On the bullshitisation of mental health nursing: a reluctant work rant

Abstract

This discussion paper offers a critical provocation to my mental health nursing colleagues. Drawing upon David Graeber's account of bullshit work, work that is increasingly meaningless for workers, I pose the question: is mental health nursing a bullshit job? Ever-increasing time spent on record keeping as opposed to direct care appears to represent a Graeberian bullshitisation of mental health nurses' work. In addition, core aspects of the role are not immune from bullshit. Professional rhetoric would have us believe that mental health nursing is a therapeutically beneficent occupation organised around ideals of care and compassion and providing fulfilling work for practitioners. Yet, there are some key characteristics of the experience of mental health nursing work that afford alternative judgements on its value and meaningfulness. Not least of these is the fact that many mental health nurses feel quite existentially unsettled in the practise of their work and many service users do not recognise the professional ideal, especially when compelled into increasingly coercive and restrictive services. In this context, Graeber's thesis is explored for its applicability to mental health nursing with a conclusion that many aspects of mental health nursing work are commensurate with bullshit but that mental health care can possibly be redeemed from bullshitisation by authentically democratising reforms. Engaging with posthumanist ideas, this exploration involves a flexing of aspects of Graeber's theory.

Introduction

At a time when mental health nurses are vexed with concerns over professional identity, largely associated with a creeping genericisation of nursing roles to the detriment of distinct specialist fields such as mental health (Connell et al., 2022; Hercelinskyj et al., 2014; Hurley et al., 2009, 2022; Warrender, 2021), there is a need to reflect critically on mental health nursing as an occupational group. This discussion paper plays with David Graeber's (2013, 2019) notion of bullshit jobs, work that is subjectively understood as pointless, to pose critical questions about the experience of doing mental health nursing work. Put simply, I ask is mental health nursing a bullshit job? More complexly, we might consider the aspects of mental health work that are experienced as meaningless for practitioners. My intention here is to prompt constructive critical reflection, not to wilfully disturb or further demoralise well-meaning and hard-working practitioners doing the best they can to survive work under prevailing challenging circumstances and iniquitous structural social

forces. I do have some particularly critical things to say about contemporary mental health work but, fundamentally, I am committed to the progressive potential of mental health nursing to provide help and support to people in mental distress. Hence, I arrive at my focus on the bullshit tendencies of mental health nursing with reluctance rather than relish.

In posing this purposively provocative question, I am not especially concerned to single out mental health nursing from other psy-professions; the tendency for pointless work to extend across a range of occupational groups active on this territory seems to me to be unarguable. Rather, I focus here on mental health nursing because I am a mental health nurse and Graeber's definition of bullshit work emphasises the worker themselves as the arbiter of what does or does not constitute bullshit. There are some important elements of Graeber's analysis that appear at first sight to map poorly onto mental health nursing as an occupational group. This suggests that my focus on mental health nursing may be somewhat misplaced, but I will argue that a credible case can be made for thinking about even this work in bullshit terms. The extent to which mental health nursing constitutes a bullshit job in strictly Graeberian terms is theoretically contentious. I argue here that a sufficiently compelling case can be made for this but, also, that even if the reader is not persuaded that mental health nursing is, or is becoming, a fully-fledged bullshit job there is sufficient cause for concern over a creeping bullshitisation of the role for nurses and allies to more assertively defend alternative conceptualisations and means of organising this work.

I further argue that mental health nurses represent perhaps the most interesting segment of the psy-workforce; beyond being the most numerous they also operate within a crucible of potential alienation, quite literally carrying out the 'dirty work' of psychiatric services (Emerson & Pollner, 1976; Godin, 2000; Warrender, 2021). Components of such dirty work include the range of restrictive and coercive practices, including forced treatment, physical restraint and subjecting people to seclusion and segregation (Lawrence et al., 2022). In this sense, the appositeness of the bullshit appellation for mental health nursing work moves beyond a simple application of Graeber's ideas and definition to encompass other dimensions of pointlessness. As such, I attempt a flexing of Graeber's theory, which ordinarily would exclude jobs such as nursing from its purview, to bring mental health nursing into the orbit of bullshit jobs in a way that recognises some key aspects of the role that potentiate quite particular alienations and pointlessness.

My argument here is located in the realms of radical imaginative 'composting' aimed at unsettling taken for granted conceptualisations of nursing to move 'beyond traditional notions of care based in humanism' (Hopkins-Walsh et al., 2022, p. 16). Novel forms of posthuman alienation may also be associated with the transformation of mental health nursing work in a direction of bullshitisation under a prevailing neoliberal polity. I also contend that disturbing taken for granted aspects of identity, practice or conceptual frameworks ought to be a welcome dimension of professionalism; it being ultimately desirable that mental health nurses develop and sustain their capacity for critically reflexive thinking (Williams et al., 2018). I conclude with some prefigurative ideas for reclaiming the work of mental health nurses from the perils of bullshit, pointing to the sort of democratised organisational forms which might better support the transaction of mental health care and support.

Whilst Graeber himself appeared to be quite agnostic about certain claims for posthumanist theory (Graeber, 2014; Kipnis, 2015), the theorising of bullshit work arguably shares some of the focus of a critical posthumanism with regard to concerns over various oppressions of neoliberalism, including a failure of technology to deliver emancipation from work. This combines in a thoughtful resistance to dynamics of dominance via a commitment to prefigurative solutions for bullshitisation and its neoliberal corollaries. Taking a post humanist lens to the idea of bullshit work could necessitate a rejection of earlier notions of alienation, given their provenance in humanist and, especially, Marxist theorising (Gare, 2021; Papadopoulos, 2010). I do not take this stance for two reasons: First, I contend that the theoretical value of considering the posthuman, particularly a displacement of a privileging centrality or exceptionalism of humans within wider socio-political or technological realms and ecosystems, need not be at the expense of all previous humanist theorising; some of which can arguably be adapted or extended to better fit changed epochal circumstances. Indeed, some post-humanist scholars note that Marx himself wrote about the corruption of both humans and nature under the ravages of capitalism (Wang, 2022). In this regard, predicaments of the posthuman remain predicaments for humans regardless of concerns for non-humans. Second, it is possible to conceive of various forms of posthuman alienation and exploitation under neoliberal advanced capitalism (e.g. Haraway, 2008, 2018; Wilcox, 2017), and adverse consequences and intersectional disadvantages have been noted for nurses (Hopkins-Walsh et al., 2022). Challenging or redeeming such alienated states and the transformation of systems of domination may involve applying lessons inspired by humanist as well as post-humanist ideas, with Graeber (2019, p. 261) remarking, for example, that sometimes 'a dose of heavy-handed Marxism is exactly what we need'. My particular embrace of posthumanism represents an evolution from previous left-politics rather than a complete rupture; what Papadopoulos (2010) refers to as insurgent posthumanism.

Bullshit jobs

David Graeber was arguably one of the pre-eminent scholar-activists of the 21st century who is sadly missed due to his premature death at the age of only 59. As a respected anthropologist, he wrote important texts addressing wide ranging subject matter of importance to both scholarly and political debates. He thus concerned himself with improving our understanding of the extent to which neoliberalism has become a toxic force in the world, perniciously consolidating and extending forms of disadvantage and inequity associated with, amongst other things, debt or the rise of a professional-managerial class enmeshed with the financialization of society. His most recent book, *The Dawn of Everything* (2021), published posthumously with collaborating author David Wengrow, offers a searingly persuasive account of historical and pre-historical human development, concluding that the rise of civilization and cities need not be assumed to go hand in hand with an inevitability for inequalities and hierarchies of power to emerge, as opposed to more distributed forms. In this sense, Graeber's scholarly analysis meshes with his political affinity for anarchism, which was also reflected in his activism on the streets, notably in support of the Occupy movement.

Graeber first articulated his bullshit work thesis in an essay for a small, new radical magazine called *Strike* published in 2013. This piece, titled *On the phenomenon of bullshit jobs: A work rant,* was for Graeber (2019, p. xiv) written as a kind of provocative 'experiment … to see what sort of response it would elicit'. Graeber writes in the preface to his later, book-length, elaboration of the idea that he was overwhelmed by the positive critical reception given to the original article. According to Graeber (2019, pp. 9-10), a bullshit job is defined as:

> *a form of paid employment that is so completely pointless, unnecessary, or pernicious that even the employee cannot justify its existence even though, as part of the conditions of employment, the employee feels obliged to pretend that this is not the case.*

For Graeber, this definition is now applicable to more and more jobs, and the proportion of bullshit jobs across the economy is growing year on year.

Graeber noted how John Maynard Keynes remarked as early as the 1930s that future generations of workers in today's present could be working as little as 15 hours a week because of advances in technology. Wryly, Graeber adds that the notion of bullshit jobs or the creeping bullshitisation of work means that the expectation of 15 hours fully productive and meaningful work holds true for many workers. It is just that the rest of the time they are likely to be occupied with bullshit. This startlingly unproductive accommodation with neoliberalism is obviously highly wasteful and corrosively detrimental to the psychic health of the workforce. To redeem this situation, Graeber argues for systems of universal basic income to underpin people's own choices and opportunities for work in a post-industrial employment landscape where progressive deployment of assistive technologies and the defeat of bullshitisation could put the emphasis on work of real social value. Graeber believes that people overall can be trusted to make wise choices in such circumstances:

> *If we let everyone decide for themselves how they were best fit to benefit humanity, with no restrictions at all, how could they possibly end up with a distribution of labour more inefficient than the one we already have?* (Graeber, 2019, p. 285)

Of course, not all jobs, especially in the public service sector, are amenable to technological substitution of human effort. Similarly, various jobs, like those in the care sector, appear to be self-evidently of real value. So, for Graeber such jobs are either distinctly different from bullshit jobs or, conversely, less prone, but not immune, to the advance of bullshit. It could be persuasively argued, moreover, that the target of any critique framed by a bullshitisation thesis should more appropriately be the relatively newly created administrative and managerial positions higher up in the nursing hierarchy. The people in these positions could be more justly viewed as responsible for the increasing bureaucratization of nursing. From this perspective, these well-paid managers are the ones who are engaged in pointless work, possessing jobs that do not add anything to society; meaning, that if these positions disappeared, nothing fundamentally would change.

Graeber, early on in his book, makes the important distinction between jobs that are pointless and jobs that are merely bad, referring to the latter as *shit jobs*. Graeber himself discusses this differentiation in much depth, because he wants to focus only on a very specific category of work that emerged with the onset of neoliberalism and *new technologies* that led to completely new classes of labour. Thus, the reason why Graeber spends some time differentiating shit jobs from

bullshit jobs is that the two are often confused. This is quite odd, because these two classes of jobs are in most important regards dissimilar: 'Bullshit jobs often pay quite well and tend to offer excellent working conditions. They're just pointless. Shit jobs are usually not at all bullshit; they typically involve work that needs to be done and is clearly of benefit to society; it's just that the workers who do them are paid and treated badly' (Graeber, p. 14). It is tempting, then, to consider that mental health nursing (and nursing in general) should rather be considered a *shit job.*

Under neoliberalism and the advance of associated technologies the experience of jobs that start out largely meaningful can become increasingly dominated by and encroachment of pointless work in a bullshitisation process. With regard to a relative lack of esteem and remuneration commensurate with value to society, according to Graeber most nursing jobs would appear to be shit jobs rather than fully-fledged bullshit jobs. In this paper, however, I wish to argue that there are a number of peculiarities of pointlessness related to mental health nursing under the current enmeshment of neoliberalism and bio-psychiatry that speak to more solid reflection of the bullshit work notion or, at the very least, allow for a flexing of what counts as bullshit work.

Not all commentators share Graeber's analysis of contemporary work. Soffia et al. (2022) offer a critical account disputing Graeber's claim that the bullshitisation of work is increasing and suggest an alternative perspective for explaining why workers might view their work as pointless. Drawing upon Marx's theorising of alienation these authors emphasise toxic workplace environments and poor management as the key factors underpinning perceptions that work lacks meaning. Regardless of how we make sense of it, deriving meaning from work would seem to be highly important to workers, and for many people this is the most important feature of their work. Moreover, a dominating neoliberalism has promoted a new work ethic that has cemented the centrality of employment in the lives of citizens, maintaining a social order where personal fulfilment is almost only defined in relation to involvement in paid work (Baldry et al., 2007).

Finding meaning in work

Beyond the material reward of wages, throughout history workers have sought fulfilment in their work. Worker representative bodies such as the International Labour Organisation and the UK Trades Union Congress have an objective of decent work for all, which includes the desirability of meaningful, non-alienating work. Scholars of work have explored the extent to which meaning can

be derived from the experience of work and its flipside, alienation (Bailey & Madden, 2016; Chalofsky, 2003; van der Deijl, 2022; Veltman 2016). Alienating work is classically caused by a lack of control over one's work and this is as true of healthcare work as any other form of work (Yuill, 2005).

In the healthcare context, despite substantial potential for the work to be fulfilling, there has been increasing attention on workplace stress and burnout, compounded by the COVID-19 pandemic and cost of living crisis. Alienated healthcare work has thus been recognised for some time and can be complicated by oppressive managerial hierarchies that concentrate a sense of subordination and diminished autonomy for healthcare workers like nurses (Pearlin, 1962). Marx pointed to other sources of work alienation beyond, but allied to, issues of control. Interestingly, his unmistakeably humanist notion of species-being alienation highlights the negative consequences of the constraints that capitalism puts on our ability to contribute positively to the welfare of others (Crinson & Yuill, 2008). The alienating constraints of subordination for mental health nurses intersects with the dominance of biomedicine, and servicing a controlling and coercive system exposes tensions between the work that is actually undertaken and a professional rhetoric of care (McKeown & White, 2015). Economists have also pointed out that meaningful work is associated with lower rates of absence, participation in skills training and decisions about staying in a job or leaving (Nikolova & Cnossen, 2020), all issues that would appear to be exceedingly important amid a global nursing workforce crisis. Whilst pay is a crucial determinant of job satisfaction, recruitment, and retention, and, correctly, is the focus of recent waves of industrial action, the more subjective derivation of meaning from the conditions of work ought to be of major concern to policy makers, paymasters, and nursing unions.

Arguably, debating fine distinctions between notions of alienation or bullshitisation in explaining dissatisfaction with the experience of work misses the point. However we understand it, huge numbers of workers now view their jobs, in whole or in part, as pointless, and this erodes how they see themselves and their worth to society. Even if we don't accept that Graeber's thesis is wholly accurate or any application to nursing is theoretically complete, it is a useful lens for troubling how we think about work, including care work. At the very least, Graeber's idea of bullshit work can prompt the sort of critically reflexive scrutiny of nursing work that many believe to be necessary at present, and is, indeed, an objective of nurse education.

Is mental health nursing a bullshit job?

Graeber emphasized that the way to determine if a job actually is a bullshit job is through the subjective opinion of the worker. If the worker considers their job as pointless, unnecessary, or pernicious then this is the decisive criteria for the definition of the job as bullshit. But if we agree on this subjective dimension of the criterion, it is not clear that the vast majority of nurses, if asked about their work, would agree that their work is worthless and pointless. Indeed, the opposite may very well be true. This in itself makes any assumption that mental health nursing is a bullshit job at least questionable. It is my contention, however, that in this regard many practising mental health nurses operate in something of a state of false consciousness, in denial of the more troubling and unwholesome aspects of their work (the dirty work and social control functions I mention below) or do, at different levels of consciousness, recognise these contradictions and hence experience stress, alienation, moral injury and burnout. Indeed, it can be argued that a myriad of practices and rhetorical or performative narratives, the latter including professional self-celebratory representations, have been generated to maintain the fiction that mental health nursing is wholly a good thing. These function to both reassure the public that this field of practice is wholesome and effective (that risk is contained whilst care and treatment is humane) or to console practitioners that they are doing their best or that violent, restrictive and coercive practices are a last resort, but nevertheless legitimate (McKeown et al., 2019, 2020). For example, Chapman (2014) gives a searing account of being involved in the practice of restraining indigenous children and how routine debriefings, ostensibly enacted for practitioners to learn from the experience, primarily became a means for staff consolation and reaffirmation of the coercive practice and ultimately consolidation of assumed legitimacy.

First-hand accounts from mental health nurses destabilised by such concerns or related experiences can be found in the professional literature and the current workforce crisis arguably attests at least in part to disgruntlement with the nature of this work and, perhaps, the tensions between professional ideals and realities in practice. For example, the edited text *Critical Mental Health Nursing: Observations from the Inside*, contains a variety of first-person reflections on mental health nursing practice that support this point of dissonance leading to disgruntlement, in some cases only resolved by exit from the practice arena. Indeed, recognising the harm done by the profession the editors begin the book with an apology to service users (Williams et al., 2018).

Clearly issues of disquiet over remuneration, historically poor workforce planning, the impact of the COVID pandemic and various other factors have resulted in a current acute workforce crisis for nursing and other healthcare workers. In these neoliberal times, problems with recruitment at one end of the pipeline are exacerbated by an epidemic of stress, burnout and staff deciding to leave or retire early at the other end (e.g. Abramovitz & Zelnick, 2010; Mueller & Morley, 2020). Arguably, overlain on this and contributing to this scenario are staff who are increasingly conscious of, or psychosocially troubled at unconscious levels, by the aforementioned dissonances between idealised professional rhetoric on the one hand and the stark realities of practice on the other.

Another complicating issue for making the case that mental health nursing is definable in bullshit terms is the idea of social value. The assumption that care work is essentially about adding social value would appear to immediately refute the claim that any kind of nursing might be a bullshit job. Surely, one of the key lessons of the pandemic is that there are a number of jobs in society that appear to be essential and deeply appreciated by the public for their social value. Nursing would seem to be pre-eminent amongst these indispensable jobs, and in the esteem it is held by the public. Congruent with this, early in his book Graeber (2019, p. xix) boldly makes a distinction between broadly defined service work and authentically bullshit jobs:

> *Say what you like about nurses, garbage collectors, or mechanics, it's obvious that were they to vanish in a puff of smoke, the results would be immediate and catastrophic. A world without teachers or dockworkers would be in trouble … it's not entirely clear how humanity would suffer were all private equity CEOs, lobbyists, PR researchers, actuaries, telemarketers, bailiffs, or legal consultants to similarly vanish.*

The fact that healthcare workers, and particularly nurses, were especially valued in this regard suggests that to ask whether any form of nursing is a bullshit job might, for many, be simply absurd, provocative, or even offensive. Indeed, given that Graeber singles out care work as an exemplar of what is not bullshit, then the answer to this question ought, on the face of it, to be a resounding no. Yet, if we are honest about some of the more unfortunate characteristics of contemporary mental health nursing work, there are two reasons why the answer might be more than a tentative yes.

First, is the expanding quantity of paperwork that appears to be an essential part of nursing work today; or, more accurately, the time that mental health nurses feel compelled to spend in front of computer screens recording various information related to care and the administration of care. The undoubted fact that this and other such administrative work, such as endless meetings, operate to limit the time devoted to actual care can make such tasks feel relatively pointless, mirroring Graeber's observations on the bullshitisation of work; the creeping encroachment of meaningless work as a proportion of the totality of a job. Graeber (2019) himself noted that even nurses and other care workers were not immune to this sort of bullshitisation, as their jobs become afflicted by organisational impositions orchestrated by a professional-managerial class in thrall to neoliberalism.

Second, is the extent to which the real, face to face, conduct of mental health work has an unwelcome character associated with a systemic shift towards increasingly coercive practices, which largely become the nurses' duty to carry out. Arguably, the mental health nursing role and its precursor role of asylum attendant have always been coercive and controlling in character but it can be equally asserted that neoliberalism has consolidated such tendencies and fostered newer forms of both subtle and more explicit control (Moth, 2022; Recovery in the Bin, 2019; Thomas, 2016). These aspects of role are alienating for staff and service users alike, contradict a preferred, idealised occupational identity as purveyors of compassionate care and therapy, and, as such, existentially undermine the sense that this work is meaningful.

Furthermore, given that part of the definition of a bullshit job is the workers themselves have to expend effort on maintaining the pretence that their work is actually valuable, rather than pointless, we might call into question some of the professional rhetoric of mental health nurses (or indeed see this job title as oxymoronic). This would include both evidential claims (the supposed scientific basis for mental health nursing and wider psychiatric practices) and moral claims on virtue (the assumed essential goodness of nursing). What if much of this was of questionable validity and value? What if our pleas to be understood and appreciated as rationally inspired caring practitioners are grounded in quite shaky foundations? What if our recourse to the discourse of evidence-based practice masks a more selective presentation of 'evidence' from a much more equivocal pool of research findings? What if much of this professional rhetoric comprises defensive or consolatory narratives we tell ourselves and others to maintain the fiction that we are consistently doing the right thing? Such questions go to the heart of mental health nursing's identity crisis and suggest some of the complexity of factors that play into our comprehension of meaning in our work roles.

Graeber describes a typology of five major varieties of bullshit jobs. Aspects of the mental health nursing role seem to fit with many of these types but, arguably, in different ways there can be seen to be elements of his categories of 'box ticking' and 'goon' bullshit work. The congruence of a substantial portion of mental health nursing taken up with 'box-ticking' work is taken up in the next section of the paper, with a view that an expansion of 'paperwork' is enmeshed with certain key problems associated with the role of psychiatry in broader systems and processes of governance. A later section deals with how other dimensions of mental health nursing work can be viewed as goon work; crucially this aspect of the nursing role is substantially implicated in how many nurses are viewed by people subject to their care.

Serving the system rather than people

One of the more invidious developments of professional mental health practice has been the increasing extent to which a preferred focus upon interpersonal interaction with service users has been eroded and replaced by various administrative tasks that suggests a shift to servicing the system rather than people (Fisher, 2023; Goulter et al., 2015; McKeown et al., 2017). This transformation of work arguably reflects wider structural political-economic forces and the plain fact that, under capitalism, mental health services function to maintain the social order. This is so much the case that for Rogers and Pilgrim (2021) the users of psychiatry are not primarily the people designated as 'patients', rather the system serves government and an assumed imperative to protect the public from danger and nuisance. Increasingly, nurses and other psy-workers find their working time dominated by servicing a voracious system requirement for record keeping.

The encroachment of paperwork that squeezes out relational work seems to neatly fit the box ticking category. For instance, Graeber (2019, pp. 164-165) makes the following point which chimes with the alienation associated with increasingly meaningless nursing paperwork:

> *box ticker [work] exists because, within large organisations, paperwork attesting to the fact that certain actions have been taken often comes to be seen as more important than the actions themselves.*

This intensification of demand for digital record keeping has been created by a coalescence of factors including the, at first sight benign, professional impulse to create and monitor detailed care and treatment plans or ensure compliance in appropriately recording the application of mental health legislation; the latter at least in part motivated by the ethic of ensuring rights and entitlements are respected. Overlain and entangled with this, however, are less benevolently oriented impulses that are effectively baked into the system. These include defensive narrative practices associated with risk management within increasingly risk-averse services or the oppressively time-consuming task of recording no end of descriptive information regarding care inputs and assumed outcomes associated with impending or actual marketisation of healthcare under neoliberalism (McKeown et al., 2020; Moth, 2022). On a global scale, the insistence that healthcare objectives and outcomes are measured and recorded within a spiralling array of metrics with obfuscating acronyms is indicative of the neoliberal economic re-imagination of life itself, with individuals now to be held responsible for their own disease and deaths which are deemed to result from poor personal choices (Kenny, 2015). Together with a push towards self-care, this occurs within an overarching service trajectory of responsibilisation; with the people who use, refuse to use, or cannot find appropriate services, deemed responsible for their own health outcomes. In a context of austerity and cuts to services this shifting of blame for ill-health is a cruel twist indeed, especially for disadvantaged groups, and can add to the moral burden on staff who provide services on this basis.

Mental health nurses are typically fearful that a failure on their part to rigorously maintain these records would constitute professional misconduct and render them subject to disciplinary action. The most obvious context for this is concerned with the identification, evaluation, and management of risk. Mental health professionals are often at the sharp end of catastrophes when risk management fails, dealing with the aftermath when individuals take their own life or do harm to others and having to account for actions or inactions at formal tribunals, inquests, or inquiries. Consequently, nurses can fear blame and even litigation for their role in upholding risk management (De Santis et al., 2015; Manuel & Crowe, 2014). In the extreme, nurses adhere scrupulously to risk management protocols, not to uphold patient safety but to protect themselves against legal action (MacKay et al., 2005).

I have personal experience of some of this and can attest to the sometimes-devastating impact for colleagues. That said, it is worth noting that the nature of creeping risk aversion is fearfulness of the most extreme possibilities framing everyday behaviours and responses, thus applying unwarranted

levels of surveillance and restriction to all and maximising defensive practices such as record keeping. Compounding this is the knowledge that our procedures for risk assessment and management are weak or ineffective, further encouraging risk averse practices (Slemon et al., 2017). The not unobvious irony is that all this professional effort does not necessarily enhance safety, and time spent with the records rather than personally relating to a vulnerable or potentially dangerous individual is time where the opportunity for a more authentically informed and accurate appraisal of risk, or indeed supporting people to practise taking ordinary risks, is missed (Coffey et al., 2017).

Whilst the complexities of legal-professional-ethical dispositions to record keeping may be contestable, there is no doubt that related anxieties are so widespread that professional practice apparently operates under a panoptical disciplinary gaze such that nurses themselves are effectively their own record keeping police. They willingly subject themselves to the oppressions of providing the written record of care to the point that this holds primacy over the actual delivery of care. This state of affairs has prompted the not so cynical remark that mental health nurses now spend more time servicing the mental health system than providing a service to people with cause to use that system (Brooks et al., 2018; McKeown et al., 2017). It appears to me that this deviation from the rhetorically stated professional mission is almost the definition of work that is pointless. The use of computers for record keeping and associated digital work does raise interesting questions about technological advances and the impact upon work. There is often a tension between the prospect of technologies offering the potential to liberate workers from drudgery as opposed to inflicting further, but novel forms of alienation associated with the new technology. A key element of my argument is that digital technologies have not saved effort expenditure for mental health nurses, for example by making record keeping more streamlined and efficient, quicker and easier to complete. Rather the introduction of computers into the staff offices of mental health wards, or the laptops of community nurses, has coincided with a proliferation of digital tasks and record keeping demands, such that staff effort has been substantially shifted to these tasks to the detriment of the relational aspects of the job.

For some nurses, a retreat into the office away from face to face engagement with service users may represent a defensive manoeuvre away from more difficult work. Immersion in administrative tasks can thus offer a sense of security, feeling less immediately exposed to risk or the challenges of communication with distressed or disturbed individuals, and this can only be exacerbated in a context of insufficient staffing levels. There might also be satisfaction to be had in the routines and

rhythms of paperwork as opposed to the often-chaotic circumstances of ward environments. Regardless of such insights into motivation, extensive immersion in paperwork has been long reported as feeling pointless to nursing practitioners charged with this responsibility (Nolan et al., 2007) and knowing that there may be some comforts and consolations for choosing some of this over other work may only exacerbate feelings of pointlessness. This suggests a particularly acute form of work alienation where dissonance between ideal and actual constructs of role and contribution are brought into stark relief; the ideal being a commitment to be there for patients (Ward, 2011). Yuill and Mueller-Hirth (2019, p. 1548) identified the ways in which spending time on paperwork as opposed to compassionate time with clients was alienating for the similarly situated profession of social workers and ultimately corrosive of their sense of self, exposing 'contradictions between their own desires for what they wanted social work to be and the reality of their work'. In the next section I expand on this potential for alienation within caring professions by focusing on the dirty work of mental health nursing.

Dirty work that alienates

Under neoliberalism, nurses' work across the board has arguably been subject to processes of degradation whereby the possibilities for autonomous, critically reflexive, person-centred work have been progressively squeezed by the depredations of marketisation and financialization. In this way, nursing might more resemble delivery of fragmented tasks, subject to over-bearing control and monitoring, rather than any ideal of professionalism, craft-work or flexible specialisation (McKeown, 1995). Furthermore, the corrosive impacts of neoliberalism, with society afflicted by austerity and cuts to welfare systems, are a major precipitator of mental ill-health (Barr et al., 2015; Cummins, 2018). This intensifies demands upon services that are coincidentally less well primed to respond because they are increasingly resource-poor. For example, insufficient staffing levels are combined with a chronic workforce crisis with huge and arguably unsustainable numbers of mental health nursing vacancies (Appleby, 2019; Ford, 2022). Overlain on these workforce deficits there is often an unsupportive and demoralising managerial culture, over-invested in discipline and sanctions rather than encouragement and reward (Moncrieff, 2022). There is a double whammy for services users in that the squeeze on resources seems to inevitably be accompanied by a service response that maximises coercion and restrictive practices (Thomas, 2016). It is the nurses who are at the sharp end of servicing these care systems denuded of funding and attritional of care. For people who use, or refuse to use, services, and their families, there is, and has been for some time, widespread disaffection with the nature and quality of services that take on this coercive character (see for

example: Recovery in the Bin et al., 2019; Rose, 2001). These pressures combine to undermine mental health nurses' sense of self, markedly jarring with their preferred occupational identity as caring practitioners enacting skilled relational care. The corrosive effects have been referred to as a form of moral injury (Gadsby & McKeown, 2021).

In a context of restrictive practices and assumption of a social control function, mental health nurses' work can be seen to best match the characteristics of 'goons' – a form of pointless work typified by enactment of assertive, or aggressive, manipulation or coercion, for example as evidenced (differently) in call centre jobs or the advertising industry. From personal experience, Graeber (2019, p. 40) recalls 'there are few things less pleasant than being forced against your better nature to try to convince others to do things that defy their common sense'. This sentiment appears to resonate strongly with the discomfort expressed by mental health nurses compelled to do the dirty work of psychiatry, orchestrating and policing compulsion and coercion, or being complicit in persuading service users of the importance of complying with treatment they would rather refuse.

One of the things at stake in goon work is tricking people into thinking they are being provided with something they actually need, whereas nothing, or questionable amounts, of social value is being transacted in these roles. The recent controversy over the 'chemical imbalance' thesis of psychiatric drug action hints at the trickster aspect of the expected nursing role in a context of persuading people to take medication in the knowledge of at least equivocal evidence for its benefit, and certain evidence of long-term harms (Ang et al., 2022). Whilst psychiatrists may have been responsible for the initial coining of the chemical imbalance explanation, which appears now to have no evidential basis, and inferred remedial drug action, it has certainly been nurses who have been charged with recycling this in innumerable encounters with service users, together with resolute supervision of treatment compliance.

Within the context of mental health nursing tasks, goon work/dirty work appears to cross over with box-ticking/paperwork when we consider some potential issues at stake in the aforementioned retreat from face to face care to operate computers and conduct aspects of the nursing role in the digital realm. Reflection on certain emergent technologies that may overlay and characterise the experiences of these nursing computer operatives allows for contemplation of newer forms of posthuman alienation and pointlessness. This might usher in a more obvious posthuman future set

of predicaments as development and implementation of Artificial Intelligence (AI) gathers pace in this context and potentially colonises the nurse/computer/patient interface. In this regard, there are possibilities posed by AI programmes that may inform or guide clinical or risk monitoring and management, including aiding or mandating decision making. Such technologies are already available, are in development, or are imaginable in relation to mental health services and may be expected to encroach into nursing practice. There are also emergent video technologies associated with patient observation, and to some extent surveillance of staff behaviour, including various forms of CCTV and body worn cameras (Desai, 2010; Wilson et al., 2022). The implementation of these technologies has not been without controversy, provoking professional and service user criticisms (Batty, 2021), but in many regards they represent an entirely logical set of developments congruent with mental health nursing's social control function and how this intertwines with the biomedical gaze.

I contend that nursing's complicity and contribution to the operation of these developments and possibilities is resonant with post-humanist theorising concerning human-computer interfaces and cyborg technologies (Gane, 2006; Hayles, 1999). The retreat into office space away from patient living areas appears replete with the purposeful manufacture of distance, both in terms of space and emotions, between the architects or administrators of surveillance and the surveilled. Similar resonances can be seen in other more extreme contexts, such as use of drone technology in warfare (Wilcox, 2017). The designedly spatial distancing may paradoxically offer emotional security due to separation from bodily risk or proximity to distressing emotional states of the other, but, also, recognition of this retreat whilst retaining the capacity for dirty work may be morally injurious in the long-run; arguably representing a novel posthuman twist on worker alienation and the perceived pointlessness of their work.

Having a bullshit job becomes psychologically disturbing when the experience of knowing one's work, or portions of one's work, is meaningless happens in a context of work being culturally identified as an important definer of self-worth. Indeed, Graeber (2019, p. xviii) goes so far as to describe this as 'profound psychological violence'. Arguably, the dissonance between relational professional ideals of therapeutic care provision and the reality of dirty work amplifies the potential for mental health nurses to experience such psychological damage, as their preferred worker identity exists in profound tension with daily role expectations.

What can be done to rid ourselves of this bullshit?

Lest critics ask the seemingly reasonable question, do we even need mental health nurses if we can fashion alternative services or ensure the transformation of current services, it is incumbent upon nurses themselves to get out from under the bullshit dimensions of their work and redeem the ways in which they provide mental health care and support. These bullshit forms of work are empty of job fulfilment for the workers caught up in them and are also experienced as pointless by service users. This is the opposite of accomplishing work that meets an actual need, and in turn is fulfilling to the worker. The question of whether mental health nursing is such a role, or shares some characteristics, pivots on whether we sincerely believe that social value is delivered. The answer to such questions may not be simple. As we have seen, many people who use mental health services and interact with mental health nurses seem to lack appreciation for their input. So, for some people, for at least some of the time, mental health nursing is a bullshit job in the goon category, or a simply shit job subject to expanding bulshitisation of the box ticking variety, or a complex mixture of the two.

Given that much of what has come to define this bullshitisation of role has been attributed to powerful social forces entangled with the neoliberal project, any act of redemption must be a collective effort and not one expected of individual nurses on their own. Elsewhere, I have supported arguments and strategizing for how we might make a start with transforming mental health nursing so that it better corresponds with professional ideals or service user/survivor demands. These ideas include advocacy for the democratisation (McKeown et al., 2022) and pacification (McKeown et al., 2019) of mental health practice, a nursing conscientious objection to forced treatment (Gadsby & McKeown, 2021), and the importance of apology and the value of grass-roots truth and reconciliation (Spandler & McKeown, 2017) for laying the foundations of reform grounded in cross-sectional alliances. I have also helped make the case for nursing trade unions to be an important part of such endeavours (McKeown et al., 2014). Ultimately, most of these measures are likely to depend upon nurses' willingness to take on a more imaginatively politicised professional identity (Dillard-Wright et al., 2023; McKeown, 2019).

As an anarchist, Graeber suggests a prefigurative approach to resolving the societal ills of bullshit work. In this regard, he aligns with Peter Sedgwick, the respected critic of the psychiatric system who also advocated an alliance based prefigurative politics for changing mental health care and saw

the relational challenge of transforming psychiatry as similar to that required for transforming society as a whole (Sedgwick, 1982; Spandler et al., 2016). A prefigurative politics is essentially a democratising politics (Springer, 2016). Situated examples of alternative practice or work organisation operate to model how change can be made to happen. This change is advanced as much by communicative, relational means – for instance through mutually respectful deliberative decision making – as any revolutionary readjustment of social structures. In this way, participants in prefigurative processes are engaged in shaping the world as they would like to see it in the act of bringing this into being. The means by which change is to be realised being as important as the ends.

Interestingly, Sedgwick took care not to minimise the need for an at-scale, appropriately funded, societal response to mental distress – he called for more but better services – and saw the achievement of this to be essentially a political task. It is precisely because neoliberal deformations of nursing are preventing this that I wish to provoke critical thinking about bullshitisation.

One possible way to prefiguratively democratise and transform mental health services is to organise units of service delivery as cooperatives, or at the very least operate services on a basis of cooperative and mutual principles (Clamp & Peck, 2023). Cooperative organisations are designedly democratic and operate with flattened hierarchies where workers, individually and collectively, both own the organisation and decide how it runs according to key cooperative principles. In relation to care work, these cooperative principles can be seen to offer a clear route to ensuring work maximises social value and is aligned to a progressive ethic of care (Bird et al., 2021, 2022). As such, mental health practitioners working within a cooperative ought to experience more fulfilling and meaningful work; the antithesis of bullshit. Furthermore, there are a variety of cooperative organisational forms which include the possibilities of bringing service users, families, and the wider community into governance arrangements – this would represent a tangible means to bring about authentic coproduction of services. It has also been argued that cooperatives ought to be the optimum means of organising work in user-led or peer-worker focused alternatives to the mainstream mental health or welfare systems (Graby, 2022). Similarly, radical nursing voices have pointed to the importance of mutual aid in exercising our imagination for social transformations (Dillard-Wright, 2022).

In a bullshit world of work ‘the caring value of work would appear to be precisely that element in labor that *cannot* be quantified’ (Graeber 2019, p. 262). In this and other ways, such as the gendered

denigration of supposedly domestic work, the act of caring has been perpetually undervalued by capitalism and its latter neoliberal turn, to the detriment of nursing's demands for professional esteem and commensurate wages. Yet, activism for a fairer society has typically foregrounded care and cooperation as candidate values to supplant capitalism's fetishization of competition and render various aspects of life, including our working lives as more meaningful. 'People both need care and want to offer it' and the fact that performing care is a vector for deriving meaning from life has incredible radical potential (Howard 2020, p. 24). It is worth noting that this focus on care as an organising force risks revisiting a human-centric ideology. However, I believe it remains possible to speak of care, along with alienation, within a post-humanist frame that does not completely reject earlier relational, feminist and left politics, as for example reflected in the work of Haraway (see de la Bellacasa, 2012; Hopkins-Walsh et al, 2023).

Philosophers and movement activists have long realised that the principles and practices at the heart of cooperative organisations, including equalisation of power differentials, optimising voice and agency, mutuality and reciprocation, and democratisation of decision making can be uniquely nourishing of personal and collective fulfilment (Sennett, 2012). Moreover, these organisational forms can arguably be both implicitly bound up with love and care and can be the vehicle by which this is valued and expressed through work. As such, authentic cooperatives offer vital opportunities to grow caring alternatives to neoliberalism under its less than omnipresent gaze and, furthermore, may be one way to prefigure its dismantling if this growth can be achieved at scale.

Conclusions

Graeber's bullshit work thesis offers a humorous and insightful analysis of the expansion of meaninglessness into our working lives. His account of work appears at first sight not to apply to nursing jobs and, indeed, the enmeshment of psychiatry with neoliberal governance systems calls into question the idea of meaningful work as constituting social value. Social control and surveillance functions suggest that social value may be something of a mixed blessing in this context, as neoliberal states will value such functions, arguably over and above the sort of relational practices that service users and staff might profess to value. Yet, a focus on the particular circumstances of mental health nursing work under neoliberalism suggests that there are at least two main matters of concern that are explicable in bullshit terms. First, the ever-increasing encroachment of record keeping as a bullshit proportion of the totality of nursing work. Second, the expectation that nurses

undertake the dirty work of a psychiatric system that is increasingly coercive and restrictive; this element of their job negating a more wholesome professional ideal cast around therapy, care, and compassion.

Crucial to any application of Graber's perspective to mental health nursing work is the matter of scale – to what degree have mental health nursing jobs under neoliberalism been overtaken by bullshitisation? Some degree of encroachment of bullshit characteristics into mental health nursing work is not sufficient to consider this work as a fully-fledged bullshit job. For Graeber (2019, p. 24-25), even though the increasing bullshitisation of the economy is critically important, he concentrates his theoretical energy on 'entirely or overwhelmingly bullshit jobs - not mostly bullshit jobs, where the meter hovers anywhere near 50 percent.' It is my contention that for many mental health nurses the bullshit dial has already moved well beyond 50% of time taken up with relatively meaningless work, and this can assume ever more substantial proportions or even achieve totalising capacity if we account for box-ticking and goon work together. Even if we have not yet achieved peak bullshit for mental heath nursing, there is most definitely cause for concern.

Taken together, these strands of bullshit may help to explain high levels of job dissatisfaction and alienation, with a prospect of additional, novel forms of posthuman alienation associated with new technologies; factors which need urgent attention if the current global workforce crisis is to be resolved. Cooperatives may provide one means by which services could be prefigured along more democratic lines, offering a possible road to redemption for mental health nursing practice. The arguments here are intended to stimulate collective nursing thought, politicisation and action. In this sense, I follow Graeber in his inclination to be provocative, to provoke the mental health nursing community into urgent critical reflection and action.

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References

Abramovitz, M. & Zelnick, J. (2010). Double jeopardy: The impact of neoliberalism on care workers in the United States and South Africa. *International Journal of Health Services*, *40*(1), 97-117. https://doi.org/10.2190/HS.40.1.f

Ang, B., Horowitz, M. and Moncrieff, J. (2022). Is the chemical imbalance an 'urban legend'? An exploration of the status of the serotonin theory of depression in the scientific literature. *Social Science Medicine-Mental Health*, *2*, 100098. https://doi.org/10.1016/j.ssmmh.2022.100098

Appleby, J. (2019). Nursing workforce crisis in numbers. *British Medical Journal*, *367*, 1-5. doi: 10.1136/bmj.l6664

Bailey, C. and Madden, A. (2016). What makes work meaningful—or meaningless. *MIT Sloan Management Review*, https://sloanreview.mit.edu/article/what-makes-work-meaningful-or-meaningless/

Baldry, C., Bain, P., Taylor, P., Hyman, J., Scholarios, D., Marks, A., Watson, A., Gilbert, K., Gall, G., Bunzel, D. & Baldry, C. (2007). Work attachment, work centrality and the meaning of work in life. In Nolan, P. (Ed) *The meaning of work in the new economy* (pp.1-26.). Palgrave Macmillan.

Barr, B., Kinderman, P. & Whitehead, M. (2015). Trends in mental health inequalities in England during a period of recession, austerity and welfare reform 2004 to 2013. *Social Science & Medicine*, *147*, 324-331. https://doi.org/10.1016/j.socscimed.2015.11.009

Batty, D. (2021) NHS trusts criticised over system that films mental health patients in their bedrooms. *The Guardian*, https://www.theguardian.com/society/2021/dec/13/nhs-trusts-urged-to-ditch-oxevision-system-covert-surveillance-mental-health-patients

Bird, A., Birchall, A., McKeown, M., Mangan, A., Ross, C. & Taylor, S. (2022) The problem of social care: a cooperative solution. *Journal of Co-operative Studies*, *55*(2), 35-42.

Bird, A., Conaty, P., McKeown, M., Mangan, A., Ross, C. & Taylor, S. (2021) Together we will stand: trade unions, cooperatives and the Preston Model. In Manley, J. & Whyman, P. (Eds) *The Preston Model and community wealth building: creating a socio-economic democracy for the future* (pp. 93-110). Routledge.

Brooks, H.L., Lovell, K., Bee, P., Sanders, C. & Rogers, A. (2018). Is it time to abandon care planning in mental health services? A qualitative study exploring the views of professionals, service users and carers. *Health Expectations*, *21*(3), 597-605. https://doi.org/10.1111/hex.12650

Chalofsky, N. (2003). An emerging construct for meaningful work. *Human Resource Development International, 6*(1), 69-83. https://doi.org/10.1080/1367886022000016785

Chapman, C. (2014). Becoming perpetrator: how I came to accept restraining and confining disabled aboriginal children. In Burstow, B., LeFrancois, B.A. & Diamond, S. L. (Eds) *Psychiatry Disrupted: Theorizing Resistance and Crafting the (R)evolution* (pp. 16– 33). McGill/Queen's University Press.

Clamp, C. & Peck, M. (2023). *Humanity@work&life: global diffusion of the Mondragon cooperative ecosystem experience*. Oak Tree Press.

Coffey, M., Cohen, R., Faulkner, A., Hannigan, B., Simpson, A. & Barlow, S. (2017). Ordinary risks and accepted fictions: how contrasting and competing priorities work in risk assessment and mental health care planning. *Health Expectations, 20*(3), 471-483. https://doi.org/10.1111/hex.12474

Collier-Sewell, F. & Melino, K. (2023). Towards a new (or rearticulated) philosophy of mental health nursing: a dialogue-on-dialogue. *Nursing Philosophy*, *24*(3), e12433. https://doi.org/10.1111/nup.12433

Connell, C., Jones, E., Haslam, M., Firestone, J., Pope, G. & Thompson, C. (2022). Mental health nursing identity: a critical analysis of the UK's Nursing and Midwifery Council's pre-registration syllabus change and subsequent move towards genericism. *Mental Health Review Journal, 27*(4), 472-483. https://doi.org/10.1108/MHRJ-02-2022-0012

Crinson, I. & Yuill, C. (2008). What can alienation theory contribute to an understanding of social inequalities in health? *International Journal of Health Services, 38*(3), 455-470. https://doi.org/10.2190/HS.38.3.e

Cummins, I. (2018). The impact of austerity on mental health service provision: a UK perspective. *International Journal of Environmental Research and Public Health, 15*(6), 1145. https://doi.org/10.3390/ijerph15061145

de la Bellacasa, M. P. (2012). 'Nothing comes without its world': thinking with care. *The Sociological Review*, *60*(2), 197–216. https://doi.org/10.1111/j.1467-954X.2012.02070.x

Desai, S. (2010). Violence and surveillance: some unintended consequences of CCTV monitoring within mental health hospital wards. *Surveillance & Society*, *8*(1), 84-92. https://doi.org/10.24908/ss.v8i1.3475

De Santis, M.L., Myrick, H., Lamis, D.A., Pelic, C.P., Rhue, C. & York, J. (2015). Suicide-specific safety in the inpatient psychiatric unit. *Issues in Mental Health Nursing*, *36*(3), 190-199. https://doi.org/10.3109/01612840.2014.961625

Dillard-Wright, J. (2022). A radical imagination for nursing: Generative insurrection, creative resistance. *Nursing Philosophy, 23*(1), p.e12371. https://doi.org/10.1111/nup.12371

Dillard-Wright, J., Hopkins Walsh, J. & Brown, B. (Eds) (2023). *Nursing a radical imagination: moving from theory and history to action and alternative futures*. Routledge.

Emerson, R. M. & Pollner, M. (1976). Dirty work designations: their features and consequences in a psychiatric setting. *Social Problems, 23*(3), 243-254. https://doi.org/10.2307/799771

Fisher, J. (2023). The true value of a mental health nurse: the lessons that I learned by becoming a mental health service user. *British Journal of Mental Health Nursing, 12*(1), 1-3. https://doi.org/10.12968/bjmh.2023.0001

Ford, M. (2022). Nurse vacancies across England remain 'stubbornly high'. Nursing Times, https://www.nursingtimes.net/news/workforce/nurse-vacancies-across-england-remain-stubbornly-high-04-03-2022/

Gadsby, J. & McKeown, M. (2021). Mental health nursing and conscientious objection to forced pharmaceutical intervention. Nursing Philosophy, *22*(4), https://doi.org/10.1111/nup.12369

Gane, N. (2006). When we have never been human, what is to be done? Interview with Donna Haraway. *Theory, Culture & Society*, *23*(7-8), 135-158. https://doi.org/10.1177/0263276406069228

Goulter, N., Kavanagh, D.J. & Gardner, G. (2015). What keeps nurses busy in the mental health setting? *Journal of Psychiatric and Mental Health Nursing, 22*(6), 449-456. https://doi.org/10.1111/jpm.12173

Glaser, E. (2014). Beyond bullshit jobs. *Soundings, 57*(57), 82-94. https://doi.org/10.3898/136266214813474471

Godin, P. (2000) A dirty business: caring for people who are a nuisance or a danger. *Journal of Advanced Nursing, 32*(6), 1396-1402. https://doi.org/10.1046/j.1365-2648.2000.01623.x

Graby, S. (2022). Co-operation for liberation? Disabled people and co-ops in the UK. Independent Social Research Foundation, https://www.isrf.org/2022/10/14/co-operation-for-liberation/

Graeber, D. (2019). *Bullshit jobs: a theory*. Penguin Books.

Graeber, D. (2014). Anthropology and the rise of the professional-managerial class. *HAU: Journal of Ethnographic Theory, 4*(3), 73-88. https://doi.org/10.14318/hau4.3.007

Graeber, D. (2013). On the phenomenon of bullshit jobs: A work rant. *Strike Magazine*, *3*, 1-5.

Graeber, D. & Wengrow, D. (2021). *The dawn of everything: A new history of humanity*. Allen Lane.

Haraway, D. (2008). *When Species Meet*. University of Minnesota Press.

Haraway, D. (2018). Making kin in the Chthulucene: reproducting multispecies justice. In Clarke, A. & Haraway, D. (Eds) *Making Kin Not Population* (pp. 67-99). Prickly Paradigm Press.

Hercelinskyj, G., Cruickshank, M., Brown, P. & Phillips, B. (2014). Perceptions from the front line: Professional identity in mental health nursing. *International Journal of Mental Health Nursing, 23*(1), 24-32. https://doi.org/10.1111/inm.12001

Hopkins-Walsh, J., Dillard-Wright, J. & Brown, B.B. (2023). Nursing for the Chthulucene: Abolition, affirmation, antifascism. *Nursing Philosophy, 24*(1), p.e12405. https://doi.org/10.1111/nup.12405

Hopkins-Walsh, J., Dillard-Wright, J., Brown, B., Smith, J. & Willis, E. (2022). Critical posthuman nursing care: bodies reborn and the ethical imperative for composting. *Witness: The Canadian Journal of Critical Nursing Discourse, 4*(1), 16-35. https://doi.org/10.25071/2291-5796.126

Howard, N. (2020). *A world of care*. In Parker, M. (Ed) *Life After Covid: The other side of crisis* (pp. 21-30). Bristol University Press.

Hurley, J., Mears, A. & Ramsay, M. (2009). Doomed to fail: the persistent search for a modernist mental health nurse identity. *Nursing Philosophy, 10*(1), 53-59. https://doi.org/10.1111/j.1466-769X.2008.00383.x

Hurley, J., Lakeman, R., Linsley, P., Ramsay, M. & Mckenna-Lawson, S. (2022). Utilizing the mental health nursing workforce: A scoping review of mental health nursing clinical roles and identities. *International Journal of Mental Health Nursing, 31*(4), 796-822. https://doi.org/10.1111/inm.12983

Kenny, K.E. (2015). The biopolitics of global health: Life and death in neoliberal time. *Journal of Sociology, 51*(1), 9-27. https://doi.org/10.1177/1440783314562313

Kipnis, A.B. (2015). Agency between humanism and posthumanism: Latour and his opponents. *HAU: Journal of Ethnographic Theory*, *5*(2), 43-58. https://doi.org/10.14318/hau5.2.004

Lawrence, D., Bagshaw, R., Stubbings, D. & Watt, A. (2022). Restrictive practices in adult secure mental health services: A scoping review. *International Journal of Forensic Mental Health, 21*(1), 68-88. https://doi.org/10.1080/14999013.2021.1887978

MacKay, I., Paterson, B. & Cassells, C. (2005). Constant or special observations of inpatients presenting a risk of aggression or violence: nurses' perceptions of the rules of engagement. *Journal of Psychiatric and Mental Health Nursing*, *12*(4), 464-471. https://doi.org/10.1111/j.1365-2850.2005.00867.x

Manuel, J. & Crowe, M. (2014). Clinical responsibility, accountability, and risk aversion in mental health nursing: A descriptive, qualitative study. *International Journal of Mental Health Nursing*, 23(4), 336-343. https://doi.org/10.1111/inm.1206

McKeown, M (1995). The Transformation of Nurses' Work? *Journal of Nursing Management, 3*(2), 67-73. https://doi.org/10.1111/j.1365-2834.1995.tb00083.x

McKeown, M. (2019). Love and resistance: re-inventing radical nurses in everyday struggles. *Journal of Clinical Nursing, 29*, 1023-1025. doi.org/10.1111/jocn.15084

McKeown, M., Cresswell, M. & Spandler, H. (2014). Deeply engaged relationships: alliances between mental health workers and psychiatric survivors in the UK. In Burstow, B., LeFrancois, B. A. & Diamond, S. L. (Eds) *Psychiatry disrupted: theorizing resistance and crafting the (r)evolution*. McGill/Queen's University Press.

McKeown, M., Dzur, A. & Fisher, P. (2022). Co-producing democratic relationships. In Raffay, J., Bryant, D., Fisher, P., McKeown, M., Mills, C. & Thornton, T. (Eds) *Co-production: towards equality in mental healthcare* (pp.190-201). PCCS Books.

McKeown, M., Thomson, G., Scholes, A., Edgar, F., Downe, S., Price, O., Baker, J., Greenwood, P., Whittington, R. & Duxbury, J. (2020). Restraint minimisation in mental health care: legitimate or illegitimate force? An ethnographic study. *Sociology of Health and Illness, 42* (3), 449-464. https://doi.org/10.1111/1467-9566.13015

McKeown, M., Scholes, A., Jones, F. & Aindow, W. (2019) Coercive practices in mental health services: stories of recalcitrance, resistance and legitimation. in Daley, A. Costa, L. & Beresford, P. (Eds) *Madness, violence and power*. University of Toronto Press.

McKeown, M. & White, J. (2015). The future of mental health nursing: are we barking up the wrong tree? *Journal of Psychiatric and Mental Health Nursing, 22*, 724-730. http://dx.doi.org/10.1111/jpm.12247

McKeown, M., Wright, K. & Mercer, D. (2017). Care planning: a neoliberal three card trick. *Journal of Psychiatric and Mental Health Nursing, 24*, 451-460. http://doi.org/10.1111/jpm.12356

Moncrieff, J. (2022). The political economy of the mental health system: a Marxist analysis. *Frontiers in Sociology, 6*, 771875. https://doi.org/10.3389/fsoc.2021.771875

Moth, R. (2022). *Understanding mental distress: knowledge, practice and neoliberal reform in community mental health services*. Policy Press.

Mueller, V. & Morley, C. (2020). Blaming individuals for burnout: developing critical practice responses to workplace stress. *Social Alternatives*, *39*(3), 20-28. https://search.informit.org/doi/10.3316/informit.767920662624987

Nikolova, M. & Cnossen, F. (2020). What makes work meaningful and why economists should care about it. *Labour Economics, 65*, 101847. https://doi.org/10.1016/j.labeco.2020.101847

Nolan, P., Haque, S. & Doran, M. (2007). A comparative cross-sectional questionnaire survey of the work of UK and US mental health nurses. *International Journal of Nursing Studies, 44*(3), 377-385. https://doi.org/10.1016/j.ijnurstu.2006.04.014

Papadopoulos, D. (2010). Insurgent posthumanism. *Ephemera: Theory and Politics in Organization*, *10*(2), 134-151.

Recovery in the Bin, Edwards, B. M., Burgess, R., & Thomas, E. (2019). *Neorecovery: A survivor led conceptualisation and critique* [Transcript]. Keynote presented at the 25th International Mental Health Nursing Research Conference, September, London, UK.

Rogers, A. & Pilgrim, D. (2021). *A sociology of mental health and illness (6th edition)*. McGraw-Hill.

Rose, D. (2001). *Users' voices: The perspectives of mental health service users on community and hospital care.* Sainsbury Centre for Mental Health.

Sedgwick, P. (1982). *Psycho Politics*. Pluto Press.

Sennett, R. (2012). Together: The rituals, pleasures and politics of cooperation. Yale University Press.

Slemon, A., Jenkins, E. & Bungay, V. (2017). Safety in psychiatric inpatient care: The impact of risk management culture on mental health nursing practice. *Nursing Inquiry*, 24(4), p.e12199. https://doi.org/10.1111/nin.12199

Soffia, M., Wood, A.J. & Burchell, B. (2022). Alienation is not 'Bullshit': An empirical critique of Graeber's theory of BS jobs. *Work, Employment and Society, 36*(5), 816-840. https://doi.org/10.1177/09500170211015067

Spandler, H., Moth, R., Mckeown, M. & Greener, J. (2016). Psychopolitics in the twenty first century. *Critical and Radical Social Work, 4*(3), 307-312. https://doi.org/10.1332/204986016X14736888146323

Spandler, H. & McKeown, M. (2017). Exploring the case for truth and reconciliation in mental health. *Mental Health Review Journal, 22*(2), 83-94. https://doi.org/10.1108/MHRJ-01-2017-0011

Springer, S. (2016). Fuck neoliberalism. *ACME: An International Journal for Critical Geographies, 15*(2), 285-292.

Thomas, P. (2016). Psycho politics, neoliberal governmentality and austerity. *Self & Society, 44*(4), 382-393. https://doi.org/10.1080/03060497.2016.1192905

van der Deijl, W. (2022). Two concepts of meaningful work. Journal of Applied Philosophy, https://doi.org/10.1111/japp.12614

Veltman, A. (2016). *Meaningful work*. Oxford University Press.

Wang B. (2022). Toxic Colonialism, Alienation, and Posthuman Dystopia in Chen Qiufan. *Prism: Theory and Modern Chinese Literature*, *19*(S1), 135-50. https://doi.org/10.1215/25783491-10259442

Ward, L. (2011). Mental health nursing and stress: Maintaining balance. *International Journal of Mental Health Nursing, 20*(2), 77-85. https://doi.org/10.1111/j.1447-0349.2010.00715.x

Warrender, D. (2021). A profession confined: The identity crisis of mental health nursing. CEMH Human Rights and Mental Health Blog. 9 September 2021. https://www.adelaide.edu.au/robinson-research-institute/critical-and-ethical-mental-health/news/list/2021/09/08/a-profession-confined-the-identity-crisis-of-mental-health-nursing

Wilcox, L. (2017). Embodying algorithmic war: Gender, race, and the posthuman in drone warfare. *Security Dialogue*, *48*(1), 11-28. https://doi.org/10.1177/0967010616657947

Williams, S., Gadsby, J. & Bull, P. (2018). Our apology. In Bull, P., Gadsby, J. & Williams, S. (Eds) *Critical mental health nursing: observations from the inside*. PCCS Books.

Wilson, K., Eaton, J., Foye, U., Ellis, M., Thomas, E. & Simpson, A. (2022). What evidence supports the use of Body Worn Cameras in mental health inpatient wards? A systematic review and narrative synthesis of the effects of Body Worn Cameras in public sector services. *International Journal of Mental Health Nursing*, *31*(2), 260-277. https://doi.org/10.1111/inm.12954

Yuill, C. (2005). Marx: Capitalism, alienation and health. *Social Theory & Health, 3*, 126-143. https://doi.org/10.1057/palgrave.sth.8700046

Yuill, C. & Mueller-Hirth, N. (2019). Paperwork, compassion and temporal conflicts in British social work. *Time & Society, 28*(4), 1532-1551. https://doi.org/10.1177/0961463X18785030