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How Social Structures Influence the Labour Market Participation of Individuals with Mental Illness: A Bourdieusian Perspective

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ABSTRACT Adopting a Bourdieusian perspective, this paper examines the social structures that influence the labour market participation of individuals with mental illness. We draw on 257 qualitative surveys completed by individuals with diagnosed mental health conditions in Europe, North America, Oceania, Africa, and Asia. We employed thematic analysis to analyse the data. The findings reveal that the interplay of capital endowments, symbolic violence, habitus and illusio shape the labour market participation of individuals with mental illness. Capital endowments of individuals with mental illness are afforded less value in the labour market and these individuals internalize, legitimize and normalize their disadvantaged position, blaming themselves rather than questioning the social structures leading to the challenges they encounter. We highlight that social structures condition the opinion these individuals have of themselves and how this affects how they navigate the labour market. In sum, we show that Bourdieu's concepts provide a useful lens to study inequalities in the labour market, as they reveal the social structures that produce, sustain and reinforce the social order that disadvantages individuals with mental illness.

Keywords: Bourdieu, capital, individuals with mental illness, labour market participation, social structures, symbolic violence

INTRODUCTION

The number of individuals with mental illness worldwide is on the rise (Weissman et al., 2017). Globally, one individual out of five is likely to experience mental illness at some point in their lives (American Psychiatric Association, 2013). Mental illness is

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defined as diagnosable psychological disorders that are 'characterized by dysregulation of mood, thought, and/or behavior' (Center for Disease Control and Prevention, 2016) and affects all areas of life, including the workplace (Follmer and Jones, 2018). Research shows that individuals with mental illness are more likely to be unemployed, underemployed and also receive lower wages compared to individuals with other disabled individuals and non-disabled workers (Hakulinen et al., 2019; Harris et al., 2014; Levinson et al., 2010). They further struggle to maintain employment (Corbière et al., 2011), have fewer career development opportunities (Wästberg et al., 2018) and their integration at work is challenging (Elraz, 2018). This is problematic for both individuals with mental illness and organizations. Indeed, work has been found to give structure to the lives of individuals with mental illness and helps them deal with their conditions (Boot et al., 2016). Moreover, it gives them a sense of belonging, purpose (Jackson et al., 2009) and identity (Leufstadius et al., 2009), helps them to be financially independent (Niekerk, 2009) and work has been associated with recovery from serious mental illness (Dunn et al., 2008). For organizations, individuals with mental illness form an untapped talent pool that allows them to attract and retain talent.

Although research has clearly established the disadvantaged position of individuals with mental illness in the labour market, the social structures that lead to and sustain this situation are less well understood (Peterson et al., 2017). Labour market participation consists of several dimensions: whether individuals are employed or not (Ingold and Valizade, 2017), whether they work full time or part time (Ruyter and Warnecke, 2008), their ability to gain employment (Moore et al., 2017) and to keep it (Moore, 2009), and what type of occupation they are able to secure in terms of the status it conveys and its remuneration (Cerciello et al., 2019). By focussing on processes, this article asks *how* social structures affect the labour market participation of individuals with mental illness.

Answering this question calls for a theoretical lens that allows to uncover the interrelated and intersecting nature of factors that influence their participation in the labour market. A Bourdieusian perspective is helpful to show the social structures that sustain and reinforce the social order in the labour market, putting individuals with mental illness in a disadvantaged position that they come to accept and internalize, perpetuating their challenging position. Previous research has called for considering the broader contextual influences on multiple levels and the way they interact and intersect to understand the complex processes involved in (in)equality (Vincent, 2016; Wilterdink, 2017).

Drawing on 257 qualitative surveys with individuals with mental illness from all continents, we explore how individuals without mental illness are sustained and reinforced have originally established and sustained over time their privileged position as a social norm in the labour market (symbolic capital) and why the capital endowments of individuals with mental illness are devalued in the labour market (symbolic violence). Further, we reveal how individuals with mental illness come to internalize and legitimize their disadvantaged position (habitus) and why they do not challenge their position in the labour market (illusio) rather than questioning the social structures they encounter. Thus, we make a contribution by showing that the interaction between capital endowments, symbolic violence, habitus and illusio in the field of the labour market shapes the labour market participation of individuals with mental illness. By revealing the complex processes involved, in which both the social norms established

by individuals without mental illness and the acceptance, internalization and legitimization of individuals with mental illness themselves play a role, we challenge the tendency to put the blame for their disadvantaged position entirely on organizations or individuals with mental illness themselves (Elraz, 2018; Mannarini and Rossi, 2019).

The next section outlines the existing literature on individuals with mental illness and their labour market participation and provides an overview of Bourdieu's concepts. We then explain our approach in the methods section and present our findings using illustrative quotations. In the final section, we outline the theoretical and practical implications of the study and offer suggestions for future research.

LITERATURE REVIEW

Individuals with Mental Illness and their Labour Market Participation

The term mental illness encompasses the more than 200 classified mental health disorders that are outlined in the fifth edition of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (APA, 2013). Mental illness is an individualized experience that manifests itself in various ways (Follmer and Jones, 2018). The literature highlights the importance of accounting for the multilayered factors that shape the labour market participation of individuals with mental illness and distinguishes between the micro, meso and macro levels.

First, at the micro-individual level, the fluctuating manifestations of symptoms might negatively affect the functioning of individuals with mental illness at work (Hennekam et al., 2020). In addition, the negative self-perceptions of individuals with mental illness adversely affect their job opportunities (Baker and Procter, 2014). Despite their struggles to integrate within the labour market, people with mental illness do, however, have knowledge, skills and abilities that contribute towards organizational effectiveness (Hennekam et al., 2021). For example, in a recent study, individuals with mental illness perceived themselves to be perfectionists, organized and possessing a strong work ethic and eye for detail. They also regarded themselves as perceiving and processing information in unique ways, leading them to see things differently from their colleagues and thus able to propose alternative solutions or ideas. Moreover, they felt that their mental illness helped them to be more empathetic, patient and understanding, which allowed them to relate broadly to others. In sum, individuals' mental illnesses can be an advantage in the workplace if their attributes match the job and appropriate support is provided (Hennekam et al., 2021).

Second, factors at the meso-organizational level are likely to have an impact on the labour market participation of individuals with diagnosed mental illness. Mental health disorders are some of the most stigmatized medical conditions and there exist many negative stereotypes about mental illness. Individuals with mental health conditions, in contrast with the positive self-perceptions referred to above, are perceived to be different, incompetent, unproductive, unreliable, violent, unstable, crazy, dangerous and/or socially inadequate (Kirsh et al., 2009; Tsang et al., 2007). Moreover, they are thought to have extensive needs and to be unable to handle pressure (Kirsh et al., 2009). Consequently, individuals with mental illness are considered to be less

employable (Dietrich et al., 2014) and are thought to be less productive than personnel without mental health conditions (Biggs et al., 2010), which leads managers to have reservations with regard to hiring individuals with mental health conditions. In addition, stigma and negative beliefs about mental illness are related to workplace discrimination (Brohan et al., 2014). Experiences in the workplace will vary across disorders and are shaped by the manifestation of symptoms, as well as others' perceptions of the individual or of mental illness (Follmer and Jones, 2018). For example, Devonish (2017) revealed that managers in the public sector were more willing to hire and manage employees with mental illness than those in the private sector and that female managers were more likely to offer sympathy and tolerance in comparison with their male counterparts. The stigma of mental illness also seems to depend on the sector, in the sense that competitive and fast-paced environments are perceived to be more challenging to navigate (Hennekam et al., 2021). Organizational culture, defined as the values, beliefs and expectations shared by members of an organization (Spataro, 2005), shapes how mental illness is perceived and approached (Kirsh and Gewurtz, 2011). This affects how mentally ill individuals navigate the workplace, as self-disclosure of mental illness is more likely to occur in supportive working environments (Reynolds, 2019). In sum, the workplace context, in the form of the sector and organizational culture, will affect the labour market participation of individuals with mental illness.

Finally, at the macro-societal level, legal regulations and national culture play a role. Despite legal actions taken to enforce disability rights, the recognition of issues and rights related to mental illness at work still lags behind the legislation (Follmer and Jones, 2018). Scholars have identified two dominant disability paradigms: one that focuses on strong anti-discrimination measures and civil rights coming from the United States, and one with European roots that relies primarily on compulsory employment quotas and extensive state intervention (Goss et al., 2000). These coercive legal measures affect how individuals with disabilities navigate the workplace (Corby et al., 2019), as they structure organizational anti-discrimination policies. Apart from the legal context, national culture also affects how mental illness is perceived or approached in the workplace (Gopalkrishnan and Babacan, 2015), thus influencing HR policies and practices (Corby et al., 2019).

Despite the identification of factors that might have an influence on the labour market participation of individuals with mental illness, insights on the processes are lacking. Through a Bourdieusian lens, we reveal how the interrelated and intersecting nature of factors at the micro, meso and macro levels create social structures that delegitimize the capital endowments of individuals with mental illness, maintaining and sustaining their disadvantaged position in the labour market. This theoretical perspective is explained below.

Bourdieu's Theory of Capitals

Bourdieu defined capital as the resources that actors use to pursue their interests and position themselves and distinguished between three forms of capital that determine an individual's position in the social space: social, cultural and economic capital (Bourdieu, 1986b). The value afforded to these three forms of capital is captured by

an individual's symbolic capital, defined as 'the form that the various species of capital assume when they are perceived and recognized as legitimate' (Bourdieu, 1989, p. 17; see also Bourdieu, 1986b). Capital endowments shape an individual's position in a field, defined as a social microcosm that is governed by a distinct logic as well as rules and resources that are legitimate (Bourdieu, 1990). In a given field, such as the labour market, dominated groups may suffer from symbolic violence, which refers to the arbitrary perpetuation of the norms of the dominant group by both the dominant and the subordinated groups (Golsorkhi and Huault, 2006). Individuals internalize and legitimize their disadvantaged position, which is what Bourdieu (1977) terms habitus and can be defined as the embodied and internalized subjectivities, such as the cultural capital of actors, which they often take for granted. Habitus is formed throughout the life course through encounters with individuals and institutions in the processes of socialization, education, and acculturation. Bourdieu explains that habitus informs the way individuals develop a sense of and taste for the games they play. Once individuals are drawn by the allure of a particular game, such as employment, they may fall under the spell of that game, which is called illusio (Bourdieu and Wacquant, 1992). We refer to toxic illusio when individuals lose their ability to have a healthy critical distance from the consequences of the games they play (Mergen and Özbilgin, 2021). The value accorded to an individual's capital endowments (symbolic capital) is dependent on the field in which the person evolves. Moreover, symbolic capital interacts with the habitus, symbolic violence and illusio that individuals experience. In the field of the labour market, individuals accumulate and deploy different forms of capital to achieve access to jobs and build careers, as discussed below.

Social Capital

Social capital is defined as the product of investment strategies, whether individual or collective, which are consciously or unconsciously aimed at establishing or reproducing social relationships that are directly usable in the short or long term (Bourdieu, 1986b). Social capital, if deployed effectively, can transform into other forms of capital, and may affect labour market participation. Social capital is a useful theoretical framework in studying labour market participation and career advancement (Bozionelos, 2015), as social ties and connections play important roles in labour market participation.

Cultural Capital

Cultural capital refers to the embodied attributes, material objects and institutional recognition that can signify cultural competence (Bourdieu, 1986b). Bourdieu (1986b) distinguishes between three forms of cultural capital: incorporated, objectivized and institutionalized. Incorporated capital is a permanent state, identified as belonging to the individual and is associated with the body. Components of incorporated capital are people's values, skills, knowledge and tastes (Blasius and Friedrich, 2003). The accumulation of incorporated capital takes time and investment and dies with its owner (Bourdieu, 1979). Objectivized capital consists of physical goods and can be transmitted and appropriated instantly because of its material nature (Bourdieu, 1979). Objectivized cultural capital is intertwined with

incorporated cultural capital, as some material usage needs specific skills, such as scientific and technical abilities, which are incorporated. Finally, institutionalized cultural capital refers to the 'micro-interactional processes whereby individuals' strategic use of knowledge, skills and competence comes into contact with institutionalized standards of evaluation' (Lareau and Weininger, 2003, p. 569), such as in diplomas and certificates. In this study, we mainly focus on incorporated cultural capital, as, apart from its role in explaining academic success (Wildhagen, 2009), researchers have identified it as a booster of career development (Lucht and Batschelet, 2019).

Emotional Capital

Emotional capital refers to emotion-specific, trans-situational resources that individuals activate and embody in distinct fields (Cottingham, 2016). Gendron (2004) argues that emotional capital is critical to enable human capital formation, accumulation and its optimal exploitation for individuals and considers this form of capital as particularly important in today's increasingly complex and competitive global workplace. In this article, we argue that emotional capital is a distinct form of capital in the context of individuals with mental illness. We consider emotional capital as an interpersonal resource that treats emotions and their management as skills or habits that translate into social advantages (Froyum, 2010). Previous research shows that emotional capital seems to promote positive relationships (Feeney and Lemay, 2012), health and energy and might be related to a reduction in absenteeism (Martins et al., 2017).

Symbolic Capital in the Labour Market

Symbolic capital is the legitimated, recognized form of the other forms of capital (Bourdieu, 1986b), and depends on the importance others attribute to the capital individuals possess (Fuller and Tian, 2006). The recognition of symbolic capital assumes an understanding and meaning that is shared by other actors of what constitutes value and, therefore, what is considered legitimate, valid and useful. This form of capital is particularly powerful, as it provides meaning, value and power (Yamak et al., 2016). Symbolic capital can also be converted into other types of capital, such as social capital, providing access to professional networks that can facilitate an individual's career or enhance his or her position in the labour market (Lawrence, 2004). Symbolic capital is usually defined as the collection of resources and the sum of an individual's symbolic cultural acquisitions (diplomas, titles, affiliations, etc.), but can also refer to prestige, status and positive reputation (Terjesen and Elam, 2009), which are then objectified in awards and recognition (Pret et al., 2016).

Symbolic capital has relative value, as forms of capital may, for example, be esteemed and valued in one particular field but have marginal value in another (Bourdieu and Wacquant, 1999). In the field of the labour market, valuable skills and characteristics include the capacity to develop and use networks (Wei et al., 2012) and being perceived as trustworthy (Cottrell et al., 2007), as these attributes help individuals to bond and socialize with others. Similarly, social skills (Deming, 2017) and positive self-presentation (Kang et al., 2016) have been argued to be increasingly important and valued in today's labour market. Finally, self-esteem, self-efficacy beliefs and emotional stability are valued characteristics as they have a positive relationship

with job performance (Judge and Bono, 2001). Thus, the stigma of mental illness, low self-esteem, emotional instability (Tsang et al., 2007) and difficulties in socializing (Follmer and Jones, 2018) may affect the symbolic capital of individuals with mental illness. These factors decrease their status and reputation in the workplace and affect their capacity to develop their careers.

Capital and Symbolic Violence

In this article, we explore the case of individuals with diagnosed mental illness in terms of their capital and symbolic violence in a largely discriminatory labour market setting. Symbolic violence in relation to forms of capital suppresses and diminishes the symbolic worth of a group of non-elite outsiders, while the dominant elite bolsters the symbolic capital of in-group members (Tomlinson et al., 2013). Stereotypes, biases, arbitrary devaluations and baseless fears introduced by the dominant group can serve as forms of symbolic violence that reduce the attractiveness of a subordinated group in the labour market by devaluing their capital accumulations (Greenhalgh et al., 2019).

Habitus and the Field

Habitus is a system of dispositions to a particular practice and is an objective basis for regular conduct. If practices can be predicted, it is because habitus is what makes the agents who are endowed with it behave as they should (Bourdieu, 1986a, p. 40). Through habitus, individuals internalize and legitimize their actions, role and position in a given field (Bourdieu, 1977). In the case of mental illness, the internalization and legitimization of the devaluation of individuals' forms of capital reinforce and sustain their disadvantaged position in the field of the labour market, which could account for some individuals with mental illness feeling constrained to certain professions. For example, habitus could explain why individuals with mental illness are more likely to end up in occupations with lower levels of responsibility and prestige, as well as fewer career development opportunities.

Illusio

Illusio refers to the 'rules of the game' and their acceptation by the 'players' in a given field (Bourdieu and Wacquant, 1992). Illusio expresses the commitment of the players in any field to invest in its stakes; that is to say, in its objects of value. Players invest in the game and are absorbed by it. They grant the objects of value a recognition that escapes questioning (Bourdieu and Wacquant, 1992, p. 98). It is through illusio that players bring their habitus to the field and engage with the practices that constitute it. The stakes that inspire this engagement are the objects of value in the field and include values and beliefs (Bourdieu and Wacquant, 1992). However, depending on their social position in the field, players have both a different 'point of view' of the field and differing access to the resources in the field (Bourdieu, 1988), which has an impact on their ability to follow the rules of the game. Therefore, engagement in the game has negative consequences for those individuals with a lower social position

in the field (Battilana, 2006). The concept of illusio is helpful to understanding why and how groups of individuals in a particular field, such as the labour market, may accept their poor stakes as normal (Greenhalgh et al., 2021). In the context of individuals with mental illness, the field of the labour market produces toxic discourses and practices that have adverse effects. Once they join the labour market and acquire its habitus, such individuals may end up with a toxic illusio that prevents them from developing a healthy view of the discriminatory undertones of the game they are playing.

In sum, the various Bourdieusian concepts allow us to uncover the social structures that lead to, sustain and reinforce the challenging labour market participation of individuals with mental illness. Consequently, we are able to not only describe their disadvantaged position, but build on the existing body of literature by revealing *how* this plays out through an interrelated and intersectional set of structures and processes.

METHODS

Our study consists of the analysis of 257 qualitative surveys, using a Bourdieusian perspective to shed light on the factors influencing the labour market participation of individuals with diagnosed mental illness. We adopted an interpretivist epistemological and constructionist ontological position, which has been argued to be appropriate in research on organizational behaviour and human resource management (Saunders et al., 2009).

Recruitment and Sample

A mix of networks and professional associations related to mental health/illness, as well as social media and forums, were used to invite individuals who self-identified as someone with a mental illness to complete an online survey using Qualtrics. In particular, English-speaking support groups on Facebook for individuals with mental illness were approached. The use of English had an impact on the sample, in that individuals who are from English-speaking countries or who speak English as an additional language are overrepresented. Facebook is frequently used to reach populations that are difficult to recruit for research purposes (Kayrouz et al., 2016). Such support groups are closed and individuals need to request to join, usually by agreeing to the rules set by the group. The researcher who conducted the study joined several of those support groups and asked the moderators whether it would be possible to post a call for participation in the study on their page after having explained the aim of the study. Ethical guidelines for conducting research using Facebook groups were followed (Hennekam, 2019).

We were transparent about the aim of the study and what participation would entail, ensured anonymity and confidentiality and were mindful that participation should not harm the participants. Finally, the findings of the study were communicated to the moderators and participants, in order to give back to the community. Participants needed to be clinically diagnosed with a mental illness; individuals who self-diagnosed were, therefore, excluded. This was mentioned in the introductory

comments of the survey. We acknowledge, however, that individuals can experience mental illness without being diagnosed. Moreover, only individuals with chronic long-term disorders were included, as previous research shows that labour market outcomes for individuals with long-term conditions are worse than for those with short-term illnesses (Lindholm et al., 2001) and 'extreme cases' make the phenomena under study more visible (Eisenhardt, 1989). However, we acknowledge that short-term experiences can also have profound impacts on the working lives of individuals (Doran and Kinchin, 2019). No incentive to participate was provided. Our sampling technique led to a convenience sample. A selection bias needs to be acknowledged, as we cannot know how individuals who decided to participate in the study differed from those who did not wish to take part. Therefore, the sample cannot be considered representative. The sample consisted of 8 per cent males against 92 per cent females. It should be acknowledged that this might have influenced the findings and that this does not reflect society, as the World Health Organization estimates that overall rates of psychiatric disorders are almost identical for men and women. The overrepresentation of women might, for example, be the result of their greater presence on forums and blogs related to mental illness (Campbell and Longhurst, 2013) or because they are more inclined to participate in scientific research (Whitaker et al., 2017). In addition, the underrepresentation of men might be the result of males having been found to be less likely to acknowledge that they struggle with mental health due to a greater perception of stigma and are, therefore, less inclined to seek help (Brown et al., 2018). The average age of the participants was 34.8 years, ranging from 16 to 64 years of age. The participants lived in different areas of the world, but the influence of culture was not a particular analytical focus: 55 per cent were European (British, Dutch, Scottish, Irish, French, Finnish, Spanish, Italian, German, Polish, Czech, Romanian, Norwegian, and Bulgarian); 29 per cent North American (American and Canadian); 11 per cent Oceanian (Australian); 3 per cent African (South African, Egyptian and Somalian); and 2 per cent Asian (Indian, Indonesian and Filipino). Although the International Labour Organization has shown that individuals with mental illness encounter similar difficulties in the labour market on all the continents involved in our survey, it is important to recognize that there are also strong cultural differences between how mental illness is perceived in different cultures (Choudhry et al., 2016), which should, therefore, be acknowledged as a limitation. We do not claim that the findings are the same worldwide but point to the existence of some commonalities. We found notable synergy between responses. The participants worked in a variety of sectors, including healthcare, retail, hospitality, administration, customer services and education, and 91 per cent reported being diagnosed with more than one mental illness. It is difficult to determine whether the latter reflects comorbidity rates in the wider population, as estimates vary widely depending on the illness studied. A wide range of illnesses was mentioned when participants were asked about this through an open question. We later coded the illnesses reported in line with the classifications used by the DSM-V, which is the manual most commonly used by mental health professionals for its listing of mental disorders. In our sample, the most common disorder combinations were mood and anxiety disorders (16 per cent), personality, mood and anxiety disorders (9 per cent), personality and mood disorders (9 per cent), and mood,

Table I. Percentages of reported disorders based on DSM-V classification in the study survey

Disorder	*Percentage*
Personality disorders	59
Anxiety disorders	54
Mood disorders	53
Trauma- and stressor-related disorders	26
Obsessive–compulsive disorders	15
Eating disorders	7
Autism-spectrum disorders	3
Psychotic disorders	3
Neurodevelopmental disorders	2

anxiety, trauma- and stress-related and personality disorders (7 per cent). As participants often reported several disorders, the percentages do not equal 100 per cent. This information can be found in Table I.

Instruments and Approach

The study was conducted after ethical approval had been obtained and participants had signed an informed consent form. It was highlighted that there were no right or wrong answers and that participants were not obliged to complete questions they did not want to answer. Finally, the contact details of the researcher were provided in case participants had additional questions. We examined 257 completed surveys. The survey consisted of 24 mainly open-ended essay questions. The survey consisted of four blocks of questions based on the existing literature on mental illness in a work context: general information about the participant; questions about his or her functioning at work; questions about workplace adaptations; and questions about his or her identity and stigma. Examples of questions are: 'Do you feel your mental health condition influences your functioning at work?', 'How do others at work perceive your mental health conditions?' and 'Have you asked for specific adaptations at work?'. The survey started with easy questions to make participants feel at ease. Moreover, participants were asked to provide examples to illustrate their perceptions, feelings or experiences. Finally, the mode whereby participants could stop the survey at any point and resume where they had left off another day was activated, so that participants did not become tired, thereby enhancing the likelihood that they would provide in-depth answers. Through our use of social media, we reached participants from many different countries, leading to a culturally diverse sample that allowed us to create a contextually sensitive understanding of diagnosed mental illness in the context of work.

Analysis

The qualitative surveys were analysed with the aid of NVivo software. A total of 771 pages of text were analysed. We employed thematic analysis (King and Brooks, 2018)

in order to describe, understand and interpret the experiences of individuals with mental illness as they navigate the labour market. We took the context of each individual into account and inferred the deeper meanings of what had been said. The data analysis was inductive in nature, so the various steps are interrelated and moving back and forth through the different stages was necessary to fully explore and analyse the data. In the first step, the research team read all the surveys to gain a general sense of the data. First impressions, ideas, questions, and remarks were written down for further examination. We identified initial themes or concepts and then coded the surveys. Reading the surveys a second time allowed for the emergence of new themes and categories, some of which were grouped together or split. We developed some of the themes a priori based on our reading of the literature, such as 'building relationships' for social capital. We added others, such as 'sensitivity to stress', as the analysis evolved. The analysis involved an iterative process of coding in order to develop a codebook, which we modified in line with each new case. We looked for keywords that were mentioned frequently, such as 'stress'. We then searched for all the passages that contained the word 'stress', such as the use of 'stressful', 'stressor' and 'stressed', and included synonyms such as 'strain', 'pressure', 'tension' and 'worry' in our searches. However, we were mindful that words can have different meanings and that it is important not to lose sight of the context in which something was reported. We treated every transcript as a 'case' that is grounded in a wider individual, organizational, and cultural context. As we moved to higher levels of abstraction, we increasingly looked for the overall picture and started 'reading between the lines', rather than relying on the actual words of the participants. We also explored connections between the different themes and concepts that seemed conceptually meaningful. In the final step of the analysis, we brought the different themes together, indicating how the labour market position of individuals with diagnosed mental illness can be understood as a set of interrelated social structures that include symbolic violence, habitus, illusio and capital endowments. The data analysis structure is presented in Figure 1.

FINDINGS

The findings show how individuals with diagnosed mental illness in a wide international context differ in terms of their forms of capital – social, cultural, emotional and symbolic – compared with the skills and characteristics that are valued in the labour market.

Although previous research has pointed to the unique skills individuals with mental illness bring to the workplace (Hennekam et al., 2021), these skills are not always valued. We present the interrelated nature of capital endowments, symbolic violence, habitus and illusio in the field of the labour market and how this dynamically shapes the labour market participation of individuals with mental illness.

Social Capital

Regarding social capital, we identified the importance of building and maintaining relationships as well as socializing at work. The participants reported difficulties in building

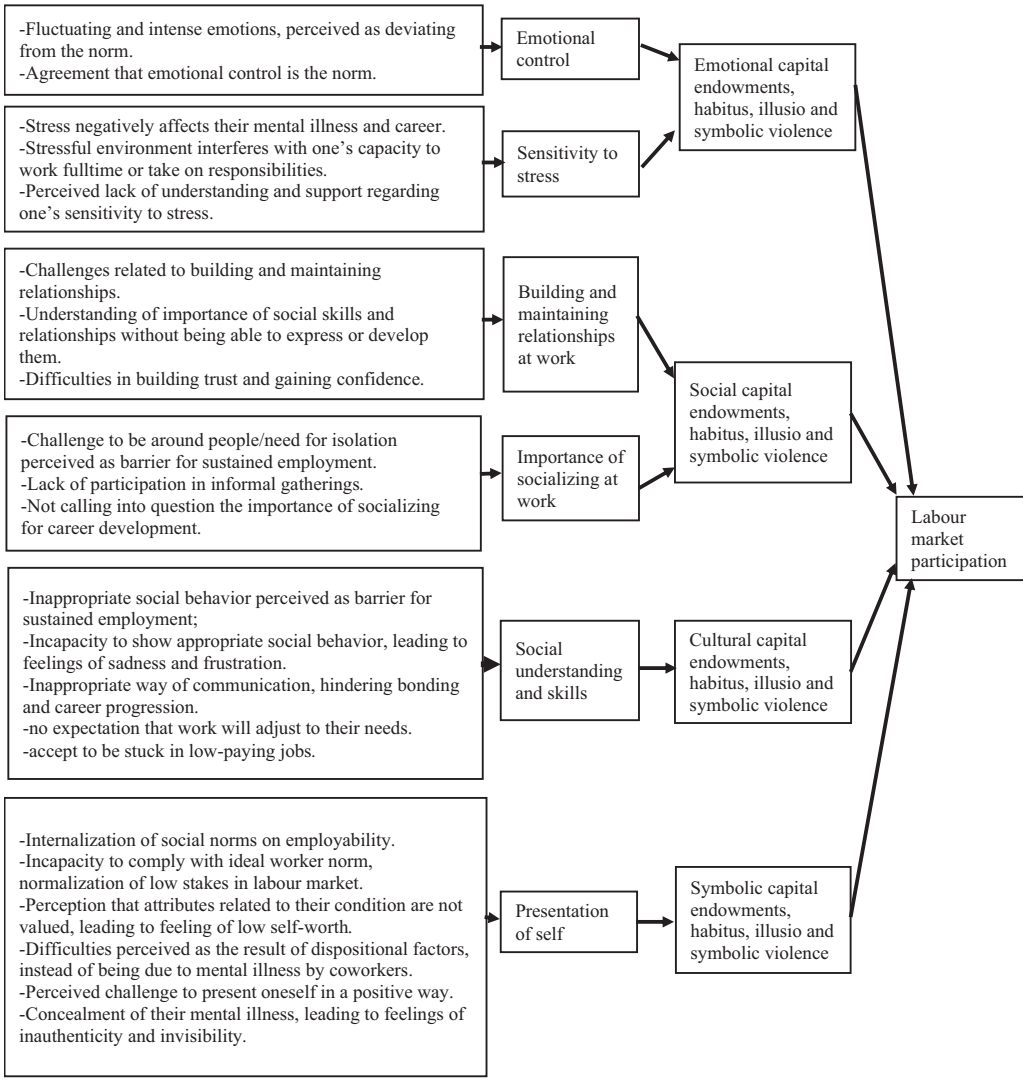

Figure 1. Data analysis structure

relationships or friendships with others at work, which hinders the accumulation of this form of capital.

I struggle a lot with relationships and struggle with social anxiety (participant 23).

Maintaining relationships was a second aspect that emerged as challenging. Participants explained that their relationships were often unstable and that their mental illness affected their capacity to maintain healthy and positive relations with others over time. They realized that this had a negative impact on their career development but considered this as normal. Accepting the rules of the game in the field presented them with an illusio that prevented them from challenging their disadvantaged position in the

labour market. A female childcare worker from Australia with a borderline personality disorder explained:

> I always end up having issues with co-workers. I generally make friends and then I think they are against me and I can't go near them without hatred. I'm very black and white, which makes things difficult long term (participant 78).

Another aspect was building trust and gaining confidence. Participants explained that their mental illness seemed to limit their ability to gain trust and confidence in their relationships with others. In particular, the fluctuating nature of their symptoms was perceived as a barrier to obtaining trust, as they were perceived as being less reliable. This seemed to have a negative impact on their chances of remaining employed. Related to habitus, they spoke of how they understood the importance of being reliable and agreed with their being less desirable and employable. As the following Scottish female advisor with a borderline personality disorder reported:

> Needing to take time off work has become a real issue and interferes with my relationship with my employers, my colleagues and my clients, which I understand. I am reliable for two months, then drop the ball for a week or two, then go over and above for the next two months. People find it difficult to continue to remain confident in which service they are going to receive (participant 30).

Interactions with individuals without mental illness amplified the participants' perceived challenges with relationships at work. The following British female nurse with a personality, mood and anxiety disorder highlighted that, in the healthcare sector, other women expressed a lack of empathy for mental health issues and engaged in types of behaviour that had a negative impact on her sense of worth:

> There tends to be a lack of empathy, especially in a female-dominated environment. Women can be really nasty at times, even those who work in the caring professions. They said they understood my difficulties but in actual fact the bullying continued until I resigned. It makes me feel like a failure that can't hold down a job. It totally affects my sense of worth and self-esteem (participant 23).

The allure of the game, i.e., the illusio of the labour market, prevented individuals with mental illness to develop a healthy sense of its discriminatory and stigmatizing rules. For example, the participants had internalized the value of reliability and, when they considered themselves unreliable, often withdrew themselves from the labour market. An Australian woman who worked in the hospitality industry and who has mood, eating, personality, and stress- and trauma-related disorders explained how she considered herself to be 'unreliable' based on societal norms of what 'being reliable' means. She thus self-imposed those norms and preferred to leave before being fired. Participants succumbed to the illusio of the labour market, failing to see that it subjected them to symbolic violence. Moreover, the participant chose a sector that suited her illness, rather

than requesting adaptations from her workplace, in that she chose to work in an industry in which changing jobs regularly is not judged negatively:

> I have left a number of jobs because I felt I was no longer reliable and that I should leave before I was fired (participant 18).

Participants held themselves responsible for their supposed failure to fit in, rather than any lack of accommodation in the workplace. This reveals the way habitus internalizes the illusio in the field of the labour market in a way that prevented the participants from being critical of the structural conditions that shape their subjective experiences.

> My guilt increases with every time I drop the ball, or have to take time off. The aim for me is to have a constant level, which has eluded me for a number of years, making employment and continuous employment difficult (participant 30).

Socializing was another broad theme, which included finding it challenging to be around people and to participate in informal gatherings. Participants reported their need to isolate themselves and their struggle to interact with others at times. They were aware of the importance of these aspects of social capital, as well as their own difficulties in acquiring them. They did not, however, call these social norms into question. The following quotation comes from a female education counsellor in the UK. She is diagnosed with depression and anxiety and highlights how she continues working throughout difficult episodes, but that this leads her to be perceived as distant or cold because she avoids social events:

> During flare-ups, work is very difficult, particularly interacting with co-workers. Coping at work leaves me exhausted and unable to function out of work (participant 60).

The participants also mentioned social aspects or events at work and how it was not easy to them to participate in such events, giving them a disadvantage in the labour market.

> I withdraw from the social aspect of work (parties, work drinks, even lunch breaks) (participant 105).

Related to Bourdieu's notion of habitus in the context of a strong labour market illusio, the participants legitimized and internalized the norms and rules of what is considered appropriate social behaviour. The following quotations show how the participants themselves perceived their difficulties in relation to socialization as a barrier to sustained employment. The Dutch male engineer with autism spectrum and neurodevelopmental disorders below uses the social rules of individuals with mental illness in judging himself, which highlights how his habitus stands in relation to the labour market illusio:

> You need to be social here and I'm not, so I should quit (participant 211).

Similarly, a British female administrator with mood and anxiety disorders explained that her role had involved too much pressure and interaction with customers to fit around her anxiety, resulting in her leaving the job.

> Even though I loved working with the team and being there, I ended up off sick often because I couldn't handle the way my boss was and couldn't deal with customers. I had no choice but to eventually quit (participant 32).

In sum, as they are constantly subjected to symbolic violence in the labour market illusio, participants perceived their social capital endowments to be of little value. Individuals without mental illness put pressure on employees with mental illness to comply with the social norms in the labour market. Moreover, the participants internalized the norms of the elite (e.g., individuals without mental illness) about what constitutes appropriate social behaviour in the workplace and felt that they could not conform to those norms. It is, therefore, not a 'lack' of social capital, but the friction between societal expectations about behaviour in the labour market and individual resources that forms an illusio and pushes individuals with mental illness to the margins of the labour market or sets them in pursuit of careers with fewer prospects for development and lower levels of responsibility. This constrained them in the type of work they felt they could 'choose'.

Cultural Capital

In terms of cultural capital, the data point to the importance of social understanding and skills. Participants reported how they struggled to acquire the social skills needed to show appropriate social behaviour in the workplace. The interaction and intersection of various forms of capital, in this case social and cultural, are evident in that one form of capital influences the others. A British female production editor of a journal who has obsessive–compulsive and personality disorders is aware of her need for attention and how awkward this is for others. Despite her understanding of what is socially acceptable behaviour, she felt unable to express it:

> I get very attached to colleagues. I currently have a slight obsession with my boss as she's been nice to me and clearly cares about me and I crave the attention. Lately, if she's nice to me, I feel great, if she's busy and doesn't talk to me much, I think she hates me and I feel terrible (participant 59).

Participants found communication particularly difficult, as they felt they did not possess the required rules of social interactions and, therefore, communicated in ways that were socially less acceptable, hindering bonding and the forming of effective professional relationships. This has a negative impact on an individual's position and remuneration in an organization. Participants reported that they were aware of their difficulties in behaving like others but were unable to change their behaviours, perceptions or feelings,

often leading to frustration and sadness and a perception of themselves as lacking cultural capital.

> I experience emotional distress when witnessing negligent work practices but have difficulty confronting individuals responsible or knowing what is appropriate to escalate to my superiors versus overreaction (participant 107).

The participants reported their feeling of being unable to conform to the norms of the dominant group and explained how they tried to adapt to those norms rather than asking the labour market to adapt to them, which is related to the process of internalizing norms in their habitus. The following Dutch male jurist illustrates how the illusio of ableism (Jammaers and Zanoni, 2021) in the field of the labour market is so strong that individuals with mental illness are resigned to the expectation that workplaces will not make adjustments to include them. This lack of adaptation constitutes a form of symbolic violence towards individuals with mental illness:

> I cannot adapt to the world of work and they're not going to adapt to me, so I guess I'm just left out (participant 255).

In terms of labour market participation, participants' lack of understanding of social rules threatened their job stability, as it could engender disciplinary action from their employer and sometimes hampered their career progression. This symbolic violence can penalize individuals with mental illness, as illustrated by the following quotation from a British female civil servant with mood, anxiety and personality disorders:

> I'm also impulsive and have got a verbal warning for sending inappropriate emails to colleagues (aggressive content) (participant 149).

The British female administrative worker with anxiety and personality disorders below would not criticize the way organizations are structured but seemed to adopt a deficit approach to assessing her own skills instead. Illusio is observed in her account as she explains how her mental illness hindered her access to achieving higher-level positions:

> I've tried to take on jobs with high levels of responsibilities, but each time it doesn't work out and I end up in low-level, low-paying jobs (participant 14).

In sum, low symbolic capital in the form of a misalignment between the social understanding of the participants and that of individuals without mental illness hindered their ability to exploit their educational attainments fully. They willingly accepted the lack of workplace adaptations, as they had internalized the illusio that their cultural capital was inadequate for performing the job. This illusio functioned as an obstacle to obtaining and maintaining employment and making progress in their careers and pushed them into jobs with few responsibilities and low remuneration.

Emotional Capital

Difficulties in regulating emotions as well as their sensitivity to stress were two topics commonly raised by the participants. These difficulties can be linked to emotional capital. Participants stated that they did not always manage to control their emotions, which created embarrassing situations at work that they perceived as stressful. The Romanian woman quoted below who has held several jobs and who has been diagnosed with panic, mood, anxiety and personality disorders explained how she could not handle stress, pressure or authority:

> I can't control my emotions so I can't function well at work, I cry a lot or get very angry or have panic attacks (participant 99).

The participant above was aware of these difficulties and referred to them as 'problems', indicating that she implicitly agreed with the social norms regarding emotional management in which individuals are supposed to control their emotions in a professional context. This labour market illusio, i.e., the conflation of professionalism with emotional control, represents a form of symbolic violence for individuals with mental illness. In addition, the fluctuating nature of the participants' emotions was frequently referred to, as it undermined the credibility of their condition in the eyes of their co-workers. Participants explained that co-workers often perceived their condition as imaginary when they seemed fine on some days but were unable to work on others. This restricted their visibility in an organizational context. A British female supermarket employee with emotionally unstable personality disorder explained that she felt 'tolerated' at work and that if mental health policies did not exist, she would probably be fired. She highlighted that she felt she would be able to function properly at work if she could only receive more understanding and support from her manager. However, accommodations tended to be temporary, after which she was expected to 'get on with her job'.

> I struggle daily with my moods and emotions – so some days are a lot harder to work than others – when I'm feeling really down it's hard to concentrate and be social (participant 8).

The participants not only talked about fluctuations, but also reported the intensity of the emotions they experienced, which was often difficult for co-workers to understand as this went beyond the socially accepted way of expressing one's emotions. This deviation from what was perceived to be socially acceptable was strongly internalized and accepted by the participants, constituting a habitus. A British female waiter with eating, personality and anxiety disorders reported:

> I'm sensitive and if something makes me angry, I can become incredibly closed off and isolate myself and people struggle to cope with the general intensity of my emotions (participant 25).

Finally, the participants reflected on their sensitivity to stress and highlighted that they were more easily stressed in comparison with their co-workers. In addition, stress seemed to have a negative effect on their mental health and a detrimental influence on their position in the labour market. An individual's incapacity to deal with stressors that are not a big deal for others serves as a form of symbolic violence. The following American female working in retail with mood, anxiety, personality and trauma- and stress-related disorders reported:

> My anxiety makes working in stressful environments near impossible. Working in fast food gave me stress-induced hives and triggered my panic attacks. I strive to find work that is at a more relaxed pace, but it is a struggle to do (participant 54).

The participants' emotion regulation caused them to be perceived as overreacting by others and put a strain on their interpersonal relationships, highlighting once more that multiple forms of capital influence each other. Here, the participants' emotional capital has an impact on their social capital.

Participants described their worth in line with the dominant perception of what is a 'normal' way to express emotions, which is the habitus that was shaped by the collective illusio of the field. The Dutch female dental assistant below uses the social norm that you cannot have an emotional outburst at work in order to judge herself, without examining the role the organization played in coming to this reaction:

> They fired me because of my emotional outbursts and I totally get it. My mental health issues make me a worthless worker (participant 223).

It is interesting that participants did not ask their organizations to accommodate their emotions, although they highlighted that working without such accommodations worsened their own mental health and put them in a disadvantaged position in the labour market. The acceptance of this disadvantaged position can be linked to the collective illusio. An American female participant with mood and personality disorders who conducts financial audits in organizations used the norms of individuals without mental illness in terms of what is considered to be 'acceptable' behaviour when she analysed her challenge to maintain employment. This approach indicates the acceptance of the symbolic violence inherent in the illusio:

> As I have a high level of education, it has never been difficult to get a job. However, once I'm in, the problems start as I often call in sick, come in late or need breaks to compose myself. This is obviously unacceptable, so I get fired as soon as I get hired (participant 132).

The participants' feeling of lacking the capacity to live up to societal expectations not only had an impact on their ability to maintain employment, but also caused them gradually to reduce the number of hours they felt they could work, as they accepted the implicit social norms. By doing so, they accepted that they do not align with ableist values that are intrinsically anchored in the workplace (Jammaers and Zanoni, 2021). This

is related to the notion of illusio. A British female sales representative with anxiety and psychotic disorders reported the following:

> I reduced my hours from 30 to 20 to 15. Unfortunately, this is all I can handle. Full-time work is not an option and will never be (participant 68).

Similarly, their notion that they could not satisfy societal expectations sometimes caused the participants to withdraw from the labour market, which is an extreme case of illusio and results in individuals with mental illness being side-lined. This is illustrated by the following Romanian woman, who found it challenging to handle criticism:

> I worked in several places, but now I don't. I can't keep a job for a long time or I get fired. My ex-boss is so critical, maybe if he wouldn't yell at me so many times I would have a job now (participant 99).

In sum, with regard to emotional capital, the participants reported their difficulties in regulating their emotions, as well as their sensitivity to stress. Moreover, they revealed that others often had a negative perception of the intensity and fluctuating nature of their emotions, as this went beyond the socially accepted way of expressing oneself. This emphasizes the importance of the perceptions of others in the value attributed to an individual's capital endowments or lack thereof (Fuller and Tian, 2006). Moreover, the participants suffered from symbolic violence in the shape of a lack of understanding and adaptation in their workplaces. In addition, they highlighted their self-perceived sensitivity to stress and never questioned the role of the workplace in the challenges they encountered. The habitus in the form of the internalization of these norms interfered with their capacity to keep a job, to work full time or even to work at all.

Symbolic Capital

In addition to their self-reported capital endowment deficits, participants also stressed that the behavioural attributes that were related to their mental illness were not valued in the workplace. They thus faced a self-perceived lack of valuable capital in the context of the labour market and capital endowments that are not valued in this field. The following Dutch male butcher with a trauma- and stressor-related disorder refers to the 'ideal worker' norm and how he cannot comply and that he feels devoid of any form of capital that is valued:

> What do you want me to say? That I'm likely to be absent quite often, that I may need breaks so I don't need to go home early? How does that rhyme with the notion of being the ideal worker all employers are looking for? I will never get promoted (participant 255).

Related to Bourdieu's notion of habitus, the participants had internalized this and highlighted the challenge of presenting themselves in a positive way in the workplace.

This lack of self-worth and symbolic capital has been internalized and legitimized throughout their lives, leading to the illusio that they are inferior workers or unattractive candidates without skills or competencies. As the following French female teacher with mood, anxiety and personality disorders put it:

> I want to be honest about my conditions so I mention it upfront during the interview. Very often, they're no longer interested and I cannot blame them! I wouldn't recruit myself either (participant 39).

To illustrate the strength of the illusio and their low levels of symbolic capital endowments, participants explained they considered it '*normal*' to encounter hostility when entering the labour market. The following Dutch female events manager with mood and anxiety disorders reported:

> I've struggled in all aspects of life, so that the job market is another area where I'm not welcome makes perfect sense (participant 222).

A critical stance, in the form of requests for workplace accommodations, was absent, illustrating how the symbolic violence inherent in the collective illusio is sustained or even reinforced over time, leading to denigration of the participants' symbolic capital. Rather, the participants willingly accepted the unwritten rules of how to be and behave in the context of work, as illustrated by a Scottish female advisor with a personality disorder:

> I was told that if other people had to work in the environment, then I would just have to too (participant 30).

As participants tried to conform to the expectations of the labour market and to play by the rules of the game, they mostly concealed their mental illness. Throughout their working lives and organizational socialization processes, the participants had come to a habitus in which they tended to agree that mental illness is best concealed at work. Such invisibility ensured that they could not accrue, deploy or mobilize any significant level of symbolic capital at work. A German woman with depression and anxiety who works on the front desk of a hotel explained how working night shifts helped her stay calm about 90 per cent of the time but that without such a schedule work would have been difficult. Her habitus encouraged her to find employment that suited her needs in compliance with the collective illusio, rather than the other way round, i.e., to demand the accommodation of her needs.

> They don't often know I have them [mental illnesses]. I keep them well hidden, but my manager knows how uncomfortable I get with people (participant 138).

Concealment engendered unexpected negative consequences and worsened the participants' situation in the workplace. The efforts they made to hide their conditions often had counterproductive effects, as others at work tended to perceive their difficulties as

being caused by dispositional factors, instead of being due to their mental illness. The American female supermarket worker with anxiety, mood and personality disorders below explains that she is seen in a negative way by others:

> My colleagues think I am just lazy, rude and selfish (participant 75).

In addition, participants could not explain their absences. The feeling that one cannot reveal one's conditions and is, therefore, negatively perceived when absences are unavoidable is a form of symbolic violence. In some cases, absences even engendered disciplinary action from employers, which made the participants vulnerable to job loss. A British female speech and language therapist with mood and personality disorders reported a complete void of understanding at work:

> Several absences from work causing trigger points and warnings. [I am] unable to share my experiences of mood changes with managers as they do not seem to understand (participant 49).

As they often concealed their illness, participants appeared to experience feelings of inauthenticity. They felt obliged to wear a 'mask' at work to fit in, which was psychologically straining and hindered positive professional relationships at work. This, in turn, had a deleterious effect on their social and symbolic capital endowments. As a British female assistant theatre practitioner diagnosed with mood, personality and stress- and trauma-related disorders reported:

> Every day I have to wear a mask, sometimes it slips and I have to leave (participant 27).

By presenting themselves as individuals without mental illness and by behaving as if they did not need any accommodations, participants often put themselves in difficult situations, although they never questioned the role society or organizations played in these complex situations, which hints at a toxic illusio. As the following Australian male journalist with mood and anxiety disorders explained:

> I decided they did not need to know about my problems, but this was not feasible over time. They found me having a panic attack and I got fired for not telling them in the first place (participant 175).

The revalorisation of the participants' capital endowments, as well as the attention that went into presenting themselves as workers without mental illness, was tiring and negatively influenced the amount of concentration and energy they could put into their work, which had a negative impact on all forms of capital and, ultimately, their labour market position and participation. An American female supermarket worker with mood, anxiety and personality disorders reported:

> The stress of being at work and having to 'act' like a normal person for eight hours a day five days a week is just too much to handle. I recently cut down hours to part time,

about 15 hours a week. Those two days are completely exhausting for me (participant 75).

However, perceptions and experiences seemed to depend on the sector. Individuals in industries that were characterized by a rapid pace and strong competition tended to fare less well than those in healthcare or education, for example. The illusio of how individuals are supposed to be or behave is evident in the following quotation from an Australian male financial analyst with mood and anxiety disorders:

> The financial sector is throat-cutting, so it's not the best for people with mental health issues. You have to perform, be reactive and proactive, which is everything I cannot do or be (participant 245).

Similarly, participants reported differences between the public and private sectors, as the following female participant with a psychotic disorder who works for the Finnish government revealed:

> The governmental sector has some specific places for people with a distance to the labour market, so this helps. I probably wouldn't work if I didn't have this extra support for getting employed (participant 181).

To sum up, participants struggled to present themselves in a positive way in the labour market, as they had internalized the social norms of who is employable and what characteristics are desirable in the market. This influenced their perceptions of self-worth and symbolic capital in that field and shaped their habitus. As they tried to conform to the dominant group, participants tended to conceal their mental illness, which had unexpected and negative consequences with regard to their labour market participation and created additional stress, exclusion and misperceptions. Finally, contextual factors, such as the sector in which the participants worked, seemed to influence their experiences.

DISCUSSION

This study uses a Bourdieusian perspective to examine the social structures that lead to, sustain and reinforce the challenges related to the labour market participation of individuals with diagnosed mental illnesses.

First, we show that the capital endowments of individuals with mental illness seem to be less valued in the field of the labour market. For example, their social capital is constrained by the rigid requirements of building and maintaining relationships at work as well as socializing, the rules of which are set by individuals who do not suffer from mental illness. Building trust is another difficulty participants with mental illness encountered because trustworthiness is a valued characteristic in the labour market, as established by individuals without mental health conditions (Cottrell et al., 2007). Similarly, the cultural capital of individuals with mental illness is largely devalued, as they are viewed as lacking social understanding and skills. The struggle of these

individuals to show appropriate social behaviour in the workplace constitutes a disadvantage, as research has shown that social skills, which are normatively shaped by individuals without mental illness, are increasingly important in the labour market (Deming, 2017) and that having their communication skills judged as being poor negatively affects their job prospects (Baker and Procter, 2014). Further, their emotional capital is not valued; their sensitivity to stress and difficulty in controlling the intense and fluctuating nature of their emotions are often considered problematic in the workplace, as emotional stability is a valued characteristic in today's labour market (Judge and Bono, 2001). Finally, their symbolic capital, corresponding to the overall value of the different forms of capital in combination, is devalued and led individuals to conceal their mental illness.

Second, we highlight how social norms exerted by the dominant group are internalized and how they constrain the opinion individuals with mental illness have of themselves. The valorisation of the capitals of individuals with mental illness is conditioned by the interplay of symbolic violence, habitus and illusio. The normative ableist foundations of the labour market are inclusive for individuals without mental illness but are disadvantageous for individuals with mental illness (Jammaers and Zanoni, 2021). These norms constitute a form of symbolic violence exerted by the dominant group (individuals without mental illness) and are broadcast through social interactions and the inflexible structures of the workplace environment. Moreover, these norms remain unquestioned, as individuals with mental illness internalize and legitimize the ableist norms that disadvantage them in their habitus. Existing research shows that both individuals with disabilities (Jammaers et al., 2016; Richard and Hennekam, 2021) and other stigmatized social groups, such as ethnic minorities, challenge their subordinate position in relation to the dominant group (Van Laer and Janssens, 2017). However, the present study shows that in the case of individuals with mental illnesses, even if symbolic violence is expressed through social interactions with the dominant group and the overall lack of workplace adaptations, individuals with mental illness do not challenge the norms imposed by the dominant group but accept them without protest.

Third, we show how, in the field of the labour market, the interplay of capital endowments, symbolic violence, habitus, illusio and the subsequent resignation of individuals with mental illness to their disadvantageous position, impact several dimensions of their labour market participation. It affects their professional development, their capacity to gain and maintain employment, work full-time and leads them to accept jobs with fewer responsibilities. To reduce or remove the negative effects of the revalorisation of the attributes related to their mental illness, individuals were tempted to conceal their condition, which worsened their situation in the labour market. More specifically, it led them to monitor themselves constantly to avoid disclosure, which not only led to feelings of inauthenticity (Martinez et al., 2017), but also distracted them from concentrating on improving their labour market participation. Further, their position and participation in the labour market is fragmented and inconstant, offering a possible explanation regarding why those individuals cannot challenge the social structures leading to and sustaining their disadvantaged situation. Indeed, the irregular participation in the field of the labour market reinforces individuals' atypical position in it (Samdanis and Özbilgin, 2020) and decreases their legitimacy to

challenge it. While performativity could provide a powerful means of resistance to the hegemony of the dominant non-disabled class through repetitive discursive acts of deconstructing norms (Nentwich et al., 2015), the fragile position of individuals with mental illness prevents them from using it (Follmer and Jones, 2018).

Theoretical Implications

The literature on mental illness and disability more generally has mainly focused on workplace barriers in line with the social model of disability, which states that disability is caused by the way society is organized, rather than a person's impairment (Oliver, 1990). This perspective argues that it is societal and institutional barriers that prevent people with disabilities from obtaining and staying in employment. Our Bourdieusian lens allows us to reveal the social structures that are at play in understanding the labour market participation of individuals with mental illness and why they do not resist their disadvantaged position. The failure to implement the social model of disability can be considered a form of symbolic violence, as it negatively affects the symbolic value of the capital endowments of individuals with mental illness.

First, we argue that the labour market participation of individuals with mental illness is the result of a complex and interrelated web of social structures and institutional barriers that are, in turn, accepted by individuals, reinforcing the status quo. Institutional barriers are established by the dominant group (Malsch and Gendron, 2013) and our Bourdieusian lens stresses that individuals themselves also play a role by internalizing and legitimizing these norms. The shattering of a toxic illusio, whereby individuals become aware of their disadvantages and the unfair way their conditions are structured, is rare and such reflexivity is often contingent upon exposure to the wider experience that individuals with mental illness frequently lack. The participants' accounts indicate greater acceptance of than resistance to their subordination and they seemed to perceive this as inevitable and legitimate, which leads to the continuation of the established social order in the labour market. Many of the participants viewed their disadvantages as an outcome of their mental illness, not as something that is socially produced. Our findings illustrate the strength of the toxic illusio that prevents individuals with mental illness from demanding changes to institutional structures and cultures to accommodate their specific conditions (Mergen and Özbilgin, 2021).

Second, we suggest that the difficulties that individuals with mental illness experience in the labour market are a result of two processes. The first process relates to the mismatch between what kind of capital, in the form of skills and characteristics, is valued and esteemed in the field of the labour market and the capital endowments individuals with mental illness possess, which reduces their symbolic capital. The participants strove to increase the value of the capitals they did possess but lacked the status and power to challenge those skills and characteristics that are valued but that they do not have. The second process is the interaction between their symbolic capital, symbolic violence and habitus, which sustains and reinforces their difficult position in the field of the labour market, contributing to the toxic illusio regarding their willing acceptance of their low stakes in that field.

Third, the literature on mental illness has mainly focused on low levels of social capital (McKenzie et al., 2002), leaving underexplored the role of additional forms of capital, symbolic violence, habitus and illusio as experienced by individuals with mental illness in the context of work. We contribute to and expand Bourdieu's theory of capital by showing the relevance of emotional capital, which has received relatively little research attention and yet appears to be significant for the participants of our study. Our findings reveal that beyond social and cultural forms of capital, the labour market chances and choices of individuals with mental illness are shaped by their emotional capital.

Practical Implications

This article sheds light on the social structures that influence the labour market participation of individuals with mental illness, which has some practical implications. First, these individuals' difficulties in building relationships and socializing and their lack of social understanding point to the need for organizations to provide social skills training to all their employees, with a particular focus on the inclusion of those workers with mental illness so that they are better understood and provided with new socialization norms that include them (Bellack, 2004). These improvements should be provided, even though current exclusionary working practices are not always questioned by individuals with mental illness. Support groups or networks within which people can meet like-minded individuals, share their experiences, exchange ideas, provide support and demand workplace accommodations are helpful to combat the social exclusion they may experience at work (Harvey et al., 2009). Second, the lack of awareness and availability of workplace accommodations exacerbates their difficult situation. Some researchers argue that accommodations exist but that individuals are not aware of them (Goldberg et al., 2005), and others state that employers are not willing to provide such adaptations (Chatterji et al., 2011). As such, both raising awareness of existing policies and the provision of accommodations are important.

Third, negative beliefs about people with mental illness hinder the labour market participation of those individuals, as they are perceived to be less employable (Dietrich et al., 2014) and less productive (Biggs et al., 2010), which leads to managers being reluctant to hire them. The ideas people have of mental illness are often inaccurate. Therefore, we recommend educating managers and colleagues about mental health conditions in order to reduce the stigma and prejudices regarding mental illness. This can take the form of diversity training, seminars or mental health awareness days. Making mental illness something employees can talk about at work will not only reduce the stigma, but also increase the likelihood that individuals will seek professional help (Douglas, 2013) and enjoy a greater chance of maintaining employment (Villotti et al., 2012). Our findings highlight that the symbolic capital of individuals with mental illness is generally low and negatively influences their labour market participation. Symbolic violence, in the form of maintenance of institutional barriers, habitus and illusio, seems to be partially responsible for this situation. Therefore, the effective implementation of the social model of disability (Oliver, 1990) and consideration of the broader societal and organizational context could ensure that the labour market is adapted to individuals with mental illness, which could reduce the impact of the dominant

norm and might help individuals with mental illness to negotiate the value of their capital endowments in that field.

Limitations and Suggestions for Future Research

This study used a Bourdieusian lens to shed light on the social structures that sustain and reinforce the difficult position of individuals with diagnosed mental illness in the field of the labour market. However, several limitations need to be acknowledged.

First, the participants in this study reported on their past and current experiences. It might be that a recency effect influenced their responses. A diary study or a survey at multiple points in time might have led to more reliable results. Second, this study focused on mental illness in general, which is problematic, as the symptoms, as well as the severity of the mental illnesses reported, can vary. Therefore, the findings do not allow us to say anything about distinct types of illness, such as mood or anxiety disorders, making generalizations difficult. In addition, given the prevalence of comorbidity, we encourage future studies to explore how several mental illnesses might interact with one another in a workplace context. Third, although only individuals who reported having been clinically diagnosed with one or more mental illnesses were included in the study, this is still based on the participants' self-reports and not on a standardized clinical interview that would have led to higher validity. Fourth, women are overrepresented in the sample. This potentially has an impact on the generalizability of the findings to males. Similarly, the different parts of the world are unequally represented, which is problematic as cultural beliefs and national legislation are likely to influence the findings. Future research should compare how macro-level factors, such as legislation and cultural beliefs, influence the experiences of individuals with mental illness as they navigate the labour market. Finally, in this study, we examined how individuals with mental illness internalize the discourse of the dominant group and contribute to the reproduction of the social order in the labour market. Future research could study which tools the dominant group uses to incite this process of internalization and legitimization. From a Bourdieusian perspective, it would be interesting to explore how the 'doxa', the 'taken-for-granted' and 'unquestioned truths' within a social field (Bourdieu, 1997), and, in particular, the orthodoxy, i.e., the established order of truths, of the labour market contribute to and reinforce symbolic violence towards individuals with mental illness.

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