from BME backgrounds being discriminated against by men from similar backgrounds in the NHS might be less researched or less known. Some of the discriminatory remarks against JM might well be an attack on both her gender, race and class. For example, the double insult to JM was that she was
considered to “stick out” and is “psychiatric” at the same time. There’s been much feminist research that has explored how a patriarchal insult have either attempted to sexualize women, or from the other extreme, to derogate or undermine them by indicating that they are weak, have a psychiatric illness or the opposite, are dangerous (Shaw & Proctor, 2005, Nayak, 2015). It would seem that JM being seen to stick out, with a danger signal attached - because she is psychiatric, would convey all the signs that she is being subjected to racism because she is black and female. I do not have concrete evidence, but I doubt that a male would be mistreated in the same way.

The lines of intersectionality could also be read in Farah’s narrative. In this case, her being made a target, and a totem for the team for being female, muslim and wearing a hijab would indicate how capitalism and the role of marketing creates people as objects.

6.2.8 Ganging Up

Ganging up, such as group taunting, appeared in Anna’s narrative against her maternity leave. This was propelled by the idea that her priority of her private life betrayed normative, work ethical systems in the inner cultural life of the NHS. The extremity of such taunting moved into misogynist discourses. When Anna began to betray the cultural work ethical patterns, such as working overtime, this was when she experienced “snide remarks” and ritualised mocking, which led to her eventually becoming invisible in her service. There was a strong indication in the analysis that group dynamics could have potential to re-create normative, moral cultural structures that could oust an employee who is considered not to fit. WPB could occur if an employee is unable, perhaps because of their unique circumstances, to respond to this. This is supported by research evidence that bullying and exploitation often ostracises employees (Riggio, 2010). Often a bully (or an exploiter), or members of his or her inner circle, will ostracise victims to the extent of completely ignoring them – refusing to even acknowledge their presence (Riggio, 2010).

In this research, alienation included hidden locations or occurrences where harassment took place, such as supervisors’ offices, a formal meeting in an office, and a meeting with the trade union. This hiddenness of exploitation appeared to have trickled into Anna’s experience of becoming more invisible in her service, with harassment becoming like a secret, in a similar way to how domestic violence occurs in the home, sometimes escalating.
6.2.9 The Systemic Basis of WPB and Harassment in the NHS

Power in the NHS usually infiltrates downwards from macro levels of organisation to micro levels. In the current climate, for example, cost savings in public spending at macro level can lead to cuts in services at meso level and threats of redundancies at micro level. The power involved in implementing these transitions could be one way in which WPB and harassment occurs.

6.3 The Foucauldian Discourse Analysis

Stage Two will discuss to what extent an Foucauldian Discourse Analysis could deepen an understanding of how the relationships of power involved in a bullying, harassing and exploitative dynamic could relate with surveillance, power structures and resistance in the NHS. Foucault warned that “everything can be reduced to the operations of power; all modes of thinking, critique, and action become effects of power” (Gordon, 2002, p. 146). The exposure of some of the discourses embedded in each of the narratives meant that the modes of thinking and acting, which reproduced harassment and WPB, could be scrutinised. If “power only exists in action” (Foucault, 1980, p. 89), then a speculative power dynamic is constantly being fed when power moves and resides in the body of the recipient and begins to shape subjectivity.

Foucault’s genealogical perspective of power (1990) could be understood specifically within the historical and situational context and conditions of the NHS workplace. There is a limited “economy of texts” (Willig, 2013) regarding how power relationships could be spoken about and related to the NHS.

In order to understand the power relationships involved in an abusive dynamic in the NHS, it is necessary to apprehend the political and social context of the workplace that could be generated within the historical and time period in which this occurred. For example, when Anna stated, “she kept on tutoring me in front of other people”, this may not appear as WPB. When, however, considering that the context was a younger employee, who had been allocated all Anna’s managerial duties, and who was trying to tutor her in front of other colleagues, it is plausible that it could be perceived as a performance of power intended to be undermining. Also, the re-education of an employee in their therapy role is sometimes used at
the end of a disciplinary process, thus the act of educating could also resonate with morality and punishment in a psychological NHS workplace context. This could demonstrate how a repeat of disciplinary processes could be copied and repeated within some bullying dynamics, where there is an unregulated use (misuse) of these. This resonated with the observation that, “humans are situated and limited by a social context, but they are also constituted by the context, while the context itself is an effect of power” (Foucault, 1979, p. 73).

When reading a narrative without the experience of the work context in question, it might be more difficult to understand how such interpersonal interactions could appear to be experienced as powerful. FDA allows an in-depth analysis that opens up possibilities of critiquing and questioning occurrences of power at the ground level, which might otherwise have blended into routine daily working life in the NHS.

In some instances, dominant discourses identified through the analysis appeared abstract, such as the identification of ‘otherness’, ‘contamination’, ‘property’, and ‘risk adversity’. These, however, were the same threads that embodied the interpersonal dynamic that was formed through the abusive power dynamics. Whilst abstract, FDA allowed an opening for viewing how these narrative relationships were formed from an impersonal base. From this, it achieves two things. The first enabled some commentary and speculation at a personal level, illustrating how some employees may relate with each other through bullying, harassment and exploitative dynamics. The second critiqued wider ideology, for example, how bureaucratic systems of fear circulating in the NHS – such as those generated through dominant discourses of contamination – could filter, and become situated within, racist, colonial or misogynist power dynamics. This could represent the more violent side of human beings. By these means of analysis at a structural, cultural and political level, ideologies could manifest within NHS services could be uncovered.

6.3.1 Foucault’s Theory of Docile Bodies

Foucault’s theory of docile bodies, in “Discipline and Punish” (1979), was an evocative illustration of how ‘bodies’ become disciplined within institutions, so that they serve the expectations of institutions, and thus societal expectations (Johnson, 2015). In light of this view, Foucault claimed that institutions, “have the capacity to increase the productivity of a
worker in terms of economic utility, while diminishing the political astuteness and individuality of that worker” (Foucault, 1979, p. 138). At the subjective level, he argued that there is a point where “power is exercised through institutions (the NHS) which codifies human experiences and extends the reach of its effects” (Kearins, 1996, p. 9). For those who do not resist power, the process of subjugation might not be so much that they are forced to obey, but that there is a process in which they self-regulate their bodies in order to fit with these wider demands. In relation to this theory, wider institutional (and racist) dominant discourses – that framed JM as ‘standing out’ for being ‘black and too challenging’, and that created Farah’s entrepreneur positioning and her ‘sticking out’ in the eyes of colleagues as being ‘Muslim, female and wearing a hijab’ – could begin to raise questions as to how each of these impositions could serve to continue the status quo of NHS service (white, middle-class and compliant). Whilst Foucault did not refer to racism specifically (and has been criticised for this), his concept of docile bodies could exemplify the dehumanising and racist process involved in the institutionalisation of subject identity positions.

In JM’s case, this may have perpetuated racism through an attempt to mute and limit her influence in the service. In Farah’s case, having an entrepreneurial role intended to meet wider, government objectives to make NHS services more tolerant towards diversity encased her in her role.

6.3.2 Application of Theory of Docile Bodies
The Mid-Staffordshire Inquiry, which provided some evidence to support that WPB and discrimination was widespread in the service, was related with performance management problems (Cotton, 2014). Part of the bullying and oppressive culture that was identified in the inquiry was the silencing of employees, and the fact that if they did speak up, they could be subjected to further bullying (Francis, 2013). The doctrine of remaining silent about difficulties in the NHS may be one way of understanding how discrimination and exploitation manifests in situations where some employees do speak out. The fact that JM won her self-instigated tribunal case against racism illustrated the extremes to which she went, with no one representing her. This conforms with the critical race theory, relating to ideologies of ‘whiteness’ that could become immersed into institutions (Swan, 2017), where white people deny non-whites voice and agency.
The reference to JM being “too challenging” was top-down and therefore came from a privileged position of power. The analysis referred to all the members of the interview panel being implicated because racism was fostered through no one on the panel disagreeing with the decision not to give JM the job. The interview panel embodied the dominant gaze (Foucault, 1979) of the NHS service, which continued to monitor and implement the organisational status quo of black employees not being offered senior positions.

Farah’s experience of finding herself being drawn into an entrepreneurial position of becoming the sole representative of cultural and multicultural initiatives in the NHS could suggest how government objectives might be stratified along segregated and racial lines. The sadness she endured when being mobilised into an object that stood out because of her difference could also be representative of how the NHS’s apparent liberal aspiration to be racially tolerant could also alienate and suppress. In neo-liberal texts, the entrepreneur position seeks to develop services along fixed identity lines. This may reproduce, through organisations, the idea that race is objective and a natural part of identity.

Foucault (1979) suggested that “discipline and the control of the subject could be pursued through compulsory visibility on its subjects” (Foucault, 1979, p. 187). He later commented that, “the mode of discipline sometimes remained invisible” (Gordon, 2013, p. 126). The main catalyst of Farah’s experience of racism was connected with the unknown parts of her that were not so visually accountable, and therefore “covered up”. For example, a manager held her under suspicion when she began praying in her own office. If there is a need for employees to always be held accountable, seen and responsible, this could, at the same time, indicate a style of leadership based on distrust – implying that employees may have something to hide. In Farah’s case, it was implied that it was her religion that was distrusted. There was some indication of how racism occurred during moments which were unregulated and random, such as the dumping of files. If this coerced her, inhibiting her ability to do her work, it may exemplify Foucault’s idea of disciplinary power in the following way: “there was a way of exercising upon it (the body) a subtle coercion, of obtaining holds upon it at the level of the mechanism itself – movements, gestures, attitudes, rapidity; an infinitesimal power over the active body” (Foucault, 1990, p. 112).
Similar to Farah and JM’s experiences, research findings indicate that when people from non-white cultures are subjected to racism or WPB, the focus of attack is normally “personal”, whereas, for white colleagues, the attack is related primarily with “job role and then personalised later” (Lewis & Gunn, 2007). Racism, as portrayed in JM and Farah’s narratives, was closely allied with exposure through visibility and being held under close, watchful suspicion and surveillance (Foucault, 1979). If this is employed, then racism is an attempt to discipline and punish an employee in the NHS workplace. In contrast to this, many of the white employees, such as Anna and Juniper, experienced WPB as them becoming invisible in their role and NHS service.

6.3.3 Wider Observations

The experiences of the white narrators contrasted with Foucault’s theory of the modern disciplinary society, where the person being punished would become more visible, and where the instrument of discipline remained invisible. A general observation might be that Foucault’s theory of visibility and power might be limited as he did not address differences of race and privilege relating to power. The narratives conveyed contrasting ways in which visibility, as a form of discipline, was applied according to privilege in response to race. For the white narrators, who might have held privilege, punishment was implemented through the threat of this being taken away. For the non-white narrators, punishment was implemented through the exposure and reinforcement of their already minoritised and oppressed position.

On the one hand, Anna’s insistence that she did not “have any visibility in the team” showed her gradually becoming more shunned and powerless. Both Anna and Juniper lost their operational duties, and discourses related with ‘death’ infiltrated into their narratives; the ultimate invisibility. On the other hand, the narrators from a BME background experiences supported the research that claimed that racism was experienced as a personal attack. This finding could suggest the need for further research into this area.

6.4 The Panopticon

This section will aim to utilise Foucault’s theory of the Panopticon (1979) in relation to the narratives, in order to deepen the discussion of how power could seep within the texts of the narratives of abuse and exploitation. This was illustrated in the literature review.
6.4.1 How Power is Exercised

Foucault thought that power is not something that is hierarchically held by the bully, harasser or racist, but is exercised within the relational dynamic between employees. For Foucault, “there are no relations of power without resistance” (Foucault 1981, p. 95). Power and resistance therefore co-exist.

6.4.2 Power: Three-Dimensional Surveillance (or The Gaze)

The three-dimensional model of “vertical, horizontal and interpersonal surveillance” (Page, 2016) and surveillance based on Foucault’s conception of “the swarming of disciplinary mechanisms” (Foucault, 1990), can be applied to the narratives. Surveillance, or the gaze, could manifest through the open scripts, words and discourses of the perceived bully or racist.

6.4.3 The Vertical Gaze

The vertical gaze could be exhibited through language systems of domination; could be construed as coming from a hierarchical power. Vertical bullying appeared in discourses, scripts and language systems that appeared threatening, such as with Anna: “it’s not going to be made easy for you to come back”, and “you’re good at leaving on time, I’m really going to take a leaf out of your book every day”. Other examples were both controlling and threatening, such as: “my head of department made inappropriate sexual remarks” (Juniper). Who or what the vertical gaze represents is not easy to determine without exploring the experiences of the narrators. There was, however, some connection to a destructive force instilled in each of them, that in some instances led to suicidal thoughts (Juniper) or becoming mute (JM).

As power is not located in one identifiable site (Caldwell & Mays, 2012), systems of domination appeared both in formal and informal settings. Some of these systems involved an uninvited audience, while others were often hidden or lurking in the shadows of private offices. Both the visual and hidden spaces conjured together to ignite the impression that the working life in the NHS environment appeared to be unruly and unsafe.

It is noteworthy that some of the most threatening language and sexual harassment occurred more often in offices (Anna, Juniper), while bullying that was more manipulative occurred in
visual spaces and in front of others (Anna, JM and Farah). While the former was more direct, such as Juniper being told that “her unblemished record will be marked”, the latter was indirect, including the use of jokes that contained metaphor – such as the jeering remarks made at Anna for not working overtime. Yet, the phenomena of group ganging carried a silent code, which was powerful because this was connected with upholding the status quo – such as the necessity of work commitment and working above and beyond your role.

The threatening statement that was made to Juniper could portray how words have become the territory that marks and punishes. There could be different shades of authoritarianism that could weave together across the scripts (Pope, 2017; Mandelstam, 2011).

Foucault’s book, “Discipline and Punish” (1979, documented how from the Renaissance period onwards the penal system changed from ‘the spectacle’ through to the ‘disciplinary society’. This marked the transformation from the open, visual, spectacle of physical punishment, through to punishment that was hidden. Discipline, controlled through language, rather than physical punishment, has greater control over the whole body (Foucault, 1979). There were a number of examples in the narratives, where threats, acts of betrayal and being shouted at had an impact on the narrator’s health and bodies. Juniper described feeling suicidal, Farah stopped smiling and started to walk into her NHS service with her head lowered and JM stopped talking. These examples portray how discipline, through language, coerces the body. Words could become institutionalised within a language and could have a far-reaching and immeasurable impact on employee’ future, especially when there might be a sense of powerlessness to alter or change language or words. Language is the modern mode of punishment, just as “modern culture is a disciplinary society” (Foucault, 1990, p. 216):

The practices of surveillance, elicitation and documentation constrain behaviour precisely by making it more thoroughly knowable or known … but these forms of knowledge also presuppose new kinds of constraints, which make people’s actions visible and constrains them to speak. (Foucault, 1990, p120)

Sexual harassment often occurs in hidden spaces and so becomes more of a secret. The vertical gaze moved into the organisational, male, dominant gaze, through Juniper’s statement that if anyone knew this had happened in her service, she would be metaphorically
sentenced to death. The gaze then moved into her actively silencing (possibly tabooing) words, including ‘harassment’ or ‘sexual harassment’, through not mentioning them in her narrative. She tended to talk about her experiences without using the words that could potentially vindicate, or even seem to punish, the person in question and the NHS service. The fact that her experiences led to a breakdown of some kind appeared to support research evidence that women who are exposed to sexually harassing behaviour, and who do not label their experience as sexual harassment, are more likely to suffer negative health problems (Di Martino et al., 2003). In other words, if the unspeakable pain could begin to be voiced, this could encourage some resolution.

From an organisational perspective, the literature review highlighted that there is a universally held taboo in NHS workplaces of the words ‘harassment or WPB’ (Pope, 2017). Evidence from some survivor accounts of sexual harassment supported Juniper’s overriding sense that if she disclosed this to the service she would be more likely to lose her job than the harasser (Di Martino, 2003). This brings a critique of how power is also a form of sexual dominance within NHS services. Juniper’s reluctance to label her experience as harassment or sexual harassment could be read as bringing insight into some of the complex structures of power in the workplace that may exist in the NHS (and other similar institutions) that could prevent disclosure. The internalised dominant gaze could have some bearing on how systems operate within NHS services, where sexual harassment remains unvoiced or undisclosed. The threat of organisational liability, the fear of being immersed into a media scandal or making Facebook headlines could linger in the presence of the omnipotent, unrelenting gaze. While sexual harassment has been widely researched in organisations in general, this is under-researched specifically in the NHS.

Self-regulation, as a means of self-management, could be read into Juniper’s reaction of not making a fuss and silently changing supervisors, an action that at an organisational level would have remained unquestioned. Certainly, self-control was one way of preventing an escalation of a loss of control. The analysis showed how discourses related with self-reliance and self-management may have constructed actions and motives to not report sexual abuse. Managerial and professional discourses, related with codes of conduct and self-discipline could have been the same ones that prevented her from disclosing her experiences of sexual
harassment. This could demonstrate one way in which institutional power leads to self-silencing and self-censorship.

6.4.4 The Horizontal Gaze

The horizontal gaze could be more coercive, such as when this is reinforced by colleagues at the same level. This is construed as peer-related power, and constitutes manipulative threats and forms of mocking that come from colleagues towards their targets. In these instances, some of the more abstract dominant discourses, related with contamination, risk and domesticity, such as, ‘professional maturity’, were illustrated through the narratives.

6.4.5 The Institutional Context

The horizontal gaze is also the institutional context. Bullying by colleagues tended to use discourses which embedded metaphor and imagery within the context. Examples in the narratives included the imagery of “sticking out like a sore thumb” for being “psychiatric” (JM) and the accusation against Anna that just as the Ebola virus was viewed by groups of colleagues as being responsible for destruction and illness in the UK and in African countries, so Anna’s maternity leave was viewed as being responsible for everything that had gone wrong in the organisation. The metaphors brought together imagery related with wounds, infections, contamination, illnesses and disease. Organisational fears became displaced and projected into Anna. JM, who was portrayed as “a spy” for managers in the organisation (thus, the embodiment of the Panopticon) could show a wider circulation of colleagues’ fears, perhaps surrounding suspicions towards leadership, power and control.

Dominant discourses of contamination, infection control and risk adversity, represent texts and policies that are often transmitted through mandatory training in the NHS. This could reinforce wider fears related with contamination, which then become an organising principle which contains rules of how employees need to conduct themselves in the NHS. The metaphors and imagery contained in the language of bullying and racism had links with dominant discourses of contamination and infection control, used in, what appeared to be, very demeaning and derogatory ways towards some of the narrators. This could be one instrumental way in which power could be understood at the level of the workplace. In effect, some of the organising discourses, that are impersonal, could move into subjectivity, which then begins to become enmeshed with racist and misogynist language.
From an institutional level, the metaphors used against JM and Anna were considered by the tellers to be a ‘joke’. These so-called jokes became powerful because they conveyed double meanings that could, at the same time, be described as an instrument of potential manipulation. On the one hand, the psychiatrist telling JM that she “sticks out like a sore thumb” for being “psychiatric” related to his excuse, “I was only referring to her being the only psychiatric nurse in the team”. There is a growing amount of literature related to how racism has often been excused through the use of jokes, or passing excuses, such as these being light-hearted humour (Lewes et al., 2007). The psychiatrist did not refer to JM’s race or appearance directly; however, unmistakably, the language was undermining, manipulative and felt to be racist. The attempt at using double meanings in racist language supports the literature indicating that racism is often disguised through jokes (Lewes et al., 2007). Perhaps the labelling of ‘light-hearted humour’ or even the use of bureaucratic discourses was being used as a disguise and was thought of as something that could be ‘got away with’. The metaphor of the Ebola virus was also dismissed by Anna’s colleagues as being light-hearted banter. This in itself produced quite cruel power disparities. A hegemonic group was created against a female employee who had lost all her managerial positions after returning from maternity leave. The analysis demonstrated some links with messages connected with racism, colonialisation and misogyny.

If the language of metaphor and imagery is constructed within the framework of normalised dominant discourses, the effect could be that there is some normalisation or ‘naturalisation’ of this language (Lutgen-Sandvik, 2012). For this reason, when bullying and harassment is contextualised via these discourses, they could easily be dismissed as a ‘passing joke’. Such findings clearly indicate the need for further research.

6.4.6 The Interpersonal Gaze

The interpersonal gaze was demonstrated at times when the narrators began to self-observe. For example, in Juniper’s narrative, she became very watchful over what she had written in e-mails. It was almost as if there was an overarching dominant presence watching and overseeing her at all times. She then needed to repeatedly check on herself and her work.
6.4.7 The Swarming Gaze

The swarming gaze, which could relate with technology and how this could exude a sense that ‘surveillance is everywhere’, exacerbates the presence “of a force that is being exercised, without this being traceable to any single source” (Foucault, 1990, p. 66). WPB and harassment were sometimes circulated through public e-mails and the media. For example, Anna’s maternity leave was publicly exposed as the main reason for the service not meeting commissioners’ targets and deadlines. Also, Juniper woke up one morning to find her job being advertised in the local newspaper. This type of bullying and harassment could be described as (and connected with the wider literature on) ‘cyber-bullying’. However, so far, such connections have not yet been traced, to my knowledge, in relation to institutions or the NHS.

The significance of this lies in the sense of this creating a ‘swarming gaze’; in other words, the sense that bullying cannot be located within one single source could mean that the Panopticon is now more dispersed and less institutionalised. In other words, one way of looking at the internet could be that disciplinary control (as bullying), could be broadened to extend to the whole of society. This could generate the idea that bullying is everywhere. Juniper’s experience appears to show how bullying can occur without words or language but through a gentle tap of the enter button on the computer.

6.5 Resistance

The reading of resistance within the narratives might not be obvious, and yet, on close inspection, points of resistance ran throughout each of them. Foucault was adamant that, “resistance is present everywhere in power networks … there is a plurality of resistance … distributed in irregular fashion, the swarm of points of resistance traverse social stratifications and individual unities” (Foucault, 1981, p. 96). It is noteworthy that resistance is usually at the micro level. In relation to the narrators, they demonstrated that they could speak back from the dominant discourses that might minimalise their own power. For example, some of the racist discourses that were translated into the NHS services were challenged by Farah as “beginning to stink of racism,” and by Evie, who said that “the service was like apartheid”.

These two examples demonstrate how the interrupting of institutional discourses (of white domination) that might constrain or oppress the narrators could also open the possibility for them to speak up and then to reinstate their subjective position. This appeared to justify the
warning that whilst, “discourse transmits and produces power” this also, “reinforces, undermines and exposes it, renders it fragile and makes it possible to thwart” (Foucault, 1998, p. 100).

On the surface, whilst resistance may seem to be an enabling force, there were points where resistance backfired, and some of the narrators were threatened by contemporary organisations built on neo-liberal and individualistic styles of culture (Lorenz, 2012). It was not surprising, then, that the narrators faced and resisted bullying on their own. One example was JM, who attended the court tribunal without trade union representation, demonstrating how individual resistance might well be a very gruelling, prolonged and isolating process. The trade union’s justification that “racism is difficult to prove” exemplified how their lack of action might maintain and uphold racism in the institution. JM’s decision to take her organisation to a tribunal was brave and exceptional because many employees under such circumstances instead go on sick leave or leave their organisation (Glambeck et al., 2014). Leaving an organisation, however, can also demonstrate protest against mistreatment and so could equally be considered resistance. Another example, which exemplified resistance, was Juniper’s stand against her role not being graded according to the Agenda of Change. The consequences of her challenging this decision resulted in further threats, such as her reputation being “marked”. Speaking up might show an unwillingness to accept bullying, but her resistance, in this case, exposed some of the unjustified repercussions imposed in questioning decision-making (and a manager’s authority). If “power is only tolerable when a good deal of its workings is concealed” (Sheridan, 1980, p. 181), then resistance, inevitably, will begin to expose and reveal the extent of power, underneath “the surface of images” (Foucault, 1979, p. 217). In this sense, there was something delicate about this decision that needed to be concealed. Although Juniper clearly suffered for speaking up, her protest knocked against this secrecy.

A more enabling form of resistance could be viewed in Anna’s resolve to include the local community in preserving her service user group, which had been threatened with closure. The “specific intellectuals” who, in Foucault’s words, are “the ordinary people who have knowledge of their circumstances and are able to act within specific sectors at the precise points where their own conditions of life and work situate them” (Foucault, 1980, p. 126) are those who have the potential to change things. This was symbolised through the recruitment
of community intervention that did aid in preserving the service user group. Anna’s mobilisation of the community showed how resistance made some difference in influencing decisions within the NHS. Despite the preservation of this service user group, however, the actual service users who were employed to co-facilitate the groups were the first to be made redundant. This demonstrated that change is very slow, even in the event of community solidarity.

The chipping away of the walls that reinforce and perpetuate abusive and bullying dynamics of power could be a long and arduous task. Perhaps the first stage would be to learn what is being chipped away and to understand the complexity of power in the NHS. It has been shown that the levels of power of bullying have macro, meso and micro structures that result in bullying of employees through verbal abuse and exploitation. The challenge, and intervention, therefore, is to employ strategies that begin to target the three-dimensional levels of power.

6.6 Relevance for the Counselling Psychology Profession (CPP)

This section will aim to highlight some of the ways in which the CPP can intervene with WPB and harassment in the NHS in the light of the findings from this research. Suggestions will be made as to how this research has contributed to knowledge in this field and recommendations will be put forward for future research.

6.6.1 Interventions

At the root of the counselling psychology profession (CPP), there is a strong affiliation with the importance of “building relationships from a humanistic base, focusing on subjective experiences where an awareness of physical, social, cultural and spiritual dimensions” are key (BPS, 2018, p. 5). Whilst relationship building lies at its epistemological base, in the US especially, where the profession has strong links with activist groups such as ‘Black Lives Matters’ (Hargons et al., 2017), it serves social justice also. As the commitment to addressing equality and diversity issues is paramount (BPS, 2018), then equally, there is a need for this profession to bring harassment and WPB in the NHS to an end. A call to action in the UK might mean for the CPP to form equally close affiliations with outside community groups (or activist groups) that might claim solidarity in tackling wider inequality, racism and sexism.
from the outside. ‘Psychologists Against Austerity’ and ‘Stand up to Racism’ are some outlets that offer a reflective space to consider wider political and social issues. With respect to this, it is strongly advocated that the impact of cuts on services in the NHS, necessitating many redundancies and callous ways of getting rid of staff, would equally need time and space to be discussed and understood in light of the wider impact of policy and power. A thoughtful reflective space that could consider ways of actively campaigning in order to prevent bullying – especially during times where employees are unfairly dismissed – is necessary.

The scope of this research recognised a more expansive perspective on harassment and WPB in the NHS, where impersonal structural systems, policies, and performance management of others, including exploitative and abusive power dynamics, could all be considered as bullying. For these reasons, there is a need within the CPP for a three-dimensional approach to tackling workplace abuse that could interact at macro, meso and micro systems of power in the NHS. Similarly, due to the close links with critical psychology, which has exposed the individualistic focus in psychology as an obscuring, disempowering and oppressive influence of wider social and political systems (Parker, 2015), the following recommendations will be made for useful interventions:

i) There is a need for some critique within the profession to question its own professional eliteness by considering why there has been only minimal research generated on WPB and harassment, considering this is so widespread in the NHS. It might be that CPPs are under similar pressures to conform to individualised work regimes or even to personalise the experiences of bullying as a psychological difficulty.

ii) Intervening to change policies would be more difficult. A critical, reflective viewpoint that would interweave between the more general macro level of policies (and politics) might have some bearing on the way that bullying might be translated in the workplace, grounded on concrete examples of such experiences of both colleagues and service users. The introduction section indicated the link between ontology, epistemology and praxis (Jones Nielsen & Nicholas, 2016), which could incorporate the desire to change things. This altering of perspective, swinging from thinking about the macro level to considering specific examples
at the micro level, might also begin to question connections between wider surveillance and authoritarianism. A critical frame is called for, alongside an affiliation with transformation. iii) Change at the meso level could also be challenging, because individualistic work-based cultures governed by performance management might be deep-rooted. At the heart of this culture, financial incentives are considered paramount, overruling the building of relational cultures or the welfare of staff. The CPP has attempted to look at ways of altering unequal institutional cultures, such as introducing the concept of “relational equality” in educational settings; for example, “how egalitarian interpersonal relationships might manifest in education” has been considered (Winter, 2018, p. 338). A comparable study of introducing a similar concept in building more democratic workplaces might be one way in which this could be applied. A need to build on team-based models, which reinforce “inter-disciplinary non-hierarchical teams” where decision-making is more “equally distributed amongst team members” was proposed by Cotton, Kline & Morton, (2013, p. 64). In this culture, there could be a fair way of raising concerns without threatening reprimands. Similarly, along relational lines, Cotton’s (2018) recent article on building “emancipatory education” through a psychoanalytical lens, offers some excellent suggestions on how solidarity and relationality between employees could be built in a workplace. This might include consciousness-raising and collective problem-solving using dialogical methods (Cotton, 2018), where the knock (or potential bullying of an employee) might have implications for the entire group and instigate a collective response to bullying.

In the US, the affiliated bonds of the counselling psychology profession (CPP) with ‘Black Lives Matters’ have begun to question how ‘slavery’, as an ideology, might be embedded into workplaces in the US (Hargons et al. 2017). This led to the setting up of workplaces which provided anonymous spaces for employees to both talk freely of experiences related with controlling or oppressive relationships in the workplace. This would encourage group decision-making and intervention. There could be potential for this to be applied to the NHS.

iv) At the micro level, intervention might include ways of incorporating acts of resistance (in the Foucauldian sense) into therapy. This might encourage CPPs to notice and reinforce any resistant challenges to bullying that might be embedded in the dialogue of clients. These might even be in the form of metaphor or words. Narrative therapy (White et al., 1990), is one recognised example of how dominant discourses could be singled out and externalised
during therapy and collaboratively reflected upon. This could be one way in which some of the more debilitating aspects of bullying, such as name-calling, jokes and insults could begin to be viewed as acts of ignorance.

v) Above all, training needs to be given on the complexities of the levels of power involved in bullying.

6.7 Contribution to Knowledge
This research has attempted to explore harassment and workplace bullying in the NHS from many different perspectives, and viewpoints. As a consequence, there have been specific contributions to knowledge relating to the methodology, mode of analysis and application to counselling psychology. Also, some of the main findings from this research appear to call for a need for further future research into these areas. I believe this thesis makes the following contributions towards knowledge, as follows:

i) The contribution of a Foucauldian Analysis, specifically from Foucault’s book *Discipline and Punish* (Foucault, 1979) to knowledge brought pertinent ideas, such as “docile bodies”, “the panopticon” and “resistance”, which have been useful concepts when theorizing about the relationship between specifically performance management in NHS healthcare services and the shaping of power relationships. If, as this research as indicated, there are stricter controls in the NHS that have engendered top-down leadership, this may have a direct influence on power relationships. The sinister panopticon could be translated as the internalization of a more powerful person watching, observing or hovering over. Top-down Leadership appears to have led to greater surveillance and observation managerial practices, which in turn could be a source of fear and anxiety for many employees. This could then contribute towards self-monitoring or self-surveillance practices amongst members of staff. Intrusive surveillance was one way in which some of the narrators perceived harassment or bullying. Performance management, and its related discourses, could be one way of understanding how bullying and harassment might often be covered up, (by the organisation or the bully), and often justified as a method for disciplining performance.

Some of the identified discourses of bullying and harassment were related with discipline, surveillance and control (and underlying threat), such as, “we’re not going to make it easy for
you to come back” (Anna). If discipline is already embedded in the field of the NHS (Bourdieu, 1977), through the penalties and sanctions that could occur if services do not meet Governmental targets or expectations held by commissioners, then it would follow that “the habitus” (the way employees might interact with each other in bullying scenarios), might involve disciplining one against the other. The way that employees talk to each other could also be embedded in these same discourses. These modes of discipline, identified in this thesis, as occurring within bullying and harassment scenarios tended to involve threat, such as “you unblemished record will be marked”, unpredictable, as in the example of a younger colleague openly trying to educate, and therefore discipline Anna and intimidating, such as, throwing papers on the desk and demanding that they are looked at. The main contribution to knowledge here is that principles of discipline could well be one of the main ways in which employees communicate with each other within dynamics of harassment and bullying. This observation could be theorized at a wider macro level, especially through the wider use of surveillance (and the threat of sanctions) that are imposed by governments towards NHS services as a whole.

ii) The Foucauldian Discourse Analysis (FDA) undertaken here identified some racist and misogynist discourses that were related with contamination and infection-control. Perhaps there is no coincidence, but nevertheless shocking, that these violent discourses were embedded in a healthcare setting. The contrast of a healthy environment is a polluted one, and some of the narrators’ accounts indicated being verbally harassed in the form of being called the main cause or culprit for causing pollution or disease. These racist and misogynist discourses can only be interpreted as intending to both control and potentially punish another person, namely because they evoked genocidal and fascist discourses. This could demonstrate the extremity of how employees are mistreated, dehumanized and degraded in an appalling manner within healthcare settings. This is also an indication of ways in which racism and misogyny become institutionalized through NHS organisations. Hence, I claim as a contribution to knowledge how FDA analysis could help in developing research into the institutionalization of racism and misogyny.

iii) The contribution of intersectionality theory to knowledge could be viewed as an important to the field of workplace bullying and harassment, and counselling psychology more generally. There were multiple ways, in which some of the narrator’s identities contained
intersections that crossed with each other. This understanding could contribute to a broader understanding of discrimination and subordination in NHS services. These lines of intersection were evident in the example of JM because she was female, black, African, and yet also a UK citizen (and many, many other identities). These lines of intersection became significant when she became discriminated against by black men and men from other ethnic minority backgrounds when they lied under oath in order to protect their own self-interests. Whilst, in a courtroom, race might well be a protected category? (in legal policies against racial harassment, for example), the discrimination and oppression endured as a consequence of being a black woman, originally from a less privileged and African background became more invisible in the courtroom. Racism experienced by JM in the workplace demonstrated how, on the one hand, she was made to be visible through mocking, discrimination and exposure, but on the other hand, any form of justice for this oppression - for being black and female, had no representation in the workplace (as this is not yet protected by the law). This can be interpreted as symbolic of institutional violence against black women. This symbolic violence was also demonstrated through the analysis of Farah’s narrative, of how her intersectional identities; including being female, Muslim and wearing a hijab, became a token for the organisation. A third example encountered in this study was Evie, who was female and black British, and it seems that these intersections may have led to her to be an object of projections from the wider service. In total, intersectionality theory shows potential as a promising tool for developing a deeper insight into the lives of people who are marginalized within institutions or cultures. This also helped to tackle some of the limitations in Foucauldian analysis.

iv) This thesis has also contributed to analysis of resistance. Resistance arose both from the analysis and as a wider theme for future work. It can be seen as informing research analysis, as a tool that could explore how people could challenge power in a, harassment or bullying dynamic. This could provide an opening for viewing how work-groups could be formed around the basis of solidarity. Such work-groups could offer a reflective space that could contemplate, a) the ways in which the whole institutional framework could be impacting on bullying and harassment amongst members of staff and b) the impact of a workplace culture built on bullying and harassment could have on the quality of service-user care.
Solidarity amongst employees could mean that if one member of staff were to be bullied, then it would seem as if this could then have an overall impact on the entire group. With the prospect of group support, this could act as an instigator for group action in tackling against bullying and harassment. Such practical consequences arising from attending to questions of resistance, could also be proposed for future or post-doctoral research.

v) Free-association, as part of the data-analysis, could contribute towards knowledge production. This concept originally derived from psychoanalysis, and then applied to Foucauldian Discourse Analysis (Parker, 2004). The methodological analysis aimed to free-associate, at a conscious and unconscious level, the different meanings and associations contained in the narratives. If, as FDA, the model of individual subjectivity is social then individual associations are also social, and so are diagnostic of social as well as individual issues and problems. The main associations that were observed and considered, included leadership, racism, hierarchy and the issuing of threats and sanctions in the NHS and in wider British culture. This shows that my thinking was already politically and socially orientated, and therefore contributed towards a social and political analysis of the NHS. Whilst, it is hoped that this has helped in uncovering some subordinated discourses, it is acknowledged that many still remain unconscious and unknown.

vi) The empirical analysis of “group ganging” was taken further in this research, where I have been able to show its relevance in group cultures and dynamics in the NHS. Anna and JM’s experiences demonstrated how ganging appeared to be both racist, and misogynist in its intent – such as likening maternity leave to a disease that was creating all the problems in the organisation. Whilst, there has not be the scope, nor direction to include a group analytical discussion of this phenomena, there is now, more than ever, a need for a broader understanding of how or why this occurs and how to combat against this. Limitations of this study will be discussed in the next section.

vii) The research strongly emphasized how racism was often experienced as exposure and open intimidation, whilst white employee’s experience of discrimination was often employment-related, where the source of threat was becoming invisible or losing their jobs. This area is clearly under-researched, and will require more attention and time in order to research this in more depth.
viii) The experiences of black women, and those from ethnic minority cultures and from less privileged backgrounds are also under-researched, especially their relationships with men, or others from a similar culture in the NHS.

ix) This research calls for a wider look at NHS organisation, especially at how relationships and the ways people relate to each other are often impersonal, divided and dismissive. From a macro level, employees might well be reduced to targets or numbers. Menzies-Lyth’s (1960) research appears to still be relevant – that organizational structures often separate and often dehumanizes employees in the workplace. There is much need for reflective employee groups to be formed, that they can talk about the challenges of working in a depersonalized culture.

All these points are very pertinent, and all require further research.

6.8 Limitations
In presenting an FDA, as an interpretivist study, it is not unlikely that questions will be raised challenging the interpretations behind Foucault’s analysis of power and resistance. From a Foucauldian analytical (FA) perspective, there would be great suspicion towards any one person holding a truth claim. By this token, all challenges are welcomed. This research invites acknowledgement of its limitations and blind-spots. This research did not recruit employees of the NHS at the support staffing level, such as administrators, personal assistants or cleaners, who might all have experiences relating with the humiliation of bullying. I am familiar with many cleaners who often felt invisible going to work each day, for example. Their stories of harassment and bullying could bring further lucidity, especially in contributing knowledge of the impact of hierarchical culture on those who are already under-privileged. Such data would be rich and meaningful and would make an excellent study. My methodology was limited to a FA that included issues related with gender and race. Through focusing on FA, this did not include feminist, psychoanalytical and other post-structuralist perspectives. Whilst there is awareness that both feminism and psychoanalysis would have brought rich knowledge of abusive/bullying dynamics, this might have generated a different type of research. White (2013), in fact, wrote an interesting book on the psychodynamic perspective on WPB, for example. Feminist perspectives do complement some of these
research findings. However, the decision to choose a FA was made before the data was generated for this study. It would not have been possible to predict that issues relating to maternity leave, male ganging and sexual harassment would be some of the pertinent issues that came up in the research. There has therefore been identification in the research that power, gender and sex do interconnect, and this is often at the centre of experiences relating with harassment and WPB.

The intention of the study was to move into an in-depth reading of each of the narratives and to be curious about the narrators’ survival under destructive circumstances. The scope of this study required an in-depth analysis, which arguably a FA would provide. Yet, due to the limited nature of FA, it would not be possible to make any definite claims about how power is exercised in the NHS; the most that could be done was to make suggestions and observations of how power is exercised. If the findings are indicative of something wider that is occurring in the NHS, then clearly there is a problem, and this would demonstrate the need for further investigation.

The narratives portrayed bullying and harassment in severe circumstances over some time. It is accepted that one-off negative acts have been researched as being just as demoralising (Burnes & Pope, 2007). There are many areas of bullying and exploitation in the NHS that have not been covered by this research. Also, resistance, as community action against bullying, could enhance knowledge. The intention was to target some strong examples of harassment and WPB in order to evidence the need to change things. Perhaps what is more commonplace is that bullying is often prolonged, escalating and all invasive.

My hope is that this research could encourage further research into the exercise of power in the NHS, and will enable readers to view the potential for resistance as an enabling force and a justified intervention.
CHAPTER 7: CONCLUSION

This thesis began with a single focus: ‘what is in a word, and how can words become powerful?’, and this has led to a very long journey. Through re-employing Foucault’s insight that language is the mode of discipline in contemporary institutions, this research has examined some of the destructive ways in which impersonal relationships have been formed on the basis of WPB and harassment in the NHS. Without Foucault’s broad, illuminating, analysis, this research could not have moved into the depth, the uncomfortable places and the interrelated causes of WPB and harassment. The areas of uneasiness that the Foucauldian analysis has unveiled was that WPB and harassment within the workforce emulate institutionalised disciplinary practices and surveillance.

At the centre of the findings is the underlying phenomenon of harassment and WPB – whether racism, sexism, abusive relationships or ostracisation – perpetuate the status quo and normative structures in NHS workplace cultures. This cut across all of the five narratives: resentment for not conforming to a culture of working longer hours; being unable to represent service users; discrimination against religion and culture, challenging unfair managerial decisions and not being offered a senior post for being black and challenging.

The discussion relating to the three levels of harassment and WPB – at the macro, meso and micro levels – confirmed that these forms of abuse appeared to be integral, thus endorsing the suspicion that this is institutionalised. Performance management is one way of explaining how bullying and harassment become institutionalised. In particular, the language and discourse used in bullying and harassment threats is often disguised as performance related. There was some indication of how bullying associated with performance management often led to self-surveillance and self-discipline. This demonstrated how the panopticon still resides within NHS services.

Whilst the narratives encompassed a broad range of experiences of WPB and harassment within the environment of NHS workplaces, the narrators identified these from a narrow, individualistic perspective of who or what was impacting on their lives. The institutionalised policies that are filtered down and translated through the organisation, which in turn determines the impact on the workforce, were not realised. As the narratives show, without
awareness of this power transference which enforces the status quo, it is difficult to bring about change.

The research identified the contrasts and subtleties of WPB and harassment situations. The contrasts included visibility and invisibility, namely that racism was applied in many instances in a direct and overt way. This appeared to be personal, targeted and visible. In contrast, some of the white narrators experienced WPB through exclusion, due to their roles being undermined. This is an area requiring further research. There were some instances where bullying was subtle, bearing double meanings. Within the environment of the NHS, health and keeping well is important. An analogy to discourses that allude to poor health and contamination has significance of meaning. Potentially, references to contamination, when used derogatively, could be embedded in racism and sexism and exist in the NHS workforce. Whilst subtle, there is a lack of awareness of the consequence of this use of language, particularly when this involves group ganging or becomes normative.

This research, above all, has demonstrated through Foucauldian analysis the feminist mantra, ‘the personal is political’.

Finally, there is a need for change and to revolutionise the whole institution of the NHS. This could emanate the values where human welfare, dignity, human rights and healthcare for everybody would begin to matter again. In order to achieve this, the ethos would advocate a safe working environment where therapists and healthcare professionals would feel confident and rewarded in their skills. I envisage this would be one where systems of disciplinary procedures and punishment are openly critiqued and scrutinised (and abolished). This environment would inspire hope through open work-based group reflexive practices that would discourage individualistic styles of thinking and instead promote collective approaches that would aim to transform the lives of both service users and therapists alike. This would be one where racism and misogyny would not be tolerated under any circumstances and where there is a clear questioning scepticism regarding systems of domination.
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APPENDIX 1

Poster used as Advertisement for Narrators (participants)

WORKPLACE BULLYING CAN BE LIFE ALTERING.
ARE YOU AN EX-HEALTH-CARE PROFESSIONAL OR THERAPIST FOR THE NHS WITH A STORY THAT YOU WISH TO TELL OF HOW THIS HAS CHANGED YOUR LIFE?

I WOULD LIKE TO HEAR FROM YOU.

I am Nancy Leaver. I am Student on the Doctorate in Counselling Psychology at Manchester University.

My research thesis is based on the impact that Workplace Bullying has had on the lives of ex-healthcare professionals and ex-therapists of the NHS. I am also interested if they wish to share any internal resources and resilience that they may have had to challenge what was happening, or in making significant changes in their life.

Your contribution and story will help to develop knowledge and clinical practice in Counselling Psychology.

If interested, please e-mail me: nancy.leaver@postgrad.manchester.ac.uk. 
Mobile: 07539589817
Information Leaflet for Advertising my thesis on Websites

Information Leaflet for Website/Organisation/ Service to Advertise the Research

Power & Resistance Related with WPB in the NHS: A Qualitative Inquiry

Your website has been passed on by (Name/Organisation). I would like to invite your participation in a research project that will be undertaken with up to 8 or 9 ex-therapists or healthcare professionals of the NHS, who have experienced WPB whilst working in the NHS in the past.

The intention will be to conduct an open-ended interview of 30-40 minutes long, to allow participants to tell their story in their own words about their experiences of WPB. An interest is in how the participants have managed to nonymize, deal with and challenge what was happening, and to explore whether the experience had prompted other significant life changes.

The participants will be invited to narrate their own experiences of WPB. It will be considered how participants understand and bring meaning to these experiences. If these have been experienced as ‘traumatic’, the interview may also explore how participants have attempted to deal with this and, or have shifted their perception of these events.

In terms of wider purposes fulfilled by the study, the findings will benefit knowledge and clinical practice in Counselling Psychology, and increase awareness of how people can be best helped, or responded to when they have experienced WPB. The NHS has been selected as the nonymizednal site for this study, due to the rise of reporting from staff members of experiences and witnessing WPB.

Institutional Base of Research Study

The research is a study is conducted as part of a Doctorate in Counselling Psychology, under the supervision of Professor Erica Burman based at The University of Manchester. As it is
a student study it does not involve participant remuneration. The project has been given approval by Manchester University Research Ethics Committee.
A fuller description of the project proposal is attached on the Participant Information Sheet. The findings will be analysed using a Foucauldian Discourse Analysis for patterns and themes.

**Data Collection Process**

Before each open-ended interview will be conducted, participants will be invited to meet the researcher either through a telephone consultation or face to face to talk through the research project. This will provide an opportunity for me to explain the interview, answer any questions about confidentiality and anonymity and to answer any questions they may have about the interview process. This is, to help them decide collaboratively if this participating in this study is right for them.

For those who which to proceed, the interview which will either take place at a room based at Manchester University, or no7 Norwood House, 53 Brighton Grove, Manchester, M14 5JT. The results of the interview will contribute to development of knowledge about WPB in the field of Counselling Psychology Clinical Practice and Social Justice.

**Confidentiality**

Confidentiality will be maintained throughout the research, in the sense that no one except the researcher will know the participant’s identity. They will be invited to generate their own pseudonym and a short descriptive statement by which they will be known in the study report. The interview will be audio-recorded and will remain anonymous. The audio records will be transcribed verbatim onto an encrypted memory stick. The audio recording will be destroyed immediately after transcription has taken place. The transcription will be sent to check for accuracy. Also, if at this point (or before) there are parts of the interview that they are not happy to be included as material for analysis, then they can indicate this to the researcher and the material will not be included and deleted. Once the transcript has been written, the participant will be able to receive a copy of this if required.
In the rare, unlikely event that the media publishes any of the research, it will be ensured that all the participant’s identities, and workplace will remain nonymized. All information regarding the participant’s will remain unidentifiable throughout the analysis.

I am the sole investigator. I therefore attach a short CV indicating my experience as a practitioner in the NHS and a trainee on the Doctorate in Counselling Psychology at Manchester University.

**Relevant Details**

If you are interested in advertising my research study, my contact details are:

**Nancy Leaver**

**E-mail Address:** Nancy.Leaver@postgrad.manchester.ac.uk

**Mobile:** 07539589817

Yours Sincerely

[Signature]
Patient Information Leaflet and Consent Form

Discourses of Power and Resistance Related with Harassment and WPB in the NHS: A Qualitative Inquiry.

Participant Information Sheet
Thank you for agreeing to take part in this interview. I will be inviting ask you to tell me in your own words your experiences of WPB in the past. I will also be asking about how you understood your experiences, the range of impacts it had on you and the processes involved that helped you to change.

Before you confirm your participation, please take time to read the following information carefully and discuss it with others if you wish. You are welcome to ask if me there is anything that is not clear or if you would like more information about. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research? Nancy Mary Leaver

Title of the Research : Discourses of Trauma and Resistance Related with WPB in the NHS: A Qualitative Inquiry.

What is the aim of the research?
The aim of this research will be to consider your self-understanding of your experiences related with WPB and how this impacted you at a personal level, how since that time you have made sense of these experiences and how you may have been able to adjust and find new ways of experiencing life. These types of experience are under-researched, so your interview will contribute to new research literature. While I will try to guide you with different questions, and prompts, the aim will be for you to narrate what happened to you. This research will help to develop more understanding about workplace trauma within the field of Counselling Psychology.

Why have I been chosen?
You have been chosen because you were an ex-healthcare professional or therapist based in the NHS. This will be my focus of interest for this thesis.

What would I be asked to do if I took part?
To take part in an interview, the focus of which will be your experiences of WPB, if any of these may have led to trauma and what helped you to change.

I will record this on a digital recorder, and then this recording will be transferred onto an encrypted data-stick. Your narrative will then be transcribed, and again kept on an encrypted, secure system. You will have an opportunity to have a copy of this transcribed once this has been completed.

What will happen to the data collected?
The audio recording of the interview will be transcribed and then kept on a secure, encrypted system. The transcript will then be analysed using both a narrative and discourse analysis. The results will then be written up as part of a thesis which will be submitted as part of a Doctorate in Counselling Psychology.

The transcripts and will be held by me and my supervisor, Professor Erica Burman, in a secure place. I will be discussing the process of the research and the emerging analysis with my supervisor.

**How is confidentiality maintained?**

I will invite you to provide a pseudonym and one sentence description that can be used instead of your name and other identifying information in the research report. Your identity will remain anonymous throughout the study. The information you provide will be confidential, unless there are any risk factors to you, or anyone you know. In such an event, I may also need to talk about my research supervisor. The therapy tapes, transcripts and data will be destroyed after the research has been completed and written up. In the final write-up of the thesis, your identity will remain anonymous throughout.

**What happens if I do not want to take part or if I change my mind?**

If you do decide to take part, you will be asked to sign a consent form. You can still withdraw from the research at any time.

**What is the duration of the research?**

The interview will last approximately 30 to 40 minutes in total.

**Where will the research be conducted?**

The interview will take place in a quiet, confidential room at University of Manchester, Ellen Wilkinson Building, University of Manchester, M13 9PT. If you cannot make this, then there is another private rented room that could be used at 7 Norwood House, Brighton Grove, Manchester, M14 5JT. Alternatively, the interview may also take place in a spare room based at Chester University.

**Will the outcomes of the research be published?**

There is a possibility that this may also be submitted for publication in a research journal. However, it will only be published with your consent, and the consent of my academic supervisor.

**Criminal Records Check (if applicable)**

I declare that I have gone through the criminal records check, and I have no convictions relating to either adults or children.

**Contact for further information**

Nancy Mary Leaver: 07539589817

e-mail address: Nancy.Leaver@postgrad.manchester.ac.uk

**What if something goes wrong?**
If you wish to complain about any element of the research please contact my research supervisor Professor Erica Burman: Erica.Burman@manchester.ac.uk

If there are any further issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to 'The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093

Patient Consent Form (sent out with Information Leaflet)

CONSENT FORM

Discourses of Power and Resistance Related with WPB in the NHS: A Qualitative Inquiry.

If you are happy to participate please complete and sign the consent form below

Please Initial Box

1. I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

3. I understand that the interviews will be audio-recorded

4. I agree to the use of anonymous quotes

5. I agree that any data collected may be passed to other researchers

6. I agree that any data collected may be published in anonymous form in academic books or journals.

I agree to take part in the above project

Name of participant             Date             Signature

Name of person taking consent    Date             Sign
Questions for consideration for the Interviews

APPENDIX 4

Interview Schedule
Please read through the questions that will be asked as part of the open-ended interview. If there are any questions that you are not happy to answer, or if you have any questions of your own, please feel free to raise these before the start of the interview.

Rationale for the questions
• Experiences of Workplace Bullying: questions are designed to enable you to reflect in an open, and non-judgemental way your experiences of bullying at that time.

• Experiences of Trauma: The questions are constructed to help you to connect with your experiences from a personal and emotional perspective.

• Experiences of Beginning to re-see, evaluate their world:

• Equal Opportunities: To understand any issues which may be of importance to you that could not be identified more generically.

Research Questions
Experiences of Workplace Bullying
1) Could you talk about your experiences of covert bullying in the NHS? Was there just one incident, or was there a series of incidents?
2) What were the main strong memories that stood out for you from that time?
3) How did the experiences of Workplace bullying impact on you, emotionally, physically and in terms of how you saw yourself?
4) How do you account now for why this happened?

Experiences of Trauma
5) What does trauma mean for you?
6) How would you describe the trauma that you experienced?
7) How did you experience it?
8) How did it impact on other aspects in your life? Relationship, social life, mood.
9) Would you relate these experiences of trauma entirely with your experiences of workplace bullying?

Experiences of Re-evaluating Your World
10) What were the processes involved that helped you to challenge what you were experiencing?
11) What were the processes that may have helped you to change?

Equal Opportunities
13) Did you identify any relationships between your experiences of covert bullying and trauma with areas of race, gender, age or culture
Reflective diary from Anna’s Interview: 13\textsuperscript{th} September 2016

My impressions of Anna are that she seemed tired, exhausted and a little haggard. Her interview lasted 2 hours and I speculate that she wanted to tell everything.

I wondered if she had told and re-told her story so many times that she might have felt ground down, degraded and worn down.

She asserted her authority through needing to maintain control within a situation that seemed debilitating and degrading. I felt at times, that I was part of the audience that she needed to convince about her stability and ability to maintain control and focus.

She seemed contained in her arguments. She portrayed the NHS as an irrational, money orientated machine that churns out prescriptive measures to regulate people’s behaviour, to restrict creativity and follow ruthless guidelines.

The metaphorical churning of the wheel representing the never-ending present in the NHS, disguises the fear underlying it,. Time stands still in the NHS, there is no room for a past – the momentum of the present has to remain intact.

This is why people are churned out through bullying – it is to maintain the present moment, and discard those who cannot present in the moment.

She believed that her service did not allow women to succeed if they had children. Her role was diminished so much, and she was made to feel grateful about getting something back, even if it was a part-time job in a less secure role where responsibility was diminished – and yet that diminished her too.

Does sexism prevail in the NHS towards women who take maternity leave?
Anna was perceived to be disloyal towards her service because she chose to have children. There were some arguments which were sexist such as the service blaming her for the service not meeting targets – and then her role was diminished.

Anna was accused of having and maintaining interpersonal difficulties which was undermining of her position and integrity.
Step 2 of Analysis: Free-Association

Anna: taken from a Skype Interview: 13th September 2016

1. Anna: I’m a clinical Psychologist and I’ve been qualified for ten years. I’ve had two NHS posts – my first post emm, was just for about 15 months and the post I have just recently left I’ve been in for 7 years, and emm.
2. and it’s a community mental health team for adults, and I umm, I’ve spent working most with people with Psychosis – emm, so when I started working at the team there was not much provision for working with people with psychotic experiences and that’s my clinical interest and specialism. I developed the service there for those clients.

9. I worked really hard for 7 years doing that, which led to a significant improvement in the service – a lot of which was recognized by the Trust and celebrated – I won first prize, I was nominated as employer of the year for that work, I published in peer-review journals for the work that I had done, so you know, I was doing a good job, I was always doing a good job and was recognized as such – emm, I never felt that I was under-appreciated, or that there any questions about the work that I was doing – you know, I’ve never had any issues with any colleagues, you know, I never take sickness leave – there’s been no issues with anything.

18. It’s been fine. I’ve enjoyed working there – err, so relatively, my issue with bullying have been, umm and harassment and discrimination have been quite short in the whole context to which I have been there.

21. Emn, so there is a culture where I work in the department, not necessarily in the organisation, in the department – umm, with one particular member of staff who is the manager – umm, of the Psychology service, umm that she doesn’t like women who take maternity leave and she’s emm, and is quite actively emm unpleasant towards people when they’ve returned from maternity leave and I know this from other people.

28. Prejudice began when taking maternity leave, attributed to one person (Gender: - target, an envious Manager).

30. But I guess, I don’t know why, I probably just guessed that it wouldn’t happen to me, or just – umm, I don’t know – just didn’t think so much about it. So, even though I know kind of in the background that it had happened to other people, umm, I wasn’t particularly concerned about it happening to me and I’m quite robust anyway – |

35. so I guess what I thought, was that the worst thing I’d have to face was something like snippy comments and – you know, a bit of kind of cattiness and to be honest that really doesn’t bother me. I’m quite robust.
**Interviewer:** That's terrible

**Anna:** So, I was dealing with HR so obviously they didn't have any investment in deliberately doing it wrong but I do remember that my manager didn't support me at one point or to challenge that – and then she started to say... so I started to say, well I can't accept a promotion unless this can be sorted out because it would take me 5 years back at work to recoup the money that I had lost from – emm, you know that I had lost on maternity pay, because the problem was with me changing jobs, that's why they were calculating it wrongly – emm, so then she started to make comments like - (speaking in mocking, managerial voice), "Well, I did think you were ready for the promotion but now you're, you know not accepting it and now you're basically – now you just won't accept it whatever the financial consequences? She said, "well I'm just not sure that you are ready for the promotion, and I had to back track on that and then she said "well put it this way... well the promotion was three days per week whereas I used to work full-time. She said to me "put it this way, if you don't take the three day job now, if you don't take the promotion that been offered to you, when you come back on maternity leave" This was before I even went on maternity leave." When you come back, I won't let you have reduced hours because you've been offered a three day job and you've turned it down". And I know that that's not ok because you are supposed to consider any requests for reduced hours at the time, which was over a year later.

You know, she was kind of unsupportive around that but I had expected that, and it all got sorted out in the end, because I just fought and fought and fought and in the end went I think I went to an employment lawyer to get it sorted out, and in the end I did get it all sorted out, but I do feel like, it was like 'well N, there are very good perks in the NHS anyway N, and it was sort of an implication that I was fighting for something that I really wasn't entitled to, and you know, that I had a sense of entitlement and I worked in the NHS for 15 years but I wasn't going to lose out on 2 months of only having 1 grade increase,
### APPENDIX 7

**Step 3 of the Analysis: Tabling the Discourses**

<table>
<thead>
<tr>
<th>MJ’s narrative (what happens in the story)</th>
<th>What discourses prevail in the story</th>
<th>How can these relate with a Foucauldian Discourse Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yet, the NHS in the therapeutic community was presented as a sinking ship/ ship with holes in it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Black/ Othered because she speaks out:</strong> Black woman speaking out in predominantly white territory: Racism is for territorial/ who’s voices can be heard, and who must be silenced. But the experience there was also quite challenging, and the problem I have was that in most places I go I’ll be the only black person, but when I went to the Anderson there was another black person but that was a junior emm, person, and again it was because I speak out my mind and em, most of the time people feel upset by that, and I can’t change who I am.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covering UP/ Uncovering: Holding onto power/ through failing MJ. Reputation is extreme/ shows that MJ’s complaint was valid, that they then let her pass. There was something she uncovered/ organisation then allowed her to pass instead of being exposed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I said, for those reasons I was not prepared to do it, if they want to fail me, then they fail me but we will fight over it. So, in the end they didn’t do anything, they just passed me and let me carry on with it.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
‘The 4 Stepped Model’: Analysis of the Narrative and Reconstruction as a NI and FDA

STEP 1: Becoming Familiar with the text and taking reflexive notes

Example: JM’s Narrative

The experience there was also quite challenging, and the problem I have was that in most places I go I’ll be the only black person, but when I went to the (therapeutic community) there was another black person that was a junior emm, person and again it was because I speak out my mind and em, most of the time people feel upset by that, but I can’t change who I am.

STEP 2: Free Association

JM experiences herself in an isolated position, as being the ‘only black person’ in most of the NHS mental health sites that she has worked in. She finds this challenging. In the TC, there was another black person who was junior, she upsets people because she speaks out her mind (perhaps she is very blunt). Others feel upset about her challenging things, but this is set in stone as her own self-identity.

• NHS services tends to recruit less black people in senior roles (statistical fact).
• JM is speaking from a politicalized perspective, she is minoritised because of her race and skin colour, so JM’s experience in the NHS, is figured in from a racially minoritised position.
• Black – conveys an othered/isolation position in her service – she is in the minority because she is black.
• Being black and challenging upsets people, yet this is also a challenging aspect of her identity.

STEP 3: Tabling the data

This is a politicised narrative

• Black and too challenging: this statement conveys her perception of how she is seen by the NHS organisation. She is ‘outcasted’ because she is both black and challenging.
• ‘Black and challenging’: is a dominant discourse of the institution. The subordinated discourse is, ‘African woman who subverts cultural trimmings of femininity’ and chooses to, ‘speak out her mind’.
• There is a division between institutional rhetoric (such as too challenging/being a trouble-maker) and her own subordinated subject position (speaking out, and reaching out) - inviting an audience to hear her. JM is speaking out to a wider audience.
• JM is embedded in two worlds: the institutionalized and racist assumptions and judgments (institution) and the divide with her own positioning.
• She ‘speaks out’ from a minoritised position.
• JM’s life is configured between many divides/ awareness of being othered/institutional discrimination against black people
• Speaking out as an African woman interrupts the discourse of ‘trouble-maker’, and is resistance.
• Institutional discourse set in contrast with self, using her own politicalised language.
• She is speaking out against injustice, racism and inequality.

STEP 4: Merging the data into written form

JM’s narrative presented with separate positions, where each one appeared to be in conflict with the other. On the one hand, her self-representation was an independent-minded African woman who was not brought up culturally or politically to be subservient. On the other hand, she often found herself situated in an othered and minoritised position within her NHS services because she would be the only “black person” in a senior position. The narrative portrayed a divide between the institutional dominant discourse of “black and quite challenging” and her own (subjugated) self-positioning – or representation – as a “subversive African female who speaks out her mind”. While the former discourse seemed to objectify her and therefore might mute her, the latter allowed the potential to be vocal (to speak out). “Quite challenging” could indicate an institutionalised out-casting, similar to a label of “trouble-maker”. In contrast, the subordinated discourse of, “speaking out” could potentially align with a type of consciousness that could allow the possibility to speak from a minoritised position. Resistance was shown in the interruption of this institutional discourse – such as speaking out against racism.
The Original Ethics Approval Form that was Changed

Ethics Approval Application - CONFIRMATION for Medium Risk

**Ethics Education**

You replied on 3/29/2016 10:40 AM.

Sent: Tuesday, March 29, 2016 10:33 AM

To: Nancy Leaver

Cc: Erica Burman; Deborah Kubiena

Dear Nancy

**Ref: PGR-56897521**

**Project Title:** Discourses of Trauma and Resistance Related with WPB in the NHS: A Qualitative Inquiry

I am pleased to confirm that your ethics application has now been approved by the School Research Integrity Committee (RIC) against a pre-approved UREC template.

If anything untoward happens during your research then please ensure you make your supervisor aware who can then raise it with the RIC on your behalf

**This approval is confirmation only for the Ethical Approval application.**

Regards

Georgia Irving