Check for updates

Received: 7 May 2021 | Revised: 16 October 2021 | Accepted: 20 October 2021

DOI: 10.1002/casp.2594

RESEARCH ARTICLE

WILEY

Discursive contestation in mental health rehabilitation: How Clubhouse support workers expose clients to new interpretative repertoires of work

Melisa Stevanovic[1] | Miira Niska[2] | Henri Nevalainen[2] | Elina Weiste[3] | Camilla Lindholm[1] | Taina Valkeapää[2]

[1]Tampere University, Tampere, Finland

[2]University of Helsinki, Helsinki, Finland

[3]Finnish Institute of Occupational Health, Helsinki, Finland

Correspondence
Melisa Stevanovic, Tampere University, Tampere, Finland.
Email: melisa.stevanovic@tuni.fi

Funding information
Research for this study was supported by the Academy of Finland (Grant No: 307630) and the University of Helsinki.

Abstract

In our society, work is generally considered central to citizenship and individual well-being. However, paid employment is often out of reach for individuals with mental illness. The Clubhouse model is a community-based rehabilitation programme that therefore offers people with mental illness the possibility to enjoy some social advantages of work. However, the status of the day-to-day Clubhouse activities as "work" is a matter of discursive contestation. Drawing on 29 meetings of a Clubhouse rehabilitation group as data, and using conversation analysis and discourse analysis as methods, this study examines two competing interpretive repertoires that are systematically manifested in this context: the capitalist "paid work" repertoire used by Clubhouse clients and the more flexible "productive activity" repertoire used by support workers. The adoption of these two repertoires reflects two competing discursive agendas, which define the scope of mental health rehabilitation and the role of the client in their own rehabilitation process in distinct ways. From this perspective, the support workers' central institutional task is essentially of a discursive and ideological

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.
© 2021 The Authors. Journal of Community & Applied Social Psychology published by John Wiley & Sons Ltd.

nature—exposing the clients to new ways of talking about their lives with reference to work.

KEYWORDS
Clubhouse, discourses of work, interpretative repertoires, mental health rehabilitation

1 | INTRODUCTION

Mental illness has become an increasingly prevalent problem in our society and is now the leading cause of disability worldwide (Elraz, 2018). The largely acknowledged broad economic burden of mental illness (e.g., Harder, Wagner, & Rash, 2016) is emphasized by people with mental illness struggling to find and maintain employment (Dollard & Winefield, 2002; Rebeiro Gruhl, Kauppi, Montgomery, & James, 2012). Simultaneously, discourses of work and mental illness continue to construct, often discriminatory, social realities for individuals with mental illness (Elraz, 2018; Krupa, Kirsh, Cockburn, & Gewurtz, 2009). Employment is frequently discussed and viewed as a means of achieving good outcomes for individuals with a mental illness (Harder et al., 2016), while the ability for these individuals to find and retain employment is often negatively impacted by their illness and the social stigma and perceptions attached to it (Ford et al., 2010).

Contemporary discourses of work set great emphasis on the centrality of work to society, citizenship, well-being, success, and prosperity (e.g., Patrick, 2012). Furthermore, work is generally defined as "paid employment" (Boardman, Grove, Perkins, & Shepherd, 2003; Noon, Blyton, & Morrell, 2013), which enables people to access the necessities of life including affordable, adequate housing, nutrition, and goods and services that enhance their enjoyment of life (Broom et al., 2006; Connor, 2010). However, the emphasis on work to escape poverty and ensure success can also be seen as part of the neoliberal ideology, which refrains to acknowledge the inequalities within the working population and the discrimination of the labour market (Carpenter, Freda, & Speeden, 2007; Patrick, 2012). Thus, emphasis of paid employment means that certain groups of people are consistently socially excluded (Barnes, 2000; Barnes & Mercer, 2005). Specifically, within the framework of disability studies, it has been argued that, for work to be an inclusive space for individuals with disability, the concept and meaning of work need to be radically transformed (Barnes, 2000).

The Clubhouse model is a worldwide intervention programme designed to offer people with serious mental illness the possibility to be part of a mutually supportive and empowering community (Barry, 2019; Hänninen, 2012; McKay, Nugent, Johnsen, Eaton, & Lidz, 2018; Phillips, 2012). A Clubhouse is a membership organization that means that it is open to anyone with a history of a mental disorder (Hänninen, 2012). No diagnosis or referral is needed to become a member in the community, which means that both the specific illnesses of the members and the stages that they occupy in their rehabilitation process vary. The Clubhouse guarantees for its members a place where they can engage in work activities in terms of contributing to the day-to-day operation of the Clubhouse, with members and staff working side-by-side as colleagues to run the programme (Doyle, Lanoil, & Dudek, 2013). In addition, Clubhouses arrange rehabilitation groups where clients can, with the support of staff and peers, practice their working life skills and reflect on their possibilities of entering competitive employment (Pirttimaa & Saloviita, 2009). The Clubhouse model is based on a set of basic principles that include a belief that every mental health rehabilitant has individual strengths to recover from the effects of their mental disorder and to lead a meaningful and satisfying life, and that engagement in Clubhouse activities and the relationships that they entail, as well as realistically set goals of returning to employment, are critical to this process (Boardman et al., 2003; Valkeapää, Tanaka, Lindholm, Weiste, & Stevanovic, 2019).

In this paper, we investigate the weekly meetings of a mental rehabilitation group as data, and conversation analysis and discourse analysis as methods. Researchers have used both conversation analysis and discourse analysis to study institutional interaction (Hepburn & Wiggins, 2007; see, e.g., Stokoe, 2020; Weatherall, 2020; Weiste &

Peräkylä, 2013). From the perspective of conversation analysis, in any institutional interaction setting, at least some of the participants are orienting to a specific task or agenda, which is carried out jointly in interaction (Drew & Heritage, 1992). From the perspective of discourse analysis, and specifically one of its strands called discursive psychology, a crucial way to complete institutional tasks or agendas is the discursive construction of suitable versions of the social world (Hepburn & Wiggins, 2007).

In this study, we investigate a discursive contestation between two versions of reality that are repeatedly constructed in and through the Clubhouse clients' and support workers' ways of talking about work and mental illness. More specifically, *we ask about the extent to which, and how, Clubhouse activities are presented as, and in relation to, "work" by the Clubhouse clients, on the one hand, and by the support workers, on the other*. In our empirical analysis, we show how the support workers challenge, and provide alternatives for, those coherent and shared meanings that initially shape the clients' understandings of work and themselves as working agents. We demonstrate that this discursive work plays a key role in defining the scope of mental health rehabilitation and the ideal role of the client as an agent in his or her own rehabilitation process and thus constitutes a crucial element in the support worker's institutional tasks.

2 | CULTURAL UNDERSTANDINGS OF WORK, ILLNESS, AND REHABILITATION

Employment has been seen as an essential part of people's lives for decades. In addition to providing essential resources for living, it also provides people with the experience of contributing to the community and society at large. Unemployment, in turn, has been interpreted as a state of deficit in relation to basic human needs: shared experience, a structured experience of time, collective purpose, status and identity, and required regular activity (Jahoda, 1982, p. 60). Even though these basic needs have also been considered to be met by non-paid activities (e.g., Cole, 2007), in the current public discourse, the concepts of paid work and well-being are closely intertwined (Marston, 2008). The capitalist concept of work as "paid work" is also reflected in ways in which skills for working life have been conceptualized. In the past, working life skills referred to manual and mechanical operations, whereas nowadays the abilities of the workforce involve communication, language use, self-disclosure, and generic social skills, which are cumulatively acquired through years of working life experience (Urciuoli, 2008). Thus, the existence of capitalist production and neoliberal imaginary can be seen in the ways in which all forms of sociality are being harnessed as instruments of market exchange (e.g., Harvey, 2005).

Being a key part of people's lives, work has also been shown to be beneficial for rehabilitation of people with mental health problems, which has been argued to be due to the potential of work to provide, for example, a sense of belonging and relevance (Leufstadius, Eklund, & Erlandsson, 2009). However, work-related factors may also limit mental health rehabilitants' ability to acquire, maintain, and succeed at work. In addition to the limitations of health, mental health rehabilitants are also weakened by stigma, stereotypes, and general myths that prevail in the workplace, for example, regarding whether it is "healthy" for mental health rehabilitants to work (Krupa et al., 2009). These negative attributions and harmful prejudices also contribute to a barrier to full social inclusion and community participation for the people with mental health problems (Elraz, 2018). Adopting a double stigma arising from both mental health problems and unemployment has been observed to lead people to question their value and ability to achieve personal goals (Okoroji, Gleibs, & Jovchelovitch, 2020; Staiger, Waldmann, Oexle, Wigand, & Rüsch, 2018).

While work has been shown to improve mental health rehabilitants' clinical and social functioning (e.g., Burns et al., 2008; Olesen, Butterworth, Leach, Kelaher, & Pirkis, 2013), the excessive demands of contemporary working life, including performance appraisals, deadlines, and so on, can also be damaging for a mental health rehabilitant (Wagner & Harder, 2016). Therefore, achieving the positive effects of work might necessitate breaking the rigid capitalistic conceptualization of work as "paid work." This idea has been promoted by the so-called recovery approach, which aims to support the rehabilitants to build and maintain a meaningful life despite the possible symptoms caused by the disease (Davidson & Roe, 2007; Hänninen, 2012). Following the principles of the recovery approach, the

community-based rehabilitation at the Clubhouse involves as its key aspect the so-called "work-ordered day," which parallels a typical working day, consisting of an 8-hour period during which the rehabilitants and staff work together as colleagues to perform community tasks, such as cooking (Hänninen, 2012). This type of "employment" is available to anyone wanting to be part of a Clubhouse community. However, this type of employment does not fit with the concept of "paid work" and its status as "work" thus becomes a matter of discursive contestation.

3 | DATA

Our analysis is based on a data set of 29 video-recorded meetings of a mental rehabilitation group in one Clubhouse community in Finland. The group meetings were part of ordinary Clubhouse activities, which would have taken place anyway, without any research data collection purposes. The data were collected during 1 year, from September 2016 to August 2017. The meetings were held weekly, except for holidays and other special occasions. The meetings lasted from 30 to 60 min and involved 2–10 clients and 1–3 support workers, who were trained in social work. The participants were seated around a rectangular table, and we had one video camera capturing the general scene. A researcher or research assistant set up the camera to record before each meeting. After the meeting, the data were transferred to an USB drive and the camera's memory card was emptied.

The official agenda of the group meetings was not very clearly defined at the start, but the participants ended up calling what they did during these meetings as "work training." During the meetings, the group discussed topics related to working life, while the clients had an opportunity to practice their working life skills. The support workers were commonly active in steering the discussion, but they also allowed the conversational topics to develop spontaneously. Such support worker conduct is consistent with the Clubhouse standards, according to which the role of the staff is *not* to educate or treat the clients, but instead to act like their peers (Hänninen, 2012).

Participation in the study was voluntary and all participants gave their informed written consent. We obtained research permits for the study from the board of directors at the relevant Clubhouse. In the data excerpts presented in this paper, all the names and other identifiers of the participants' have been changed or removed.

4 | METHOD

Methodologically, our data analysis draws from both conversation analysis (Clift, 2016; Heritage, 1984; Schegloff, 2007; Sidnell, 2010) and discourse analysis (Edley, 2001; Potter & Wetherell, 1987; Wetherell & Potter, 1988, 1992). Conversation analysis is about examining how different social actions are organized into sequences—that is, for example, how turns by clients call for specific types of responsive turns by support workers. Discourse analysis can complement the analysis of the sequential patterns by shedding light on the discursive underpinnings of the participants' utterances and the subtle modifications in the understanding of the social world that responsive turns may exhibit in relation to prior ones.

From the perspective of discourse analysis, we will deploy the analytic concept of *interpretative repertoires* (Gilbert & Mulkay, 1984; Potter & Wetherell, 1987; Wetherell, 1998; Wetherell & Potter, 1988, 1992). Interpretative repertoires are "relatively coherent ways of talking about objects and events in the world" (Edley, 2001, p. 198), which are based on a range of linguistic resources that can be drawn upon in everyday social interactions. According to Wetherell (2006), interpretive repertoires involve "recognizable routines of connected arguments, explanations, evaluations and descriptions which often depend on familiar anecdotes, illustrations, tropes or clichés" (p. 154). Interpretative repertoires also invoke specific, and sometimes stigmatized, positions for the participants (e.g., unemployed), which highlights the ideological nature of repertoires: they are part of the existing social and moral order (Weatherall, 2016).

Some strands of discourse analysis, which developed from the original formulations of Potter and Wetherell (1987), draw heavily on conversation analysis but discard the concept of interpretative repertoires (e.g., Antaki, Billig, Edwards, & Potter, 2003). However, in this paper, we follow scholars like Wetherell (1998) who combine conversation analytic method and interpretative repertoire analysis (also Weatherall, 2016). In this paper, we specifically seek to identify those interpretative repertoires that support workers invoke as alternatives to the ones previously drawn upon by the clients.

The adoption of a specific interpretative repertoire is rarely disinterested, but people usually have personal or institutional *stake* in constructing specific versions of the social world (Potter, 1996; also e.g., Hepburn, 2000; Sakki & Pettersson, 2018). Georgaca and Avdi (2012; see also Avdi 2016) talk about *discursive agendas*, which refer to the overall effect that a participants talk bears on the overall interaction. Previous studies have demonstrated how institutional actors perform institutional tasks by constructing the social world referring to suitable interpretative repertoires. For example, Niska and Vesala (2015) demonstrate how policy actors use the interpretative repertoire of entrepreneurship policy to construct public–private partnerships with business owners, and Näsänen (2017) demonstrates how organizational actors use the interpretative repertoire of nomad to promote organizational change to non-territorial workspaces. From the perspective of conversation analysis, we consider social interaction as a process that consists of participants trying to make sense of each other's talk and embodied behaviours as actions in the here and now of the interactional encounter. Thus, we analyse the situated use of interpretive repertoires as embedded in *actions* (e.g., agreements, formulations, repair initiations with candidate understandings) that are responsive to previous client talk but still manipulate the terms of that talk in specific, institutionally motivated ways (e.g., Heritage, 1984, p. 260; Waring, 2007; Stivers & Hayashi, 2010). We maintain that the consideration of the use of interpretative repertoires in their sequential context is thus key to understanding how Clubhouse support workers' stake or institutional interest is achieved in practice.

The beginning of the analysis process involved a raw transcription of all our data, after which we identified and focused on those episodes during which the participants discussed matters related to work. These episodes were analysed using the original video-recordings, which allowed us to consider the detailed ways in which the participants constructed their actions drawing on both spoken utterances and various material and embodied resources. Soon, we noticed systematic yet differentiated patterns in the clients' and support workers' ways of talking about work, which we ended up accounting for with reference to a discursive contestation between two interpretative repertoires. For the presentation of these patterns, we consider multimodal transcription and analysis redundant, as we may base the analysis on the participants' spoken utterances alone. Instead, we will here document the participants' speech using English translations of the participants' original Finnish utterances (for the transcription conventions, see Schegloff, 2007, pp. 265–269).

5 | ANALYSIS

When analysing the participants' talk about work, we noted both variability and regularities in their language use. In what follows, we will demonstrate systematic differences between the clients' and support workers' ways of talking about the topic, which we account for with reference to two interpretative repertoires: the *capitalist paid work* repertoire and the *productive activity* repertoire.

The Clubhouse clients constructed work in terms of the capitalist paid work repertoire. Implicit in this repertoire are two assumptions:

1. Work equals paid employment, and people are positioned into the categories of employed or unemployed, with people with (mental) illness belonging to the latter category.
2. Mental illness presupposes diminished workability and the position of unemployed. Recovery from mental illness is the only route to work and to the position of the employed.

The support workers, in contrast, constructed work with reference to the productive activity repertoire. This repertoire holds the following assumptions:

1. Work equals productive activity, which involves various forms ranging from those where money is not involved (e.g., volunteer service, personal projects) to those where it is.
2. Mental illness does not prevent work. Ability to work, and the position of an active, working individual, presupposes skills (e.g., social skills) that can, and must be trained, regardless of one's health and employment status.

Of these two interpretative repertoires, the capitalist paid work repertoire could be perceived as the dominant one in that it was sometimes used also by the support workers. This happened, for example, when the support workers talked about their own personal histories of paid employment. However, when addressing the clients' concerns with employment, which was the case most of the time during the group meetings, the support workers systematically used the productive activity repertoire.

In what follows, we will consider the contestation between these two repertoires, as it manifests in Clubhouse meetings. In these situations, the clients make assessments about various aspects of working life, thereby interpreting work in terms of the capitalist repertoire. In response to these client assessments, the support workers agree, align, and/or affiliate with the clients' views either in the forms of "second assessments" (Pomerantz, 1984), "formulations" (Heritage & Watson, 1979) or repair initiations with a candidate understanding (Schegloff, Jefferson, & Sacks, 1977). Simultaneously, however, they introduce an alternative interpretation of work—one that draws from the productive activity repertoire. Orientations to these two repertoires are most evident in two topical contexts, which we will below discuss separately. Nevertheless, as we will argue later, both these contexts are similar with respect to the distinct discursive agendas or stakes that the clients, on the one hand, and the support workers, on the other, appear to pursue.

5.1 | Employment and non-employment: A dichotomy?

The first context where we see the support workers implicitly challenging the clients' use of the capitalist paid work repertoire involves discussion on employment and non-employment and thus a contestation between considering work as paid employment versus productive activity (see above for the *first* assumptions of each repertoire). At the beginning of Excerpt 1, one of the clients (CL1) describes long-time paid work in the same organization as a societal ideal.

Excerpt 1. (TV October 26, 2016 A_11:56)

```
01 CL1:     well it is certainly (.) an ideal case to be able to work
02          continuously one's whole life from an early age until retirement
03          like
04          (.)
05 CL1:     for example my father
06          (0.4)
07 SW2:     mm
08 CL1:     so that (1.0) just to perform for decades (-) an ideal case
09          like in society
10 SW2: ->  yes that is probably a pretty general attitude somehow
11          for that mat[ter,
```

12 CL1: [and then unfortunately quite a few are uh
13 somehow then (.) left out of working life somehow
14 (0.3) maybe because there may not always be work (.)
15 and then if there were jobs (.) one may not necessarily always
16 be okay
17 SW2: mm,
18 CL2: ( ) if you are a young person (.) then you may not have
19 any work experience at all (0.3) when you apply
20 for a job somewhere they usually require work experience
21 how the fuck do young people get that (0.5) well that uhm
22 work experience when they are unable to get to work
23 SW2: that is quite true
24 SW1: -> yeah and transition work also has this one (0.3) one like
25 perspective too (.) in that it is easier to kind of
26 get it when the Clubhouse helps and supports in that

In depicting continuous employment until retirement as the best-case scenario, CL1 highlights the centrality of paid employment in capitalistic terms (lines 1–5). In response to CL1, a support worker (SW2) displays familiarity with the work ideal that CL1 is talking about, but she does not endorse it. Her response agrees with CL1's previous turns, simultaneously expressing reservations against it by defining CL1's "ideal case" (line 1) as a "pretty general attitude" (line 10), thus displaying awareness of the dominant status of the capitalist repertoire in society. CL1 goes on by stating that this ideal is difficult to realize if one does not stay healthy (lines 15–16), thus invoking a key aspect of the capitalist repertoire: the strong association between health and work. Thereafter, another Clubhouse client (CL2) comments on the difficulty of entering the labour market with no work experience (lines 18–22). SW2 agrees (line 23), and SW1 continues (lines 24–26) by introducing transition work as an alternative goal. In so doing, SW1 introduces an alternative interpretation: work is not only about paid employment in the competitive labour market—like the capitalist repertoire suggests—but Clubhouse activities, such as the transition work, should also be viewed as a valuable goal. In so doing, she invokes the productive activity repertoire as an alternative to the capitalist one.

In Excerpt 2, a client (CL3) reflects on the issue of ability to work. He provides a lengthy explanation of how not participating in "normal work" may cause difficulties when trying to re-enter the competitive labour market. In response, the support worker produces a formulation (line 14). Formulations are actions that show understanding of prior talk by suggesting a specific version of it (Heritage & Watson, 1979). In this case, the support worker foregrounds CL3's way of contrasting normal work with the Clubhouse activities and thereby implicitly challenges the self-evidence of the distinction (line 14).

Excerpt 2. (TV October 26, 2016 A_03:24)

01 CL3: in my opinion at some point one could also discuss
02 work ability (0.3) whether there is any work ability at all
((lines 03-07 with a side sequence removed))
08 CL3: many are in their forties when the (.) work ability breaks down
09 (2.0)
10 it may be that not everyone in the production side has it
11 (7.0)
12 and then when you go to normal work that work rhythm is
13 totally different
14 SW2: -> so do you mean as compared to this here

15 CL3: so that (0.3) then you are forced to perform all the time
16 and then if uhm (.) you are for example (.) you are (0.5)
17 you are away from work for a long time you should indeed think
18 (0.5) whether you can go there anymore
19 SW2: -> mm (0.3) step by step
20 CL3: but I do have a stable intention (0.2) I can handle it when

CL3 treats the ability to work as equal to the ability to manage the requirements of paid employment (lines 8–13). CL3 also clearly differentiates between the requirements of the Clubhouse activities and those of the "normal" work, which are expected to be higher, involving predetermined working times and pace. In so doing, he re-inscribes the capitalist paid work repertoire, orienting to an understanding of work as a site where excessive demands from the side of the employer need to be accepted to be able to gain money. In response to CL3, a support worker (SW2) makes a repair initiation with a candidate understanding (line 14), which implicitly challenges the self-evidence of CL3's understanding of work (line 14). CL3 then elaborates on his prior talk: he depicts ability to work as something that people working at the Clubhouse know nothing about (lines 15–18), thus once more reinforcing the dichotomy between paid employment and everything other than that (Assumption 1 of the capitalist repertoire). SW2's subsequent response "mm (0.3) step by step" is ambiguous. While it is offered as a formulation of CL3's prior talk, it also offers a correction to CL3's idea that being away from paid employment would equal being not able to work at all. She presents ability to work as a step-by-step development process, in which the Clubhouse activities will help gain ability to work (line 19). Thus, even though SW2's discursive work may be heard as an attempt towards "normalizing" the clients' difficult situations in the face of their possible inability to obtain paid employment (which as such would not question the capitalist assumptions), her presentation of intermediate steps between unemployment and paid employment nonetheless challenges the dichotomy between the two. It is possible to "work" also without the burdens imposed by the capitalist system.

Hence, when assessing various aspects of work, the Clubhouse clients separated Clubhouse activities from "real" work, thus re-inscribing the capitalist paid work repertoire. The consistency in the clients' use of the capitalist paid work repertoire reflects their personal stake to convince others about the seriousness of Clubhouse clients' employment problems. At the same time, however, the use of the capitalist paid work repertoire constructs a social reality in which the Clubhouse activities are not a route to employment. The support workers have an institutional stake to portray the Clubhouse activities as a solution to employment problems, and their use of the productive activity repertoire constructs work as a process of becoming more and more active and productive in various settings.

5.2 | Social skills: Basic human competences or specific trainable skills?

Now, we will analyse the second context where the Clubhouse clients' and support workers' conflicting orientations to the capitalist versus productive activity repertoires occur. This context involves the participants discussing the nature of the skills that the clients can learn by engaging in Clubhouse activities, which makes relevant a discursive contestation between seeing social skills as basic human competences versus specific trainable skills (see above for the *second* assumptions of each repertoire). Basically, the clients refer to specific people characteristics, such as tolerating the physical presence of others, as basic competences possessed by all healthy humans, but which some people with mental illness are lacking, making them unable to work. Support workers, then again, cast these people characteristics as skills that can and must be trained regardless of one's health status.

In the case below, one client has previously mentioned that he always turns up for the work allocation situation in the morning so that he may choose his tasks instead of having to do whatever he is allocated to do

by others. At the beginning of Excerpt 3, a support worker (SW1) agrees on the importance of participating in these situations, but he develops the topic by highlighting their pedagogical importance (line 3).

Excerpt 3. (TV November 2, 2016 B_15:27)

```
01 SW1:     it is important (.) and then in the work allocation situation
02          there are so many things and elements in a sense that
03 ->       like (2.0) which teach a lot (0.3) like (.) for
04          each of us and then it also gives a lot ((laughs))
05          so it also kind of gives gives as well it's a kind of
06          social situation in a way that we are as a working group there
07          (.) because afterwards we all get dispersed into our own tasks
((lines 08-13 removed, during which SW1 elaborates the topic))
14          it is a pretty lovely (0.5) lovely thing somehow
15 CL4:     it is somehow also the division of labor somehow uhm
16          well (0.5) it's nice I like it in the work allocation
17          because it's pretty nice when we're like looking at those tasks
18          (0.3) and like that (.) and then those tasks are put into action
19 SW2: ->  and there are so many possibilities there like
20          kind of (.) to learn something new and if those
21          social situations are difficult so these could be here
```

In his lengthy praise of the Clubhouse work allocation situations, SW1 highlights the aspect of learning in these everyday situations (lines 1–7, 14). First, he speaks about these situations as generally informative without specifying for whom this might be the case ("which teach a lot", line 3), but immediately thereafter he adds that this is the case for everyone—including the support workers ("each of us", line 4). In this way, the support worker sets all the Clubhouse members into an equal position: irrespective of their current employment status (the support workers are in a paid-employment relationship, the clients not), everybody can become better in dealing with social situations associated with group work (lines 6–7). In doing so, the support worker invokes the productive activity repertoire, in light of which the existence of a paid-employment relationship does not justify a categorical distinction between those who need to learn and those who do not.

Thereafter, a client (CL4) joins in the support worker's praise without yet orienting to the learning aspect highlighted in the support worker's prior turn (lines 15–18). In response to CL4, another support worker (SW2) thus resumes her colleague's earlier line of action by stressing the learning opportunities associated with work allocation situations. Here, however, the opportunities for learning are seen to exist specifically for those for whom "social situations are difficult" (line 21), by which the support worker draws a line between those who have something to learn from these situations and others who already possess the relevant skills. However, such a need to learn is still conceptualized as independent of one's health or employment status. In this way, also the notion of "ability to work," which was analysed in our previous section (see Excerpt 2), is operationalized as something that can be increased step-by-step—by engaging in the Clubhouse activities.

While support workers in Excerpt 3 emphasized the usefulness of training social skills, Excerpt 4 demonstrates clients' opposite orientations to the topic. Here, CL5 provides a lengthy description of healthy people usually *not* having issues with tolerating physical intimacy—something that is later cast by the support workers as a matter of training.

Excerpt 4. (TV October 26, 2016 B_00:13)

01 CL5: usually healthy people don't think about (0.3)
02 tolerating physical intimacy for them it's a matter of course
03 they accept themselves and others and (0.5) and
04 when one goes to work there are healthier persons there
05 (.) usually they don't think about it (2.0) and I (.)
06 from my own youth I remember that it did not ever occur to me
07 0.3) after all it was common to accept everyone
((lines 08-20 removed during which CL5 elaborates on the problem))
21 SW1: someone has like (.) sometimes received some
22 feedback on their own (.) appearance or looks
23 or something like that and has become
24 terribly uncertain about that matter so it is kind of
25 an inherent way to defend oneself so as to retreat a little
26 further away from people or others so then (.) in a way
27 there's probably pretty much that kind of
28 like (0.4) thinking behind some situations
29 -> so if one recognizes something like that in oneself then surely
30 one should think about like (.) how I could train it
31 for example here (.) at the Clubhouse or somehow
32 CL5: in my opinion that reflects a bit kind of underestimation (.)
33 that rehabilitants would be of the kind that could not tolerate
34 (.) physical intimacy
35 SW2: this has of course been some people's perspective to this
36 here there is a list of things that are kind of some people's
37 but this doesn't in any case mean that this would be
38 like that one could generalize these things there are
39 people for whom some of these things could be
40 challenging and for someone else then again some other
41 thing but this doesn't mean that this list would somehow
42 automatically be about all people who have had
43 challenges of mental health or something
44 parallel to that.
45 CL5: yeah but if one does not tolerate umm (.) the presence of
46 others then maybe (.) it is better not to go to work
47 SW1: yes well it is perhaps in a way a bit like the
48 basic idea here that such certain things would be like
49 kind of (.) good to have and there are examples gathered here
50 about things that may make it more difficult to be at work
51 so in that sense you are quite right that if it is
52 just an insurmountable thing for someone (.) so maybe at
53 that point one is not yet able to work
54 -> but if one identifies it or any of these things
55 in oneself so then (.) that's what you can certainly train

CL5 presents the capacity to tolerate another person's physical intimacy as a "matter of course"—that is, a natural outcome of a person being healthy (lines 1–5). By categorizing his younger self as this type of a person (lines 6–

7), CL5 insists upon a stark dichotomy between the healthy who are capable of work and the sick who are incapable of it, thus invoking the capitalist paid work repertoire. The implication is that the sick would regain such necessary social skills automatically, by the mere virtue of regaining their health, but that such regaining of health would also be necessary to be able to regain the relevant skills.

The support worker (SW1) responds by invoking the productive activity repertoire. First, she explains that the problem of tolerating others might have a reason that is independent of a person's health status (lines 21–28). Thereafter, she points out that the problem can be remedied by training tolerance at the Clubhouse (lines 29–31). In his following response, however, CL5 challenges SW1's way of casting the problem as a matter of training. Contradicting his earlier argument, CL5 accuses SW1 for underestimating the mental health rehabilitants by suggesting that they would have a tolerance problem in the first place (lines 32–34). In response to the accusation, another support worker (SW2) casts the view that CL5's attacked as independent of the support workers—as "some people's perspective to this" (line 35). SW2 also refers to a list of challenges that different people might have at work, emphasizing the independence of such challenges from one's mental health status (lines 36–44), thus echoing her colleague's earlier re-inscribing of the productive activity repertoire.

Next, CL5 invokes a linkage between work and the skill of tolerance, leaving it as an open question whether a lack or a possession of this skill would be an indication of a person being mentally ill or healthy (lines 45–46). However, in contrast to the productive activity repertoire, he treats the matter of possessing the skill as an on–off matter: one can either have it or not have it, and one should consequently either work or not work. While SW1 agrees with CL5's idea that a lack of a specific skill could mean a lack of ability to work "yet," she narrows down the scope of her agreement to apply only to this very generic idea ("in that sense you are quite right", line 51), while strongly distancing from the client's way of constructing the issue as an on–off matter. Instead, SW1 responds by invoking the productive activity repertoire: she points out that people are different from one another and inasmuch as someone has this type of a problem, it could be taken as a target of training (lines 54–55).

Excerpt 5 provides another example of a client describing a process in which a person who has not been active in working life for a long time loses their ability to work. Again, a support worker transforms the problem into skills that can be trained.

Excerpt 5. (TV October 26, 2016 C_6:13)

```
01 CL6:     if one doesn't have such (.) a stint that would have been
02          continuous like (0.3) in recent years so then in a way one has
03          dropped off the sled (0.3) so you may not be able to
04          focus as soon as you start working there and then you adapt
05 SW2: ->  true what are the things that help with that
06 CL6:     well uhm (.) just learning the kind of interaction studying
07          and practicing like (0.3) also this situation is like that
08 SW2: ->  absolutely
09 CL6:     so then if you feel good and comfortable so uhm (0.3)
10          you are able to concentrate better
11 SW2:     mm true
12 CL6:     so that the patience comes along like (.) it relates to
13          everything for example when you have completed
14          compulsory education also to all that school stuff
15 SW2: ->  it can certainly be trained
```

The client (CL6) invokes the distinction between either being entirely engaged in working life or "dropping off the sled" (lines 1–4), thus re-inscribing the capitalist repertoire. A support worker (SW2) responds with a display of

agreement ("true"), but then continues asking about CL6's solution to the problem (line 5). CL6 answers by mentioning the notion of practicing social skills and he even explicitly refers to the participants' current situation as a site for such practicing (lines 6–7), thus clearly demonstrating his earlier exposure to the productive activity repertoire. Unsurprisingly, SW2 displays strong agreement ("absolutely," line 8) with CL6's prior turn. In response, CL6 constructs a linkage between "feeling good and comfortable" and being able "to concentrate better" (line 9–10), which could still be interpreted as pointing to the value of practicing social situations. After yet another agreement from SW2 (line 11), CL6 nevertheless shifts back to his original capitalist repertoire by referring to the specific social skill of "patience" as something that one learns automatically by completing the compulsory education (lines 12–14). Thus, even though social skills may be learned, CL6 implies that this is something that happens during one's youth and not anymore as an adult. Again, the support worker challenges this view by immediately stressing that the question is about a skill that can be trained (line 15).

In sum, the support workers at the Clubhouse expose the clients to new ways of talking about work, in light of which Clubhouse activities appear meaningful. By casting what the clients refer to as basic skills of all healthy grown-up humans as trainable skills, the Clubhouse support workers present an alternative to the clients' ways of constructing a tight association between work, healthiness, and social skills. As an alternative, the support workers suggest an interpretation of work as productive activity, which is independent of one's health and employment status and which allows the rehabilitants to develop their potential also irrespective of how close or far the goal of paid employment might be from the sight and how realistic or unrealistic the reaching of such a goal in the future might be.

The discursive contestation between the two repertoires is thus essentially about defining the scope of mental health rehabilitation and the ideal role of the client as an agent in his or her own rehabilitation process. The capitalist repertoire places the client into a position where their main task is to recover *from* illness and thus become capable of paid employment in the competitive labor market. From the perspective of this repertoire, it is not enough to heal halfway, which is why it is unnecessary to put much effort in such unsatisfactory solutions. In the situational context of the encounter, the clients' discursive agenda seems thus to be that of resisting the support workers' attempts to activate them. The productive activity repertoire, then again, is about promoting recovery *in* illness (Davidson & Roe, 2007)—an ideal that places the client into a position where he is morally expected to lead an active life, no matter whether it is financially rewarding or not. The support workers have an institutional stake in promoting recovery in illness, and their discursive agenda seems to be that of casting the unpaid Clubhouse activities as a viable option for the clients to support their well-being.

6 | CONCLUSIONS

In this paper, we analysed how the relationship between Clubhouse activities and "work" is constructed in the talk of the Clubhouse clients and support workers, examining two interpretative repertoires that the participants in our data invoked and drew upon when talking about work: the capitalist paid work repertoire and the productive activity repertoire. The support workers have an institutional stake to promote recovery and they invoked the productive activity repertoire, demonstrating as a discursive agenda an attempt to promote the unpaid Clubhouse activities as a viable option for the clients. From this perspective, work is not a matter of dichotomy between employment and unemployment. Instead, it equals being active and productive in different types of settings, and it is thus natural that also the unemployed can engage in this type of work and that such engagement can also contribute to the remedy of the social deficits associated with mental illness. The Clubhouse support workers thus exposed the clients to these new ways of talking about work, in light of which Clubhouse activities appear meaningful.

The Clubhouse clients, then again have a personal stake to convince others about the seriousness of their employment problems and they constructed work using the capitalist repertoire, which associates work with paid employment, positions people as either employed or unemployed, and maintains a tight connection between work, healthiness, and social skills. Interpretative repertoires take part in maintaining and reproducing social inequality

(e.g., Stubbe et al., 2003), and the capitalist work repertoire constructs a discriminatory social reality for individuals with mental illness. From the perspective of the socially powerful discourse of psychiatry, a mental health diagnosis is highly pathologizing and stigmatizing (Avdi, 2005; Harper, 1995)—something that a client may want to get rid of completely. However, as long as this is not the case, there exist only very limited possibilities for the clients to take action (Avdi, 2005; Karatza & Avdi, 2010).

The aim to challenge the client's interpretative repertoires of work, embedded in the support workers' turns of talk, occurred below the surface level of interaction. Basically, the support workers expressed alignment and/or affiliation with the clients' views, simply evaluating and elaborating on them in the turn-by-turn unfolding of interaction. In so doing, they could expose them to new repertoires of work, without explicitly "educating" them, which would have been against the Clubhouse standards (Hänninen, 2012). By introducing the productive activity repertoire to the client, the support workers guided the clients implicitly towards improved understandings of themselves and their potential as workers. As pointed out at the beginning of the paper, people's views about themselves may suffer from the double stigma arising from the combination of both mental health problems and unemployment (Staiger et al., 2018; Okoroji et al., 2020). Inasmuch as the clients and their social circles could be brought to internalize the assumptions of the productive activity repertoire and consider engagement in the Clubhouse activities as work, the "additional" stigma of unemployment that accompanies the stigma of mental health problems could be essentially diminished.

Capitalism as a political system is pervasively ideological, and the interpretative repertoire of paid work is something to which all Clubhouse members may be assumed to have become exposed or "socialized." This holds for both the clients and support workers, although it is the institutional effort of the support workers to expose clients to alternatives. However, as a subsidiary comment, we may also note the possibility that in seeking to support clients' return to the competitive labour market, the Clubhouse organization itself might re-inscribe the dominant capitalistic idea in which it is important for a person to move to paid employment. While the support workers' barely hidden stake to promote Clubhouse activities and thus to insist on the productive activity repertoire contributes to the local dominance of the productive activity repertoire in the Clubhouse community, the hegemony of capitalism and neoliberalism may still be apparent on a broader context in which the Clubhouse organization is embedded. This hegemony is highlighted by us having found no evidence for specific individual clients having *changed* their way of talking about work during our 1-year data-collection period. Instead, client conduct was characterized by constant resistance in terms of sticking to and recycling the capitalist arguments in response to support workers' alternative presentations. While some clients could be seen to have adopted the notion of Clubhouse activities as a good way to practice social skills (see Excerpt 4), we could not find client references to these activities as work.

On a methodological level, our study has thus also sought to highlight the advantages of combining the conversation analytic scrutiny of sequences of action with the discourse analytic examination of interpretative repertoires. The analysis of the interpretative repertoires as these are used in the sequences of action provides a deeper understanding of how the subtle manipulations of the prior speakers' terms in the next turns in a sequence may serve the goals of the given institution. In the context of the Clubhouse, such manipulations are about defining the scope of mental health rehabilitation and the ideal role of the client as an agent in his or her own rehabilitation process, which should proceed independently of the requirements of the capitalist working life. From this perspective, the support workers' central institutional task in this health care context is essentially of discursive and ideological nature—exposing the clients to new ways of talking about their lives with reference to work.

CONFLICT OF INTEREST

The authors are not aware of any current or potential personal benefit to publication or conflict of interest, financial or otherwise.

CONSENT STATEMENT

Participation in the study was voluntary and all participants gave their informed written consent. We obtained research permits for the study from the board of directors at the relevant Clubhouse. In the data extracts presented in this paper, all the names and other identifiers of the participants' have been changed or removed.

ETHICS APPROVAL

This study is a part of a larger research project on the relationship between social interaction and mental health. For the part of the project that involves the collection of diagnosis-based personal data, we obtained ethical approval from the Ethics Committee of the Helsinki University Central Hospital (date of the decision: June 18, 2018). For the other parts of the project, the study did not meet any of the requirements specified by the Finnish National Board on Research Integrity (https://www.tenk.fi/en/ethical-review-in-finland) that would have made a university-based ethical review necessary. Instead, research ethics approval was obtained from the Southern Finland Clubhouse Association (date of the decision: September 19, 2016), whereas research permits were given by the board of directors at the relevant Clubhouses.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ORCID

Melisa Stevanovic https://orcid.org/0000-0002-0429-1672
Miira Niska https://orcid.org/0000-0003-1494-2245
Henri Nevalainen https://orcid.org/0000-0002-6899-1061
Elina Weiste https://orcid.org/0000-0002-6879-6004
Camilla Lindholm https://orcid.org/0000-0001-9220-5414

REFERENCES

Antaki, C., Billig, M., Edwards, D. & Potter, J. (2003). *Discourse analysis means doing analysis: A critique of six analytic shortcomings*. DAOL Discourse Analysis Online. Retrieved from https://extra.shu.ac.uk/daol/articles/open/2002/002/antaki2002002-paper.html

Avdi, E. (2005). Negotiating a pathological identity in the clinical dialogue: Discourse analysis of a family therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, *78*(4), 493–511.

Avdi, E. (2016). Fostering dialogue: Exploring the therapists' discursive contributions in a couple therapy. In M. Borcsa & P. Rober (Eds.), *Research perspectives in couple therapy* (pp. 71–87). Cham: Springer.

Barnes, C. (2000). A working social model? Disability, work and disability politics in the 21st century. *Critical Social Policy*, *20*(4), 441–457. https://doi.org/10.1177/026101830002000402

Barnes, C., & Mercer, G. (2005). Disability, work, and welfare challenging the social exclusion of disabled people. *Work, Employment & Society*, *19*(3), 527–545. https://doi.org/10.1177/0950017005055669

Barry, M. M. (2019). Addressing mental health problems at work. In M. Barry, A. Clarke, I. Petersen, & R. Jenkins (Eds.), *Implementing mental health promotion* (pp. 429–462). Cham: Springer.

Boardman, J., Grove, B., Perkins, R., & Shepherd, G. (2003). Work and employment for people with psychiatric disabilities. *British Journal of Psychiatry*, *182*, 467–468. https://doi.org/10.1192/bjp.182.6.467

Broom, D. H., D'Souza, R. M., Strazdins, L., Butterworth, P., Parslow, R., & Rodgers, B. (2006). The lesser evil: Bad jobs or unemployment? A survey of mid-aged Australians. *Social Science & Medicine*, *63*(3), 575–586. https://doi.org/10.1016/j.socscimed.2006.02.003

Burns, T., Catty, J., White, S., Becker, T., Koletsi, M., Fioritti, A., … Lauber, C. (2008). The impact of supported employment and working on clinical and social functioning: Results of an international study of individual placement and support. *Schizophrenia Bulletin*, *35*(5), 949–958. https://doi.org/10.1093/schbul/sbn024

Carpenter, M., Freda, B., & Speeden, S. (2007). *Beyond the workfare state: Labour markets, equalities and human rights*. Bristol, UK: Policy Press.

Clift, R. (2016). *Conversation analysis*. Cambridge, UK: Cambridge University Press.

Cole, M. (2007). Re-thinking unemployment: A challenge to the legacy of Jahoda. *Sociology*, *41*(6), 1133–1149. https://doi.org/10.1177/0038038507082319

Connor, S. (2010). Promoting "employ ability": The changing subject of welfare reform in the UK. *Critical Discourse Studies*, *7*(1), 41–54. https://doi.org/10.1080/17405900903453930

Davidson, L., & Roe, D. (2007). Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery. *Journal of Mental Health*, *16*(4), 459–470. https://doi.org/10.1080/09638230701482394

Dollard, M. F., & Winefield, A. H. (2002). Mental health: Overemployment, underemployment, unemployment and healthy jobs. *Australian e-Journal for the Advancement of Mental Health*, *1*(3), 170–195. https://doi.org/10.5172/jamh.1.3.170

Doyle, A., Lanoil, J., & Dudek, K. J. (2013). *Fountain house: Creating community in mental health practice*. New York, NY: Columbia University Press.

Drew, P., & Heritage, J. (Eds.). (1992). *Talk at work: Interaction in institutional settings*. Cambridge, UK: Cambridge University Press.

Edley, N. (2001). Analysing masculinity: Interpretative repertoires, ideological dilemmas and subject positions. In M. Wetherell, S. Taylor, & S. J. Yates (Eds.), *Discourse as data: A guide for analysis* (pp. 189–228). London, UK: Sage.

Elraz, H. (2018). Identity, mental health and work: How employees with mental health conditions recount stigma and the pejorative discourse of mental illness. *Human Relations*, *71*(5), 722–741. https://doi.org/10.1177/0018726717716752

Ford, E., Clark, C., McManus, S., Harris, J., Jenkins, R., Bebbington, P., … Stansfeld, S. A. (2010). Common mental disorders, unemployment, and welfare benefits in England. *Public Health*, *124*(12), 675–681. https://doi.org/10.1016/j.puhe.2010.08.019

Georgaca, E., & Avdi, E. (2012). Discourse analysis. In D. J. Harper & A. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 147–162). Chichester, UK: Wiley.

Gilbert, G. N., & Mulkay, M. (1984). *Opening pandora's box: A sociological analysis of scientist's discourse*. Cambridge, UK: Cambridge University Press.

Hänninen, E. (2012). *Choices for recovery: Community-based rehabilitation and the clubhouse model as means to mental health reforms*. Report 50/2012. Tampere: Finnish Institute for Health and Welfare.

Harder, H. G., Wagner, S., & Rash, J. (2016). *Mental illness in the workplace*. New York, NY: Routledge.

Harper, D. J. (1995). Discourse analysis and "mental health.". *Journal of Mental Health*, *4*, 347–357. https://doi.org/10.1080/09638239550037406

Harvey, D. (2005). *A brief history of neoliberalism*. Oxford, UK: Oxford University Press.

Hepburn, A. (2000). Power lines: Derrida, discursive psychology and the management of accusations of teacher bullying. *British Journal of Social Psychology*, *39*(4), 605–628. https://doi.org/10.1348/014466600164651

Hepburn, A., & Wiggins, S. (2007). Discursive research: Themes and debates. In A. Hepburn & S. Wiggins (Eds.), *Discursive research in practice: New approaches to psychology and interaction* (pp. 1–28). Cambridge, UK: Cambridge University Press.

Heritage, J. (1984). *Garfinkel and ethnomethodology*. Cambridge, UK: Polity Press.

Heritage, J., & Watson, R. (1979). Formulations as conversational objects. In G. Psathas (Ed.), *Everyday language: Studies in ethnomethodology* (pp. 123–162). New York, NY: Irvington.

Jahoda, M. (1982). *Employment and unemployment: A social-psychological analysis*. Cambridge, UK: Cambridge University Press.

Karatza, H., & Avdi, E. (2010). Shifts in subjectivity during the therapy for psychosis. *Psychology and Psychotherapy: Theory, Research and Practice*, *84*(2), 214–229.

Krupa, T., Kirsh, B., Cockburn, L., & Gewurtz, R. (2009). Understanding the stigma of mental illness in employment. *Work*, *33*(4), 413–425. https://doi.org/10.3233/WOR-2009-0890

Leufstadius, C., Eklund, M., & Erlandsson, L. K. (2009). Meaningfulness in work: Experiences among individuals with persistent mental illness. *Work*, *34*(1), 21–32. https://doi.org/10.3233/wor-2009-0899

Marston, G. (2008). A war on the poor: Constructing welfare and work in the twenty-first century. *Critical Discourse Studies*, *5*(4), 359–370. https://doi.org/10.1080/17405900802405312

McKay, C., Nugent, K. L., Johnsen, M., Eaton, W. W., & Lidz, C. W. (2018). A systematic review of evidence for the clubhouse model of psychosocial rehabilitation. *Administration and Policy in Mental Health and Mental Health Services Research*, *45*(1), 28–47. https://doi.org/10.1007/s10488-016-0760-3

Näsänen, J. (2017). Two versions of nomadic employees: Opposing ways to employ the same discourse in talking about change. *Discourse & Communication*, *11*(3), 259–275.

Niska, M., & Vesala, K. M. (2015). New entrepreneurship policy as a context for the encounter between policy implementers and entrepreneurs. *International Journal of Business and Globalisation*, *14*(3), 321–339.

Noon, M., Blyton, P., & Morrell, K. (2013). *The realities of work: Experiencing work and employment in contemporary society*. New York, NY: Palgrave Macmillan.

Okoroji, C., Gleibs, I. H., & Jovchelovitch, S. (2020). Elite stigmatization of the unemployed: The association between framing and public attitudes. *The British Journal of Psychology*, *112*(1), 207–229. https://doi.org/10.1111/bjop.12450

Olesen, S. C., Butterworth, P., Leach, L. S., Kelaher, M., & Pirkis, J. (2013). Mental health affects future employment as job loss affects mental health: Findings from a longitudinal population study. *BMC Psychiatry*, *13*(1), 144. https://doi.org/10.1186/1471-244X-13-144

Patrick, R. (2012). Work as the primary 'duty' of the responsible citizen: a critique of this work-centric approach. *People, Place & Policy Online*, *6*(1), 5–15.

Phillips, S. M. (2012). The clubhouse model and community psychology. In C. Walker, K. Johnson, & L. Cunningham (Eds.), *Community psychology and the socio-economics of mental distress: International perspectives* (pp. 222–237). London, UK: Palgrave Macmillan.

Pirttimaa, R., & Saloviita, T. (2009). Transitional employment and its effects in Finland. *Psychiatric Rehabilitation Journal*, *32*(3), 231–234. https://doi.org/10.2975/32.3.2009.231.234

Pomerantz, A. (1984). Agreeing and disagreeing with assessments: Some features of preferred/dispreferred turn shapes. In J. Atkinson & J. Heritage (Eds.), *Structures in social action* (pp. 57–101). Cambridge, UK: Cambridge University Press.

Potter, J. (1996). *Representing reality: Discourse, rhetoric and social construction*. London, UK: Sage.

Potter, J., & Wetherell, M. (1987). *Discourse and social psychology*. London, UK: Sage.

Rebeiro Gruhl, K. L., Kauppi, C., Montgomery, P., & James, S. (2012). "Stuck in the mud": Limited employment success of persons with serious mental illness in northeastern Ontario. *Canadian Journal of Community Mental Health*, *31*(2), 67–81. https://doi.org/10.7870/cjcmh-2012-0014

Sakki, I., & Pettersson, K. (2018). Managing stake and accountability in Prime Ministers' accounts of the "refugee crisis": A longitudinal analysis. *Journal of Community and Applied Social Psychology*, *28*(6), 406–429. https://doi.org/10.1002/casp.2358

Schegloff, E. A. (2007). *Sequence organization in interaction: A primer in conversation analysis*. Cambridge, UK: Cambridge University Press.

Schegloff, E. A., Jefferson, G., & Sacks, H. (1977). The preference for self-correction in the organization of repair in conversation. *Language*, *53*(2), 361–382.

Sidnell, J. (2010). *Conversation analysis: An introduction*. London, UK: Wiley-Blackwell.

Staiger, T., Waldmann, T., Oexle, N., Wigand, M., & Rüsch, N. (2018). Intersections of discrimination due to unemployment and mental health problems: The role of double stigma for job- and help-seeking behaviors. *Social Psychiatry Psychiatric Epidemiology*, *53*, 1091–1098. https://doi.org/10.1007/s00127-018-1535-9

Stivers, T., & Hayashi, M. (2010). Transformative answers: One way to resist a question's constraints. *Language in Society*, *39*, 1–25. https://doi.org/10.1017/s0047404509990637

Stokoe, E. (2020). Psychological matters in institutional interaction: Insights and interventions from discursive psychology and conversation analysis. *Qualitative Psychology*, *7*(3), 331–347.

Stubbe, M., Lane, C., Hilder, J., Vine, E., Vine, B., Marra, M., … Weatherall, A. (2003). Multiple discourse analysis of a workplace interaction. *Discourse Studies*, *5*(3), 351–388.

Urciuoli, B. (2008). Skills and selves in the new workplace. *American Ethnologist*, *35*(2), 211–228. https://doi.org/10.1111/j.1548-1425.2008.00031.x

Valkeapää, T., Tanaka, K., Lindholm, C., Weiste, E., & Stevanovic, M. (2019). Interaction, ideology, and practice in mental health rehabilitation. *Journal of Psychosocial Rehabilitation and Mental Health*, *6*(1), 9–23. https://doi.org/10.1007/s40737-018-0131-3

Wagner, S. L., & Harder, H. G. (2016). Occupational stress and mental illness: An overview for disability managers. In T. Geisen & H. Harder (Eds.), *Disability management and workplace integration: International research findings* (pp. 215–230). London, UK: Routledge.

Waring, H. Z. (2007). Complex advice acceptance as a resource for managing asymmetries. *Text & Talk*, *27*(1), 107–137. https://doi.org/10.1515/text.2007.005

Weatherall, A. (2016). Interpretative repertoires, conversation analysis and being critical. In C. Tileaga & E. Stokoe (Eds.), *Discursive psychology: Classic and contemporary issues* (pp. 15–28). London, UK: Routledge.

Weatherall, A. (2020). Constituting agency in the delivery of telephone-mediated victim support. *Qualitative Research in Psychology*, *17*(3), 396–412.

Weiste, E., & Peräkylä, A. (2013). A comparative conversation analytic study of formulations in psychoanalysis and cognitive psychotherapy. *Research on Language and Social Interaction*, *46*(4), 299–321. https://doi.org/10.1080/08351813.2013.839093

Wetherell, M. (1998). Positioning and interpretative repertoires: Conversation analysis and post-structuralism in dialogue. *Discourse & Society*, *9*(3), 387–412. https://doi.org/10.1177/0957926598009003005

Wetherell, M. (2006). Interpretative repertoires. In V. Jupp (Ed.), *The sage dictionary of social research methods* (pp. 153–155). London, UK: Sage.

Wetherell, M., & Potter, J. (1988). Discourse analysis and the identification of interpretative repertoires. In C. Antaki (Ed.), *Analysing everyday explanation*. London, UK: Sage.

Wetherell, M., & Potter, J. (1992). *Mapping the language of racism: Discourse and the legitimation of exploitation*. Hemel Hempstead: Harvester Wheatsheaf.

How to cite this article: Stevanovic, M., Niska, M., Nevalainen, H., Weiste, E., Lindholm, C., & Valkeapää, T. (2021). Discursive contestation in mental health rehabilitation: How Clubhouse support workers expose clients to new interpretative repertoires of work. *Journal of Community & Applied Social Psychology*, 1–16. https://doi.org/10.1002/casp.2594