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Meanings of and Barriers to Work: Narratives of People with Mental Illnesses in the Late Productive Age Group in Japan

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Abstract

In this study, I analyzed the narratives of people with mental illness who maintained their desire to work until the latter half of their working years but were hesitant to work, and described the meanings of work, what these people required to move forward, and the corresponding social barriers they faced.

Keywords: mental illness, social barriers, meanings of work

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Working at one's full potential is an important aspect of life (Šverko & Super, 1995). However, people with mental illnesses may be hesitant to work even though they wish to do so (Yuzawa & Yaeda, 2024). I often observed the following situations in day-care centers in psychiatric hospitals which provided return-to-work support. Certain patients stared at their job posts. However, when encouraged to start their job search, several of them refused. On another occasion, a patient stood at the side of the employment support program and listened attentively. However, when invited to participate in the program, he refused. Although certain patients finally start looking for jobs, moving forward is often difficult. Although several hold the hope of "working," many enter the latter half of their productive years without being able to realize it. This situation is likely caused by various social barriers. While such social barriers may prevent patients from working, they still maintain their desire to work. The hope that these people hold may encompass the fundamental meanings of work. This paper therefore focuses on these people and investigates the meanings of their continued desire to work throughout their lives and the corresponding barriers to their employment.

Methods

Sampling

I conducted semi-structured interviews with 45 individuals with mental illnesses who attended psychiatric day-care centers and agencies with work programs. The interviewer and participants had never met before the interview, which consisted of questions about images of working and working life, feelings, and changes. In this study, I include interviews

of the those aged at least 55 years. The average duration of the interviews was approximately 45 minutes.

Interview Guide

I followed an interview guide with each participant. The following are the initial questions asked in understanding the image of work, self-image, and the process of changing the image:

1. How do you feel about working in general?
2. What is your specific image of working?
3. How do you feel about working there?
4. What is your specific image of your working life?
5. How do you feel about living that working life?
6. How have these things changed?

I proceeded by adding appropriate questions to further explore the points of interest based on the participant's responses. Participants were assured that their responses to the interview would not affect the support they received, and open-ended questions were used to allow for free and honest responses.

Analysis

In this study, I qualitatively analyzed the narratives of seven participants aged at least 55 years to determine the meanings of their hope to work and the social barriers that prevented them from realizing these hopes. I based the analysis on the qualitative text analysis method of Kuckartz (2014). First, I transcribed the interview data, read the entire document, and verified important points. Next I inductively coded the text data for each semantic cohesion and classified the codes from the narratives into five themes as follows: "meanings of work," "work image," "self-image," "things that bring about change," and

“social barriers.” In addition, I organized and conceptualized the codes for each theme. Finally, I counted the number of occurrences of these concepts for each participant to examine their commonalities and uniqueness. I analyzed and organized text data using MAXQDA 2022 and Microsoft Excel.

Research Ethics

This study was approved by the Research Ethics Committee of the University of Tokyo, Japan. I explained my research to all participants both in writing and verbally, including the purpose of the study, the right to freely consent and withdraw participation in the study, research methods and cooperation details, benefits and disadvantages, protection of privacy, access to the contents of the study, and publication of the study results in an academic setting. Participants signed a consent form before the interviews were conducted.


Results and Discussion

Summary of Participants

Six participants were males and one female. All participants had work experience. The stages of preparing for job-seeking activities ranged from those hesitant to work to those currently searching for jobs. One participant selected sheltered employment.

Table 1

Basic Attributes of the Participants

ID	Gender	Age	Diagnosis	Work Experience	Stage of preparing for job-seeking activities	Status
1	Male	59	Bipolar	Yes	On leave	hesitation
2	Male	56	Schizophrenia	Yes	If the conditions are right, I might consider working.	
3	Male	59	Alcohol-Related	Yes	Choosing sheltered employment	

4	Male	57	Alcohol-Related	Yes	Still thinking about finding a job. Have not started job hunting yet.	
5	Male	58	Schizophrenia	Yes	Still thinking about finding a job. Have not started job hunting yet.	
6	Female	62	Schizophrenia	Yes	Consulting with a supporter about job seeking.	
7	Male	61	Schizophrenia	Yes	Currently job searching.	activation

Results and Discussion of the Analysis for Each Theme

Meanings of Work

On the theme of the meanings of work, the participant who selected sheltered employment only mentioned the following concepts: “meaningful time,” “contribution to and development of the organization,” “life cycle,” and “to live, to get money.” This could be obtained through sheltered employment or supplementation by the welfare system. However, other participants who were hoping for competitive employment, also mentioned the following meanings: “freedom of self-determination,” “financially independent social life,” “relationships and roles as a worker,” “a normal way of life,” and “being saved by working itself.” These concepts were not observed in the participants who chose sheltered employment. Therefore, these points could potentially be the reasons why people choose competitive employment.

Work Image

On the theme of “work image,” the most common concepts from those who were hesitant in job-seeking were as follows: “being able to do the job is important” and “matching the job with oneself without any specifics.” In short, if patients feel they must perform the job well but cannot envision the specific tasks of the job they believe they could do, they can’t move forward.

Self-Image

On the theme of “self-image,” the concept of “things I am not good at or cannot do” was a common topic among participants. “Somehow, things did not go well. I do not know why” was a comment from those with low levels of job-hunting activity. Verbalizing the reasons why things are not going well could be a starting point in moving forward with a positive attitude toward job hunting.

Things that Bring About Change

On the theme of “things that bring about change,” the concept of “positive memories” was often cited by patients who were highly motivated to act. Overall, “trying, acting, experiencing” was the most mentioned. “Change, motivation, continuation, hope” was also raised by the participants. If the patients had positive memories of working, then acting based on their desire to work was easier for them. In addition, the participants thought that trying things out was important. Their beliefs seemed to be based on their experiences. The participants also wished for hope, motivation, and change for themselves.

Social Barriers

On the theme of “social barriers,” patients mentioned delays in career development and gaps between the past and present. Other commonly mentioned concepts included “lack of alignment between work and the individual” and “anxiety about interpersonal relationships or communication.” The concepts repeatedly mentioned by certain participants were “parent-child relationship problems,” “physical strength or physical difficulties,” being “judged by standard uniform preparation and job-hunting criteria,” “negative memories,” “discrimination or sense of unfairness,” and “customs and norms.”

Summary of the Results and Discussion

“Freedom of self-determination,” having a “financially independent social life,” “relationships and roles as a worker,” “a normal way of life,” and “being saved by working itself” could be the very reasons why the patients desired competitive employment. However, those who believed that “being able to do the job is important” but who were in a state of “matching the job with oneself without any specifics” might not be able to move forward in their job search as they potentially felt that they could not perform the jobs. The lack of specific descriptions for their failure look for a job, such as “somehow, things did not go well; I do not know why,” seemed to affect starting on their search.

The important points for patients wanting to change were “positive memories,” “trying, acting, experiencing,” and “change, motivation, continuation, hope.” These patients were encouraged by positive memories, believed that they could learn from their experiences, and wanted hope, motivation, and change. Lack of work history, delays in career development, and gaps between past and present, “lack of alignment between work and the individual,” and “anxiety about interpersonal relationships or communication” were common barriers. For certain individuals, “parent-child relationship problems,” “physical strength or physical difficulties,” being “judged by standard, uniform preparation and job-hunting criteria,” “negative memories,” “discrimination or sense of unfairness,” and “customs and norms” were other social barriers to starting job-seeking.

Conclusions and Recommendations

Assistance in Starting a Job Search

While supporting people with mental illnesses who are starting a job search, we should promote a “try it and see” approach. Gelatt (1962) states that future decisions are continually modified through learning about oneself and one’s environment, often based on the consequences of prior choices. To support career decisions by individuals, he proposed a

framework in which decisions are made iteratively through a cycle of information gathering and choice-making, incorporating the theories of Cronbach and Gleser (1957). This iterative process could be effective in helping people with mental illness find a good job match while verbalizing their experiences. However, if the desired result is not achieved, such a process would not leave them with negative memories. For example, viewing the situation as a lesson learned, one can say: “If you do it this way, you can do it. These experiences will help you think about your next try.”

Support Systems to Consider

First, the treatment and rehabilitation of mental illnesses should be carried out while avoiding any gaps in the professional career of the patient to the greatest degree possible. In addition, job-related customs can act as barriers to work. Rehabilitation should be carried out within the local community and various jobs that are not bound by conventions should be made available. Despite the need to minimize career gaps to help people with mental illnesses recover their professional lives, psychiatric treatment in Japan has long been centered on hospitalization. Although the medical system is gradually changing to enable patients to live in the community, the number of people hospitalized with mental illness was estimated to reach 213,100 in fiscal year 2023, with the group having a high rate of injury and disease. In addition, the average length of stay of hospitalized patients with mental illness in FY 2023 was about 290 days, the longest among discharged patients, according to the Classification of Injury/Disease. The longer patients are hospitalized, the lower the percentage of those able to live at home after discharge (Ministry of Health, Labour and Welfare, 2024).

In Japan, many patients with mental illness live separate lives from their local communities. Rehabilitation for outpatients is conducted in day-care centers in hospitals and shared employment centers (called Type B Continued Employment Support for Employment

Centers), which are separated from people in the community. Changing this situation would require creating places and opportunities for people with mental disabilities to live together with their communities and for rehabilitation to take place in the community. Furthermore, working in diverse jobs designed to make it easy to be employed would enable those with mental illness to recover their working lives.

Second, this study showed that “a normal way of life” was mentioned among the meanings of competitive employment. Some patients are unable to move forward because they think they need to maintain a full-time job to be normal and have an independent and free life. Sometimes they feel ashamed of receiving public assistance. They think that the only way to live a free life is to work full time. People with disabilities who work while receiving public assistance could be given a new status and respectful name.

Third, the aging of parents living with people with disabilities makes parent-child relationships more complex. The customs and systems that require parental support for people with disabilities need revising so that they can live independent lives from a young age separate from their parents.

Significance and Limitations

This study described the meanings of work for people in Japan with mental illnesses, what changes would be necessary so they can move forward, and the corresponding social barriers they face. These results might be applicable to various individuals; however, the number of participants was small. I aim to increase the number of participants in future research and publish the results.

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