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ORIGINAL ARTICLE

Narrative reconstruction of mental illness as a work-stress-induced disorder: Processes, consequences and implications

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Abstract

Stress-induced mental illnesses have become the focus of increasing international attention, particularly in Japan since the 1990s, where judiciary cases and welfare-state initiatives established causal links between work stress and mental illness. However, how individuals retrospectively construct this causality remains a marginal topic in the literature. This ethnographic article explores the ways in which male workers seeking compensation for their condition (depression and adjustment disorder) reconstruct aetiology narratives and to what avail. This paper demonstrates two themes: (1) how objectivising stress (related to specific formats of worker compensation), no-faulting (dispensing with individual blame to view stress as pervasive in the workplace) and negotiating blame (seeking explanation in terms of individual psychology) construct a case, and (2) how narrative reconstruction functions as both a barrier to recovery and way of working towards recovery and collective function. It is argued that the narrative reconstructions of workers, who become unwell and seek recognition, suggest uncertain self-victimisation despite the broader understanding of mental illness in contemporary Japan. The findings imply the heuristic potential of relativising causality and treating analytical dichotomies, including

causality–narrative, victimhood–agency and fact–fiction, not as contradictory alternatives, but as different analysis levels, to better understand ambiguous illness narratives.

KEYWORDS

agency, causality, mental illness, narrative reconstruction, victimhood, work stress

INTRODUCTION

Work-related and stress-induced mental illnesses

Seated around a table in a union complex meeting room somewhere in a metropolitan city in Japan's Kansai region, Dai, a 38-year-old man, who has been talking for 30 min, casts his eyes down. Ann (university lecturer, activist and meeting organiser), Erika (career consultant) and I (ethnographic fieldworker) listen attentively as he tells us, in a tone of despair: 'It is frustrating […] Mental kinds of things seem so hard to be understood […] I thought the claim would've been admitted only if I had died'. A few days ago, Dai's depression compensation claim had been rejected. His condition had been diagnosed 2 years ago following what he described as intermittent 'harassments' by his colleagues.

Dai's case is not an isolated one in the context of modern Japanese society. In Japan, since the 1990s, novel terms, such as *karo jisatsu* (suicide driven by excessive overwork) and *karo utsubyo* (depression caused by excessive overwork), have gained attention in professional and popular discourse (Kitanaka, 2012). A milestone event occurred in 2000, when the Supreme Court of Japan ordered the largest ever compensation pay-out for a worker's death in Japan, ruling the worker's suicide an involuntary act mediated by the onset of depression induced by chronic and excessive work. Following the verdict, similar legal victories contributed to making depression and related conditions an occupational risk or industrial responsibility. Accordingly, the government launched a series of occupational mental health and labour policy measures, assuming work-stress-induced mental illnesses as a national issue. These measures included the 'Judgment Guidelines on Work-Related and Non-Work-Related Mental Disorders Caused by Psychological Stress' (Japanese Ministry of Labour (ML), 1999) and its updated version, 'Certification Criteria' (Japanese Ministry of Health, Labour, and Welfare (MHLW), 2011). While the success rate of these compensation claims has been as low as 30% since the turn of the century, the number of claims has increased by more than 50 times since 1998, reaching almost 2000 in 2018 (MHLW, 2019).

Japan sits in the international context where work-stress-related mental illness has gained wide currency since the late twentieth century (Kitanaka, 2012; Väänänen et al., 2012; Wainwright & Calnan, 2002). Japan characteristically has national initiatives addressing victimhood and compensation with respect to work-related stress (Kitanaka, 2012; Lippel, 2012; Wainwright & Calnan, 2002). By contrast, late twentieth-century Western societies have observed the concept of work stress shifting, in both scientific and popular discourse, from a socio-structural issue to an individual responsibility to take initiative in health management (Väänänen et al., 2012). Similarly, in the UK and US contexts, where work- and stress-related compensation court cases have become prominent since the late twentieth century, research has drawn attention to the somewhat agency-robbing nature of work-stress victimhood (Wainwright & Calnan, 2002). Some North American jurisdictions recognise mental

illnesses as potentially compensable workplace injury; however, researchers have reported significant barriers for many such claims (Lippel, 2012; Tucker, 2010).

The North American term 'mental-mental' claims (i.e. claims for psychological conditions of which both aetiology and symptoms are considered 'mental' rather than 'physical') illustrates the relatively intangible nature of work-stress mental illness (Tucker, 2010). Historically, even physical injuries in factory or 'physical-mental' claims (e.g. accident-related trauma) have been rife with doubt that the claims were abusing compensation schemes (Lippel, 1999; Moses, 2018).[1] 'Mental-mental' claims exemplify this discrepancy between what the sufferer claims and how people acknowledge it (Tucker, 2010). Thus, there is concern that Japanese occupational mental health practices may end up stigmatising work-stress victims (Kitanaka, 2012). Furthermore, the more-or-less abstract views of a given population as the victims of some common hazard might shift public attention away from individual stories (Hacking, 1990; Kitanaka, 2012). This paper explores the biographical works of individuals navigating through such tension while seeking compensation. These accounts remain understudied despite their theoretical importance and the sheer familiarity of work-related mental illness discourse. This paper focuses on these works, termed narrative reconstruction (Williams, 1984), to fill this gap and offer significant insights into varying illness narratives.

Narrative reconstruction and seeking legitimacy

Illness narrative research has primarily focused on the onset of, or uncovering of, a chronic disease, such as cancer or rheumatoid arthritis, owing to the heightening awareness and emerging technologies serving to identify pathologies and coping strategies. For example, Kleinman (1988) and Frank (1995) set the course for the following medical, anthropological and sociological projects, revealing the nature and possibilities of individual agency in narrative reconstruction. The emphasis here is on the significant ways in which the affected individuals view their future, as projected by their past, or how they interpret their past, based on their present and future, and how these elements should be reworked to reconfigure the purpose, or *telos*, of their life (Williams, 1984), based on their will and control in the face of the disruption caused by the illness. Accordingly, Williams (1984) described the dual nature of narrative reconstruction:

> [T]he explanations advanced by afflicted individuals have both causal and purposive or functional components. They represent not only explanations for the onset of a given disease, but also acts of interpretation, narrative reconstructions of profound discontinuities in the social processes of their daily lives (179).

Narrative reconstruction of an illness as a work-induced disorder, however, suggests a distinctive tension in seeking legitimacy. Here, the reconstructed narratives are judged by criteria that are external to the individual. This considered, the notion of authenticity, ostensibly granted to the individual, is irrelevant here, but legitimacy is significant. In her study on multiple chemical sensitivities allegedly caused by work, Phillips (2012) demonstrated a form of repressive authenticity in which afflicted individuals' experiences and even behaviours are determined by the internalised views of medico-legal and insurance compensation frameworks. If the personal narrative's authenticity is to be celebrated, an apparent contradiction occurs, as a narrative reconstruction, performed in a way that opposes the authentic story, becomes 'fiction', regardless of its objective factuality (Bury, 2001). This tension between authenticity and legitimacy has been a recurrent topic in contested illnesses,

medically unexplained symptoms (MUSs) or illnesses which are difficult to diagnose, including fibromyalgia, multiple chemical sensitivity and chronic fatigue syndrome (Dumit, 2006; Lippel, 2008; Phillips, 2012).

However, this body of literature has a general lack of studies to address psychological disorders as the primary subject matter. On one hand, illness narrative research developed predominantly as a counter discourse against biomedical reductionism to discuss non-biomedical dimensions of overtly *biomedical* disorders, leaving psychological illnesses underexplored (Frank, 1995; Hydén, 1997). On the other hand, contested illness and MUS studies have shown that medical, social scientific and popular discourses centre around whether and how conditions often considered to be psychological prove to have a physical basis (Dumit, 2006; Greco, 2012). Thus, people need to argue for the physical/biological, *as opposed to* the mental/psychological, dimensions to validate their ailment. Accordingly, the narrative reconstruction of mental illness is an understudied topic in the literature. To fill this gap, this paper provides empirical materials to unfold this underexplored topic in sociological research.

Study aims

This paper aims to explore the narrative reconstruction of certain mental illnesses as work-stress-induced disorders. Specifically, the paper shows how some workers seeking compensation for their suffering reconstruct aetiology narratives and to what avail.

Furthermore, this paper aims to stimulate international discussion on work stress through Japanese data. This research notes the global prevalence of work-stress discourse, the relative unavailability of international mutual reference in this field and the salience of victimhood/compensation discourse in Japan. For these reasons, this paper intends to promote international joint knowledge production to enrich sociological research in varying illness narratives.

METHODS

Setting and participants

The fieldwork primarily consisted of participant observations in support meetings, which are part of a labour movement organisation's wider activities. Pursuing recognition and compensation for occupational disorders, the organisation contains a network of related individuals, including psychiatrists, lawyers and unions, working to promote workers' health rights, and providing voluntary support meetings. In the meetings observed for this study, the experiences and feelings of four male workers (the present study's claimants or informants) and the compensation scheme were discussed, providing multiple opportunities to understand the claimants' biographies and the claim process. The ethnographic inquiry involved quite a lengthy process but remains the best option for data collection due to the complexity of mental health claims for worker compensation.

I collected 68 observations from the meetings with a duration of approximately two hours each, which were primarily attended by myself, Ann (activist and university lecturer teaching labour issues and social welfare) and Erika (career consultant) or Marie (industrial counsellor). I was able to attend these meetings as a student-researcher to observe how claimants discussed their stories. My role was to listen in a supportive manner rather than to suggest any direct solutions. Due to my lack of expert knowledge and practical experience in the field of occupational mental health, I adopted a relatively passive role to cause minimal interference in the interactions and observations.

All four workers experienced depression, but two were diagnosed with depressive disorder and the other two with adjustment disorder.[2] The four workers were the only meeting participants, and all had made compensation claims: Dai's was granted after an appeal, Ken's was withdrawn after a court appearance,[3] Jun's was unsuccessful, and Rei's could not be followed up. When the study began in 2015, the participants' age range was 38–50.

For finer ethnographic detail and triangulation, the following were conducted. To discuss the sequence of events and their feelings in a more retrospective and individual manner, I conducted and tape-recorded semi-structured interviews (more than 10 hours in total) with two participants, whose initial claims were made prior to the start of the study and whose meetings were open to those in the network. I also conducted observations during one participant's court hearings and informal gatherings throughout the legal proceedings, and during 12 of the organisation's meetings, attended by professionals. Through these interviews and observations, my understanding of both the participants' narratives and mental health claims in general was triangulated. For example, I obtained a structured timeline from Ken, whose narrative detail spanned across administrative and court claims and appeals. With Ken's permission, I discussed key events and what their sequence meant in administrative and court claims with his lawyers and Ann. In doing so, I sought to maximise both descriptive and interpretive validity of the narratives presented in this paper in relation to the wider context in which these accounts are embedded, including administrative and legal conventions in worker compensation claims (Hammersley & Atkinson, 2019).

Ethics approval for this study, including for access to the field and informed consent processes, was obtained from the School Ethics Committee of Osaka University Graduate School of Human Sciences. The data were collected and anonymised in accordance with the ethics approval, and the regular attendees' names were redacted using short pseudonyms which could be common both inside and outside of Japan.

Data analysis

To explore the process and potential consequences of narrative reconstructions of mental illness as work-related and stress-induced disorders, the following documents were analysed: fieldnotes, 33 documents obtained from the observations, including claimants' biographical information and draft statements for application submission; and two principal government-issued documents, Certification Criteria (MHLW, 2011) and Practical Guidelines (MHLW, 2012) for workers' compensation for psychiatric disorders. I used thematic qualitative text analysis (Kuckartz, 2014) throughout this process. It is a quasi-circular procedure of moving back and forth between deductive and inductive steps: (1) following the research question(s), (2) highlighting and coding relevant data and (3) generating and refining the upper-/lower-level categories in a gradual manner, while reading back the data, as necessary. The latter step produced the categories presented in the Findings section.

The core principle of the approach, the hermeneutic circle, centres on the fact that ‘a text can only be interpreted as the sum of its parts and the individual parts can only be understood if you understand the whole text’ (Kuckartz, 2014: 19). I explored the data ‘with some preconceived notions and assumptions about what it could mean’ and ‘read [it] in its entirety’, because a researcher will gain a better understanding of the data by working through it with an open mind, which will likely change some of the original assumptions (Kuckartz, 2014: 19). The process takes the form of a spiral, rather than a circle, helping one develop a progressive understanding of the data. Thus, it is possible to flexibly rework categorisations and interpretations in the course of data collection and analysis, which is an ideal method to employ in intensive ethnographic research that spans a relatively long period of time.

Translation

As the original data were in Japanese, the interview and document excerpts were translated. Initial translations were produced by the author, based on both thesauruses and general conventions in medical sociology, and revised upon interaction with colleagues, language editors and anonymous reviewers. At the terminological level, some interchangeable English words for single or multiple conceptual counterparts were used: (1) mental, psychiatric or psychological for *seishin* or *shinri*, which refer to psyche, soul, spirit, will, mind or affect; (2) disorder or illness for *shōgai*, which suggests a disability or functional disorder; (3) disease, as a biomedical entity, for *shikkan*, and (4) illness for *byōki*, which is a generic expression similar to these terms. However, the need to alter certain terms, including stress, harassment and risk, was not presupposed, because these are loanwords that are transliterated and commonly used as *sutoresu*, *harasumento* and *risuku*, respectively.

The priority was general readability. Quotidian and/or (inter)disciplinary lexicons were used, depending on the context. Focus was not given to specific cultural contrasts. For example, Japanese thinking is credited for its relative independence from mind–body dualism (Lock, 1983), but the present paper does not start from such culturo–linguistic contrasts (e.g. to examine patterned usages of such terms as mental and physical). Instead, it starts from the understanding that work-stress mental illness narratives are common both inside and outside Japan, to promote international discussion on that ground. In fact, psychiatric thinking itself is significantly Westernised in contemporary Japan in popular and professional discourse, including the use of the International Classification of Diseases (ICD) in worker compensation (Kitanaka, 2012). It is therefore important to maximise the text's cross-cultural comprehensibility.

FINDINGS

I organised the findings into two major sections, corresponding to the process and consequences of narrative reconstruction: (1) a description of the processes in which a case is constructed through three characteristic modes (objectivising stress, no-faulting and negotiating blame) and (2) the two functions of narrative reconstruction, as a barrier to recovery and as a way of working towards recovery and its collective function.

Constructing a case

Narrative reconstruction of mental illnesses as work-stress-induced disorders is a profoundly social enterprise. It is dependent on and constitutes socially shared conventions and codes (Atkinson, 1995; Garro, 1994; Kleinman, 1988). As cultural idioms are frequently used in quotidian settings, an otherwise incoherent biography must be reworked to persuade others of the specifics of making claims and to construct a case in which the story ‘encodes the variety of events and observations into a single, more-or-less coherent account, through which events themselves unfold’ (Atkinson, 1995: 95).

Objectivising stress

The ‘stressful’ work events or conditions must be reconstructed in objective ways (Kitanaka, 2012), as compensation schemes have specific formats. The basic format contains the following three

'requirements for compensation for psychiatric disorders': (1) 'An onset of a psychiatric disorder', (2) 'the existence of severe psychological stress at work in the 6 months prior to the onset' and (3) determining that 'the onset is not due to stress outside of work or individual factors' (MHLW, 2011: 2). The first is rather simple in practice, except in complex cases where expert consensus is required, in which case, the doctor's original diagnosis is recoded into the ICD's terminology. The third is also simple as, according to the current guidelines, it should not affect the decision except in cases where explicit non-work stress is recorded. The second, 'psychological stress at work', is the most significant requirement. It appears deceptively simple, constituting a somewhat ordinary criterion for any benefit entitlement, but the question remains: How is one's psychological state evaluated by criteria that are external to the individual? The straightforward answer is, using the Stress Evaluation Table (MHLW, 2011), informed by the life event research tradition involving large-scale social surveys that compile aggregate data from participating individuals (Holmes & Rahe, 1967; MHLW, 2012). Additionally, there are six categories of work stress: 'Experiencing accident or disaster', 'Failure at work or excessive responsibility', 'Amount and nature of work', 'Changes in roles or positions', 'Interpersonal relationships' and 'Sexual harassment', each consisting of subcategories, example episodes and severity levels (mild, moderate, or severe) (MHLW, 2011: 5–9). An individual's overall stress must be severe to qualify for compensation.

This pre-defined set of stressors is in line with the 'same kind of worker' (MHLW, 2011: 2) principle in modern occupational health and safety: compensable diseases are regarded as 'a realisation of risk internal to or usually accompanying particular work'; and severe stress at work should be 'objectively' recognised to establish causation, while the objectivity is adjusted to how the hypothetical 'same kind of worker' would perceive it (i.e. according to the worker's attributes, including occupational type, responsibility, age and experience) (MHLW, 2012: 306–7). This normative construct of the average individual (Ewald, 2020), along with the evaluation table, is the major reference points with which stress is objectivised or narratively reconstructed. Therefore, it is understandable that claimants could be confused when encountering the pre-arranged format. The following sequence, extracted from fieldnotes, illustrates the complexities of objectivising stress.

In April 2016, during my first meeting with Rei, a 39-year-old male technician in charge of the construction and maintenance of electrical systems, a set of documents were handed out among the participants, including a one-page memo summarising his career and medical history, and a handwritten sheet, titled stressors, listing around 20 uncategorised items, such as 'nearly no off from work', 'no overtime pay', 'no educational arrangements' and 'lack of sleep'. He presented an 'impressive chunk of documents' (as recorded in fieldnotes), putting forward many individual names with concrete episodes in his accounts of his troubles. He said that his thoughts had become more organised thanks to Ann's elicitation of potentially relevant episodes. However, the process foreshadowed the slow progress to follow, as Ann repeatedly indicated, in subsequent meetings, that the claim must be persuasive enough in the eyes of a third person.

Such documents are reworked and included in the draft statement, as individuals are encouraged to submit a statement as a supplement or substitute for the hearings to 'reduce the burden on the claimant and conduct an efficient investigation' (MHLW, 2012: 29). Thus, prior to entrusting the investigation to the Labour Standards Inspection Office, the claimant must organise relevant episodes to be considered for compensation.

Over the subsequent months, the specific stressors that were taken up in the meetings changed, frequently. In one meeting, he stated he was trying to create a 'chronology', to which Ann suggested that 'what matters is not the details, but rather the episode as a whole'. As such, they established two subcategories on which Rei's narrative could be modelled as severe psychological stress, and his chronology could be built accordingly: failure at work or excessive responsibility in the Criteria, with

'taking charge of a start-up or turning around the company' and 'receiving complaints from customers', as possible items. Ann said she feared that it was 'likely that any relevant evidence won't be revealed' and that 'not only what you say, but also objective evidence' is important. Rei responded with 'it's like you're saying, "give it up", isn't it? We haven't even made the claim' to which Ann admitted 'I'm afraid of not telling you what I know. I'm being honest'. This interaction shows that, depending on the availability of the evidence or on the particularities of the worker's compensation, the claimant is constrained to objectivising otherwise subjective stress.

No-faulting

No-faulting, as I term it in gerund form, is a discursive device rendering work responsible for the claimant's injury or ill health.[4] The term derives from the principle of 'no-fault' compensation which means the claimant should receive compensation for their condition without having to prove fault against any individual (Law, 2018). This principle is characteristic of those schemes, including the one in this paper that are aimed at avoiding the need for litigation arising from common occupational risks (Ewald, 2020; Moses, 2018; Wainwright & Calnan, 2002). The primary targets of no-faulting presented in this paper are both the workplace and the individual. To no-fault the workplace is to expand the range of responsibility for the produced harm within the workplace, regardless of intention or negligence. To no-fault oneself is to claim that you have unwillingly gone through the harmful event. Both aspects were discursively examined in Rei's second meeting to assist in organising his complex narrative.

Speaking of his responsibilities, Rei referred to himself as diligent, attesting that he had been surrounded by colleagues who were 'well known for slacking off', leaving him excessive workloads which he said had led to his depression. Marie told him that she had the impression that these colleagues did not 'have bad intentions. It seems more like a structural problem'. The ambiguity of the 'structure–agency' relation was a recurrent theme in the meetings, as Ann reminded him as follows: that Rei's accounts sounded as if he were doing additional work of his own volition, and 'that won't count'; and that 'what matters is not whether they are "good" people or not, but whether you couldn't help but do all those things at that time in whatever real sense'. An equally recurrent idea Ann presented was the need to distinguish between 'you now looking back on what happened' and 'you then facing them' to reproduce the feeling. By abstracting individual agency and blame, one can claim that the stressful events were an unavoidable 'misfortune' brought on by causal agencies that are pervasive in the workplace and hence are beyond individual control.

The history of no-fault compensation contextualises such narratives. Modern no-fault compensation derives from contemporary industrial accidents and injuries beyond individuals' control (Ewald, 2020; Moses, 2018). Social legislation often attempts to share occupational health risks through insurance, beyond the remit of individual industrial disputes. Over time, what counted as accident/injury, extended to include chronic events and illnesses (Moses, 2018; Tucker, 2010). However, what qualified as such a harm remained controversial, concerning the injury's credibility as well as whether the injury was in fact unavoidable. Critics disclaimed worker compensation as obscuring blame or trivialising prevention (Earnshaw & Cooper, 1991; Moses, 2018). They questioned whether the accident was simply 'something that happens' as its etymology suggests (Moses, 2018: 123). Similar uncertainty is present in recent discussion on psychological claims (Earnshaw & Cooper, 1991; Wainwright & Calnan, 2002). Thus, the dimensions of fault and specific details disappeared in Rei's later narratives. The following section explores these dimensions.

Negotiating blame

So far, I have demonstrated how stress is objectivised and viewed as an unavoidable incident, reflecting the nature of the administrative compensation arrangements. Here, individual idiosyncrasies and fault were relatively absent or irrelevant. In this section, I describe how these dimensions are enacted. The term negotiating blame, as taken from literature exploring blame attribution in health-care settings, is used here to mean this process (Béhague et al., 2008; Dimond, 2014).

Blame is a common aspect of illness experiences. It is often enacted concerning facets of personhood including individual vulnerability, self, control and embodiment (Ehrenberg, 2010; Gerhardt, 1989; Lock & Nguyen, 2018). In this paper, negotiating blame is manifested in adversarial contexts, as Ken's narrative, below, exemplifies. In this process, the involved parties discursively employ concepts and language related to the psychology of particular persons.

Ken underwent the longest period of compensation seeking among the four workers. He had studied electronic engineering and had started his career in a software development company in the 1980s. He was diagnosed with adjustment disorder in his early 40s, due to 'power harassment' or '*pawaa harasumento*', a commonly used term in Japan, denoting 'a wide range of harassments that occur particularly in workplaces and often take the form of verbal abuse' (Kitanaka, 2012: 180). He subsequently suffered from depression and anxiety. His claim and appeal for compensation were not successful, leading him to file a suit against the administration to overturn the decision. The first lines of his story presented in the meetings, which goes as follows, portray his ability to cope with excessive workloads. This is a point he repeatedly started his narrative with, to persuade his listeners that it was not his individual vulnerability but the undue fierceness of the later personal assaults that caused his illness.

When he participated in a patent project, he was bombarded with increasing workloads, resulting in over 200 hours of overtime per month. Nonetheless, he was not reluctant, and his health was not considerably affected, because, he said, he enjoyed his job. However, when a new managing director was appointed, he said he felt like the atmosphere changed. Subsequently, a performance-based wage system was put in place and the working conditions were altered. He was engaged in union activities, and one day a superior told him 'I give you security and you give me your life', but his salary was later reduced. Within this context, Ken was diagnosed with adjustment disorder and claimed colleague accusations as the cause of his illness. For example, when tasked with collating internal opinions on working conditions, he was called into a superior's office one day and scolded for hours, being told he was a shame to the company. He experienced a panic attack for the first time, visited a clinic and was diagnosed with a psychogenic reaction, which can be coded as an adjustment disorder. Later, he developed a depressed state and took sick leave, during which he applied for compensation. After in-patient treatment, he returned to work, but resigned shortly thereafter. In his claim and appeal, the power harassment was considered moderate, not severe, and he filed a suit against the administration.

In the legal proceedings, where the company played a considerable role as an intervener, the credibility of Ken's mental illness diagnosis itself became an issue, apart from the severity of the stress. His troubles were attributed to his personality. For example, in a medical opinion, he was referred to as troubled and having paranoid inclinations. Likewise, Ken's act of tape-recording one of the incidents was deemed something that a sick person could not plan to do. He was accused of having intentionally tried to elicit his boss's anger to obtain the recording.

This suspicion was reinforced by the general view (Sontag, 1978) of mental illness in Japanese occupational health, where depression is a dominant category (Kitanaka, 2012). According to Ken, people around him, including former colleagues and those who appeared as witnesses in court, viewed him through a stereotypical lens of how a depressed person should appear, for example lacking energy and blaming oneself rather than others. To counter this perception, he repeatedly

tried to appeal that his ailment is a certain type of mental illness: adjustment disorder. Speaking in an interview, he said:

> Yes, I *do* get depressed intermittently, but they take it the wrong way. My illness is not depressive disorder, but adjustment disorder. And, there are times I've got energy and yes I blame people sometimes. Yet, it is a [legitimate] *disorder*.

Dr. S, who was not Ken's doctor, but was involved in the case, brought about a new development on providing a medical opinion, informed by the recent revision of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association, identifying sub-syndromal PTSD as a likely diagnosis for Ken's case. It is at the intersection of adjustment disorder and PTSD and would explain both his illness and behaviour through trauma. The plaintiff's attorneys utilised this medical opinion.

In these series of processes, the people involved discussed individual actions, intentions and psychology. These are dimensions that were relatively absent in the stress-objectivising and no-faulting discourse. By situating the explanation in themselves or others, the sufferer negotiates the legitimacy of the illness at an individual embodied level.

Functions of narrative reconstruction

Ghost of the past: a barrier to recovery

In medical sociology, narrative reconstruction has often been represented as desirable and necessary work to reinterpret or rework life trajectories, in the face of a biographical disruption (Bury, 1982). Frank (1995) used a set of metaphors, namely *voyage* for life, *wreckage* for acquiring an illness and *obtaining a new map* for an altered *destination*. However, in the context of claiming compensation, as detailed below, the opposite of this story telling occurs, as an unintended consequence, exemplified by the paths that Ken and Dai were to follow. Ken, who said in an interview that the tangled process of conflict forms a trajectory of no return, expressed his discontent with his circumstances:

> It might be wise to quit all this and return to work, but you know, it's too late. They won't welcome me to work again. I won't be able to find a new job either. It's been a decade since I became ill. I'm a man in my 50s, not working, and even fighting in court. Who would hire me? Nobody. I'm a problem.

Although he did not have to face such a conflict, Dai, who was diagnosed with depression, attested to the ambiguity of the compensation seeking process. He worked as a sushi restaurant manager, before I met him for the first time in an April 2016 meeting, when he was 38 years old. Dai had told his doctor that he was vaguely thinking about applying for workers' compensation and was introduced to Ann. His chronology spans from 1999 to 2016, when he joined a restaurant as a part-time employee, his relocations, medical visits, leave periods and resignation. His episodes of harassment, as described below, were presented in the draft statement.

> I had little experience in *tenigiri* [gripped sushi style], but immediately after I started to work there, I was told to do that in front of the customers. I couldn't do it very well, because I had neither the experience nor the training. Soon, another chef started to treat

> me harshly. He warned me against taking memos, when I tried to do so to avoid making mistakes. Orders were thrown at me. My colleagues began to say, 'How have you become a restaurant manager?' or, 'Why can't you do this?' The chef, a heavyset man, came to the counter so I couldn't pass him. He was staring at me and I couldn't concentrate. When I became busy, he came over and watched me, saying 'Your sushi is untidy' or 'You're slow', making a tsk-tsk sound whenever I made any tiny mistake.

While he was talking about these events, Dai said 'it doesn't cause me intense feelings, but I recall the feelings I had then'. Ann replied with 'What we're working on is indeed the onset, to look back on what you hated the most'.

Dai received the letter rejecting his claim 8 months after our visit to the local authority to submit his application, which occurred after five meetings were held. Although the existence of two items, 'relocation' and 'trouble with boss', were recognised, both were considered mild, leading to a conclusion that the overall stress was not sufficiently severe. The next meeting was held in May 2017, in which he commented: 'It is frustrating' and 'Mental kinds of things seem so hard to be understood'. Ann agreed and reassured him that they could go on to discuss the possibility of appealing the case. Dai responded with:

> It sounds like a trek, doesn't it? My wife doesn't tell me anything about this, but I think she feels exhausted. I think she wants me to just work normally. So, it'll be long this time too. I read that it's more or less hopeless once it's rejected. It's obvious I'll get exhausted again. Also, I'll be lazy if I get compensation. Money will come in with me doing nothing. It won't get better if I lie down at home all the time, anyway. My kid is two years old now, he's clever, so he'll understand Dad is lazy. That's not good.

The statistics show that an appeal rarely overturns the original decision, as the success rate remained below 5% in the years 2007–2016 (MHLW, 2017). Dai told us that 'I should find a new job perhaps or should probably continue this'.[5] Ann frequently used the phrase 'ghost of the past' to summarise these difficulties. While seeking compensation, people often 'get understandably trapped in the past', in Ann's words.

Some people, however, may be inclined to avoid such trajectories. For example, Jun, who was a banker, also applied for compensation for his illness, claiming it was due to power harassment in the course of his work, which was facing major societal changes, notably the Lehman bankruptcy. His initial claim was not recognised as valid either and he dropped the case. He had developed a firm Buddhist faith since he had lost a loved 1 years before and told me in an interview that the faith does not encourage *shuuchaku*, meaning adherence or preoccupation, and instead, encourages detachment:

> I've got more of a Buddhist view of the world. If no good, no good is fine. I'm frustrated of course. I was assuring myself I would get it, but a loss is a loss. That's what the Buddha says, that there's no place for me here. Wanting to win is a *shuuchaku*. It's an awfully bad thing in Buddhist terms, as I know it. Once I do my best, if things come up differently from what I thought them to be, that's how they should be and I need to accept them as they are. I do understand it's not an easy thing. But what if you lose? What would happen to the person's life then?

His account is congruent with Williams' (1984) participant, Betty's, whose way of grasping what happens to her transcends the notion of causality, narrative or any secular explanation, as her outlook is embedded in an all-embracing *telos*.

Hope in despair: recovery and collective function

The biographical storying of a mental illness as a work-induced disorder has seemingly negative results, but some forms of anticipation towards recovery and collective function remain, which are not limited to the acquisition of immediate financial security. For example, the participants occasionally expressed that their narrative reconstruction helped them recover from their ill health by organising their past experiences. In that regard, Dr. S, Dai's doctor, suggested in a meeting that he was considering authoring a paper about Dai, because he is an intriguing person who appears to have recovered significantly throughout the 2 years of telling his story.

Another factor occasionally referred to in the field is each case's significance in terms of wider collective actions. As Marie noted, most of the reported adversarial incidents did not fit the guideline criteria and they sometimes 'can only anticipate that the criteria will be altered at some point'. Such a passive form of anticipation is more than just a comfort rhetoric. In fact, when *karoshi* (death due to job-related physical exhaustion) became a major occupational health issue in Japan, the deaths of several workers led to compensation system reforms and rulings in Japanese courts that affirmed employers' responsibility to take reasonable care about accumulated fatigue and mental health (North & Morioka, 2016).

DISCUSSION

This article describes the ways in which the claimants' suffering is understood as a particular form of victimhood. While work-stress mental illness narratives are prevalent internationally, the narrative construction of victimhood has remained an underexplored topic.

The cases demonstrated that, in narrative reconstructions of mental illnesses as work-related and stress-induced disorders, the narrative is reconfigured and assessed in various ways, though still in psychological terms and in the language of causality—a domain often associated with a single true explanation. However, the cause to be revealed is multi-faceted. In stress-objectivising discourse, it is represented as average, or collective, while in no-faulting, it is pervasive in the workplace and in blame-negotiating discourse, it is distinctly individual. In any case, in narrative reconstruction, the cases are constructed in highly performative ways, albeit without an explicit distinction between causal necessity and explanatory plausibility.

The elaborate nature of the claims' processes and the more-or-less unexpected difficulties that follow suggest further complications: (1) the formation and function of stories implicate polyvalent accounts, (2) seeking illness validation often means taking up a poorly supported sick role, with an identity as a second-class citizen (Gerhardt, 1989) and (3) making claims on the work-induced nature of psychiatric conditions seems to evoke negative moral associations, against the claims of the depressed or more explicit allegations of other kinds. Here, the narrative reconstructions of workers, who encountered 'misfortune' and are searching for recognition, ironically implies uncertain self-victimisation, bringing more difficulty than their initial expectations. This uncertain victimisation represents another side of the same coin in a broader understanding of mental illness within contemporary Japan's changing socioeconomic environment, affecting the variance in narrative reconstruction and contestation.

Given these complications, it is understandable that victimhood of, or compensation for, mental illnesses have escaped much scholarly as well as social attention. However, precisely due to this underrepresentation of mental illness, this paper focused on the narrative reconstruction of certain mental illnesses, as work-related and stress-induced disorders. These findings provide useful reference points

with which medical sociology can increase its capacity to grasp and familiarise itself with mental illnesses in novel ways. This article also suggests that medical sociology can utilise analytic dichotomies, such as victimhood–agency, fact–fiction or aetiology–narrative, to treat each facet of the respective differentiation not as a contradictory alternative, but as a different level of analysis. Accordingly, Williams (1984) referred to causal and narrative aspects as coexistent, to allow for more fine-grained approaches to ambiguous illness narratives and contested illnesses.

The processes and consequences of narrative reconstruction illustrated in this article reveal the heuristic potential of relativising causality, customary in medical sociological research. Indeed, there is more to the formation of work-induced illnesses than cause–effect chains. Future studies could explore how individual accounts would appear without causality vocabulary or what might be disregarded when framing accounts with aetiological explanations[6]. Future research could compare different social contexts where narratives are reconstructed in distinctive ways (Ehrenberg, 2010; Greco, 2017; Lippel, 2012). This would involve a comparison between a cause-based social system (where causality constitutes a central criterion for benefit entitlement) and/or other systems, such as those where entitlement to compensation exists regardless of the cause(s) of the illness or disability. These studies could further focus on the distinction between causes, associating an antecedent event to its putative effect through some explicit mechanism, and reasons, connecting an antecedent to its consequence through homology, affect or reasoning in narrative reconstruction (Williams, 1984; Young, 1995).

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AUTHOR CONTRIBUTION

Hiroto Shimizu: Conceptualization (lead); data curation (lead); formal analysis (lead); funding acquisition (lead); investigation (lead); methodology (lead); project administration (lead); validation (lead); writing-original draft (lead); writing-review & editing (lead).

DATA AVAILABILITY STATEMENT

Research data are not shared due to privacy and ethical restrictions.

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ENDNOTES

[1] Workers' compensation is commonly criticised as leading to malingering, 'compensation neurosis' or 'secondary gain syndrome'. These labels are more often applied to non-privileged social groups, while 'few studies have shown a difference in healing rates that may be attributed to [differences in] the compensation process' (Lippel, 1999: 528–31).

[2] Adjustment disorder is defined by the International Classification of Diseases (ICD) as 'States of subjective distress and emotional disturbance, usually interfering with social functioning and performance, arising in the period of adaptation to a significant life change or a stressful life event' (World Health Organization (WHO), 2016). Depressive disorder and adjustment disorder fall in the ICD categories of codes F3, 'Mood [affective] disorders' and F4, 'Neurotic, stress-related and somatoform disorders', respectively. Both of these, along with F2 schizophrenic disorders, are specified in the scheme as primary psychiatric conditions that can be work-induced.

[3] The withdrawal is due to the reconciliation that was reached in another dispute (not addressed in this paper).

[4] Analysing the processes of human action in connection with wider social or institutional contexts is an inherent aspect of ethnographic knowledge production (Atkinson, 1995; Hammersley & Atkinson, 2019; Kleinman, 1988). Using gerunds (often informed by conventional vocabularies) as analytical categories for this purpose is a common and useful sociological method (Saldaña, 2016).

[5] Dai ended up appealing the case. Exceptionally, the original decision was overturned, due to reassessed overtime.

[6] Accordingly, some professionals in the field highlighted a limit of appealing to aetiology. For example, Dr. H, who is in charge of the meetings for occupational health professionals, has occasionally expressed that the current mental health frameworks rest on 'the logic that something [an act] should not be overlooked on the ground that it could cause a mental illness', but 'society can also claim that that something should not be overlooked just because it is bad [regardless of whether it could cause a mental illness or any other considerable damage]'.

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