ORIGINAL PAPER

Being (Ab)normal – Be(com)ing Other: Struggles Over Enacting an Ethos of Difference in a Psychosocial Care Centre

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Abstract
Responding to recent calls from within critical MOS and organizational ethics studies to explore questions of difference and inclusion 'beyond unity and fixity', this paper seeks to enrich the debate on difference and its negotiation in organizations, thereby foregrounding difference as the contested and ever-changing outcome of power-invested configurations of practice. The paper presents an ethnographic study conducted in a psychosocial day-care centre that positions itself as a 'space of multiplicity' wherein 'it is normal to be different'. Highlighting the context-specific challenges and struggles encompassing mental ill-health as a category of difference deviating from the norm, our paper contributes to a critical-affirmative understanding of difference. We foster an approach that values normative orientations such as 'egalitarian difference' and 'difference as multiplicity' yet avoids idealising portrayals of an ethics of difference that challenges normalcy and unconditionally favours otherness and calls for 'radically other kinds of difference'.

Keywords Agonistic struggles · Egalitarian difference · Ethics of difference · Mental (ill-)health · Normalcy · Multiplicity · Otherness

Introduction

The concept of difference has received a lot of attention within the humanities and social sciences in recent years. This is reflected in burgeoning diversity and inclusion studies within management and organization studies (MOS) (e.g. Adamson et al., 2021; Tyler, 2019; Zanoni et al., 2010), the broad literature on integration and inclusion within fields such as pedagogy, education and psychology (e.g. Ciompi, 2001; Katzenbach & Schröder, 2009; Wolch & Philo, 2000), and debates on otherness, alterity and the ethico-politics of

difference within MOS and organizational ethics studies (e.g. Rhodes et al., 2020; Vachhani, 2020).

In line with recent calls from within critical organizational studies to explore questions of difference 'beyond unity and fixity' (Dobusch et al., 2021; Tyler & Vachhani, 2021), this paper seeks to enrich the debate on the complexities encompassing difference and its negotiation in organizations. We situate our analysis in a broadly poststructuralist line of thinking (e.g. Foucault, 1991; Mouffe, 2000), which entails viewing organizations not as 'containers' that harbour a range of given human differences (for instance, in gender, sexual orientation, disability, or mental health), but rather as dynamic sites where the meaning(s) and value(s) of difference are continuously constructed, negotiated and enacted, with reference to particular situations and categories including, e.g. normalcy. Difference thus emerges as an ever-changing and contested outcome of a specific set of practices.

Our approach to difference is empirically grounded in insights gained from an ethnography conducted in a psychosocial day-care centre. We consider this organization, which we refer to as *Departure*, a 'critical case' in Flyvberg's (2006) sense. The care centre is situated in the field of social psychiatry where difference was historically constructed as a

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negative deviation from the norm (of mental health). *Departure* exemplifies changes in the 'psychotherapeutic complex' where practices of 'normalisation' (Link, 2004) have more recently been questioned and 'mental health geographies' appreciating human differences and diversity have been fostered (Wolch & Philo, 2000). *Departure* presents itself as a 'place of multiplicity' and actively promotes an ethos of egalitarian difference. Supporting a diversity of life forms, it aims to 'live difference in an inclusive way'. According to its mission statement, *Departure* opposes the social stigmatisation and discrimination of people with mental health issues, which persist across different societal spheres (Elraz & Knights, 2021). The centre also advocates 'psychological health' and supports its clients in the 'recovery' process (Herriger, 2006).

That said, in *Departure*'s multi-level engagement with the nexus of difference and normalcy, questions concerning the meaning and value of difference are omnipresent. They encircle possibilities and limitations of being different or the same as others, forms of individual otherness that are acceptable, and forms of normalcy that are required or desired. In the ubiquity of such considerations in everyday practice and the challenge to engage with difference constructively lies the 'strategic importance' (Flyvberg, 2006, p. 229) of our case. In view hereof, we address the following research questions: How is difference understood and negotiated in relation to categories such as normalcy and, specifically, mental (ill-)health? What are the struggles in attempts to enact an organizational ethos fostering idea(l)s such as 'egalitarian difference' and 'difference as multiplicity' in regulated fields of practice like social psychiatry?

To develop our argument, we draw on insights from diversity and inclusion studies, extant literature on mental health and psychosocial institutions and scholarship on the ethico-politics of difference. Focussing on complexities, dynamics and challenges surrounding difference 'at work', the paper's specific contribution is threefold: First, it responds to calls from within critical diversity and inclusion studies for further practice-based analyses (e.g. Dobusch et al., 2021; Janssens & Zanoni, 2021). By considering contestation and contingencies as irreducibly inscribed in power-invested configurations of practices (Foucault, 1991; Ziarek, 2001), our study enriches extant MOS that focus on 'doing' or 'performing' difference, diversity and inclusion (Ahmed & Swan, 2006; Adamson et al., 2021). Second, the paper contributes to critical-affirmative MOS and ethics of difference studies (e.g. Rhodes et al., 2020; Tyler, 2019; Vachhani, 2020). Specifically, it extends an understanding of difference that fosters a genuine openness to 'radically other kinds of (difference) practices' (Janssens & Steyaert, 2020, p. 1169) by recognising tensions, agonistic struggles and limitations in the articulation of an 'ethics of difference' (Mouffe, 2000; Ziarek, 2001).

Third, being grounded in an ethnographic study, the paper contributes to a deeper understanding of how difference is negotiated in specific practices and how an ethos of difference is enacted in the mental health context. This context is still under-explored in MOS (exceptions include Elraz & Knights, 2021; Randall & Munro, 2010), even though questions of difference, normality and normalisation lie at its heart (Link, 2004). Mental (ill-)health has, unlike gender, age, race and physical disability, received little attention and represents a widely 'invisible' category of difference. The remainder of the paper is organized as follows.

We start by situating our study in the context of critical studies of organizational difference and inclusion and show how understandings and meanings of difference have shifted over time. In the subsequent section, we situate contemporary psychosocial institutions in their socio-cultural context. We demonstrate how the construct of difference emerged historically and discuss how the nexus of difference and normalcy has been (re)articulated, thereby shaping the field of mental health. In the methodology section, we explicate our understanding of power-invested practices and outline its broader philosophical underpinnings; we then introduce the methodical research design that guided the ethnographic study and analysis. Subsequently, we present our empirical analysis, detailing various understandings of difference evoked by members of *Departure* and illustrating how they dynamically negotiate difference with reference to categories such as normalcy and mental (ill-)health. We also discuss exemplary organizational practices promoting inclusive living of difference and elaborate on continuing struggles concomitant with attempts to enact an organizational ethos of egalitarian difference and difference as multiplicity. In the discussion, we contemplate the broader significance of the study's findings and elaborate on its contributions to, specifically, critical-affirmative analyses of difference and difference ethics within MOS and organizational ethics studies.

Difference in Diversity and Inclusion Debates

In classical managerial approaches, difference is constructed as a problem to be managed. The 'dominant group', as 'those people with a disproportional amount of (organizational) power' (Loden & Rosner, 1991, p. 37), defines what is 'normal'. Those who deviate from the norm are perceived as 'problem groups', comprising individuals who are 'other' or deficient (Cox & Blake, 1991). In the 1990s, however, 'diversity' emerged as the new 'business paradigm for differences' (Zanoni et al., 2010). Concomitantly, differences were increasingly framed as a potential source of economic value, allowing companies to capitalise on 'otherness' and diversity.

Portraying difference as a 'problem' and/or commodifying selective forms of difference has been challenged both by interpretive and critical studies of organizational diversity and inclusion (e.g. Adamson et al., 2021; Janssens & Zanoni, 2021). Interpretive approaches have focussed on how difference (in age, gender, ethnicity, religion, etc.) is socially constructed in organizations, and how managerial approaches are enacted in the sense of 'doing' diversity and inclusion (Ahmed & Swan, 2006). They thereby argue that, irrespective of a recent 'discursive shift from diversity (management) to inclusion' (Dobusch et al., 2021, p. 313), an instrumental approach to human difference remains dominant.

Critical approaches have challenged normalising practices that seek to erase difference and devalue individuals' otherness (Ahmed, 2002; Muhr, 2008). They have focussed on forms of social oppression that revolve around the construction of difference (Herring & Henderson, 2012) and have challenged the ideological bias inherent in the 'business case of diversity' (Embrick, 2011). Furthermore, they have challenged the individualist assumptions underpinning prevailing research on diversity and inclusion, thereby glossing over structural conditions that support and (re) produce extant power asymmetries and marginalisation at work (Dobusch et al., 2021; Zanoni et al., 2010). In a recent study on the fashion chain Primark, Tyler & Vachhani (2021) explored how practices of exclusion and over-inclusion intermingle in corporate inclusion, with the effect that 'those who are perceived as different, are either reified as a marketable novelty act…or misrecognized' (p. 248). By this means, existing inequalities are reinforced, while 'possibilities for other ways of … organizing' (p. 248) difference are undermined.

Foucault-inspired studies have further problematised power effects associated with the discourse and specific practices of managing difference, diversity and inclusion (Ahonen et al., 2014). They have focussed on 'techniques for the disciplining of human difference: individualizing humans through classifying them, calibrating their capacities and conducts, inscribing and recording their attributes and deficiencies, managing and utilizing their individuality and variability' (Rose, 1998, p. 105). More specifically, critical studies at the intersection of (dis)ability and diversity (e.g. Buchter, 2022; Couser, 2005) have theorised disability as a 'cultural construct that assigns traits to individuals and discriminates among them on the basis of (bodily) differences' (p. 95), thereby highlighting how classificatory schemes assist in establishing standards of normalcy and create normalising pressures that act as a subjectifying force, often accompanied by attempts to negate difference and display hegemonic normality of the 'healthy', 'able' and 'productive subject' (e.g. Elraz & Knights, 2021; Elraz & McCabe, 2023).

Studies in this tradition have further demonstrated how categorisation and other bureaucratic procedures contribute to 'sorting out' those who are defined as different, deviant or 'disabled' in a physical or mental sense (Garsten & Jacobsen, 2013). Specifically, they have challenged the exclusionary effects of socio-discursive practices built on supposedly essential ('negative') differences of certain social groups (Risberg & Pillhofer, 2018). Related analyses have demonstrated the impact of the construction of disability as a 'negated difference through assumed ableism' (Williams & Mavin, 2012, p. 159) on individuals' negotiation of self and others in various contexts of organizing. Studies have also highlighted how diversity and inclusion discourses are implicated in the power dynamics of organizations and professions (Mikkelsen & Wahlin, 2020) and how, specifically, inclusion can turn into a governing technology and 'strategy of containment' (Swan, 2010) foreclosing otherness and difference at work.

There are also critical-affirmative approaches to difference, which are pertinent to our study. Framing difference in terms of 'alterity' and thus as 'irreducible otherness', they are critical of a 'mode of alterity' (Rhodes, 2020, p. 74) wherein 'the other' is cast as abnormal, marginalised and subject to discrimination while affirming a mode of alterity in which the other is recognised 'as unique, irreplaceable and deserving respect and devotion' (p. 74). These approaches thus value otherness beyond attempts to appropriate, normalise or subsume it (Tyler, 2019). They are grounded in an ethos that welcomes 'the Other's difference' (Tyler & Vachhani, 2021, p. 251). As such, they promote a 'mode of organizing that does not violate the particularity of people' but rather appreciates the 'absolute alterity…of the Other(s)' (Byers and Rhodes, 2007, p. 239; Vachhani, 2020).

Overall, critical-affirmative studies portray difference as a multiplicity that is not an object to be 'managed' and contained but an open-ended process, evolving in a continuous 'becoming' (rather than 'being') (Dobusch et al., 2021). In an exemplary study by Janssens and Steyaert (2020), difference is indeed claimed as 'the core universal norm' (p. 1164). Social relations that genuinely value difference are here understood as accomplishments resulting from a bundle of interwoven practices that seek to create an 'inclusive social order or a diverse organization' (p. 1149). Studying the 'affirmative case' of a dance company, Janssens and Staeyert identified a number of 'diversalizing practices' that 'enabled the production of multiplicity' (p. 1169): the 'practice of mixing', which brings together people from different age groups, genders and ethnicities, thereby 'breaking the link with stereotypical norms' (p. 1164); the 'practice of inverting', which highlights the 'distinctiveness of difference and reverses uneven positions' (p. 1164); and the 'practice of affirming', which strengthens multiplicity by encouraging
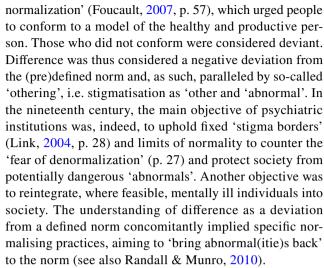
'activities of constantly repeating and experimenting' (p. 1164).

In the context of critical-affirmative approaches, we also observe a growing interest in the ethical–political aspects of difference (Rhodes et al., 2020). Rhodes (2020, p. 69), for example, explores 'the idea of an ethical praxis for diversity', which is grounded in 'a genuine ethical interest beyond business justification'. Such approaches seek to align an ethical critique of objectivising and dehumanising 'the other' with activist political practices aiming to transform social relations and organizations to enhance social justice and solidarity, understood as 'inclusivity in difference' (Fotaki, 2022, p. 317). That said, studies that are informed by an 'affirmative, engaged and pragmatic ethos' (Zanoni et al., 2010, p. 11f.) problematise corporate assimilation and co-option attempts and instead consider dissimilarity and disidentification (e.g. with unifying norms) as 'politically and ethically significant' (Tyler, 2019, p. 52). They thus appreciate the disruption of normative conditions that stabilise power imbalances and interlocked, institutionalised practices and emphasise the significant role of continued struggles over social recognition and equality (Tyler & Vachhani, 2021).

In our discussion, we will return to this debate on the ethico-politics of difference by highlighting the complexities and agonistic struggles encompassing attempts to foster (more) democratic, egalitarian and non-hierarchical forms of difference and be(come) open to difference as multiplicity. While extant critical work in MOS and organizational ethics has drawn on Ziarek (2001) in studying such struggles concerning racial and gender differences (e.g. Vachhani, 2020), our analysis broadens the scope by considering mental (ill-)health as an eminently contested, dynamic and relational category of difference. Before we present our analysis of how (an ethos of) difference is negotiated and enacted in a psychosocial care organization, we elaborate further on difference as a core construct in the institutional context of psychiatry.

Difference Constructions in Mental Health Institutions

To develop a better understanding of how contemporary organizations of mental health care approach difference, we outline in the following how difference was historically constructed, especially in relation to the ambiguous construct of normalcy. In medieval times, people who deviated from dominant feudal norms were ostracised by society; strict segregation became less important though from the late eighteenth century onwards, when the institutionalisation of 'mental illness(es)' started to progress. Among other things, this implied that psychiatric organizations increasingly instituted the 'operation of disciplinary

normalization' (Foucault, 2007, p. 57), which urged people to conform to a model of the healthy and productive person. Those who did not conform were considered deviant. Difference was thus considered a negative deviation from the (pre)defined norm and, as such, paralleled by so-called 'othering', i.e. stigmatisation as 'other and 'abnormal'. In the nineteenth century, the main objective of psychiatric institutions was, indeed, to uphold fixed 'stigma borders' (Link, 2004, p. 28) and limits of normality to counter the 'fear of denormalization' (p. 27) and protect society from potentially dangerous 'abnormals'. Another objective was to reintegrate, where feasible, mentally ill individuals into society. The understanding of difference as a deviation from a defined norm concomitantly implied specific normalising practices, aiming to 'bring abnormal(itie)s back' to the norm (see also Randall & Munro, 2010).

Increasingly, treatment of 'mental illness(es)' was subject to processes of 'scientification' (Foucault, 1965). As a 'science relevant to normalism' (Link, 2004, p. 18), the emerging field of psychiatry sought to establish and fix standards for determining normalities as distinct from abnormality/ies in medical-psychiatric terms. In parallel, quantification, measurement and the use of statistical knowledge in diagnostic settings eventually gave rise to what Foucault (2007, p. 63) called 'normalization in the strict sense'. The norm that serves as the basis of medical measures and diagnoses is here deduced from the distribution of normalities; such normalisation thus works 'in relation to "averages" and other statistical sizes' (Link, 2004, p. 18) considered as 'normal'. Overall, psychiatric organizations from this period were widely understood as closed spaces or 'asylums' separated from society at large (Goffman, 1961).

Reform of the institutional field of psychiatry was eventually initiated in the mid-twentieth century, with a view to de-institutionalise, de-hospitalise and 'humanise' the field, specifically by approaching those with 'mental disorders' as subjects of their own lives rather than mainly objects of statistical-diagnostic analysis, educational measures and patronising care (Wolch & Philo, 2000). The 'anti-psychiatric movement', starting in the 1960s and endorsed by psychoanalysts and psychiatrists such as Lacan, Guattari and Cooper, illustrates the re-problematisation of normative concepts such as 'mental illness' or 'psychic pathologies' and the overall critique of repressive psychiatric clinics and the 'asylum practices' they employed. Representatives of the movement argued for the need for local mental health institutions and community-based care provision, thereby facilitating the emergence of 'social psychiatry' (Nasser, 1995). With its establishment in the 1990s, the psychiatric focus on clearly defined 'abnormal' thoughts and behaviours progressively shifted to a more dynamic, situated understanding of mental (ill-)health and (ab)normality, thus furthering

specific 'psychiatric interventions' in the 'social context where patients live' (Ventriglio et al., 2016, p. 1).

That said, in recent years, we have observed a shift in how mental (ill-)health as a category of difference is constructed. This re-valuing of difference and re-positioning of subjects with mental health conditions (MHCs) is, e.g. reflected in social psychiatric concepts such as 'empowerment', self-determination and 'recovery' (Clausen & Eichenbrenner, 2010), concepts that are supported not only by reformers but also by more conservative representatives in the field of special education, pedagogy and social psychology. Some proponents consider them an important contribution to the promotion of equality and the inclusion of people with MHCs, emphasising their opportunities to foster (social and work-related) 'rehabilitation' and overall 'normalisation' (here understood as 'making normal') of difference (see Elraz & Knights, 2021). Others are equally supportive of social psychiatric concepts promoting inclusion but argue for new 'mental health geographies' that appreciate and culti-vate a broad spectrum of human differences (Wolch & Philo, 2000). Progressive approaches, specifically, redefine differ-ence as a creative process of unfolding diverse capacities and 'becoming other'. There are, however, also critics of social psychiatric concepts such as recovery. These particularly problematise its economic utilisation and point to concomi-tant problematic normalisation effects, i.e. the passing over and homogenising of individual differences and otherness (Ciompi, 2001; Katzenbach & Schröder, 2009).

In view hereof, we note that, in recent decades, a refined understanding of difference and normality has emerged in mental health institutions. Traditional psychiatric institu-tions presented disciplinary spaces for correcting deficits, negative deviance and 'illness' and, in doing so, employed normalisation practices determining narrow limits of (ab)normality (Link, 2004). Contemporary mental health organi-zations, by contrast, are portrayed as spaces providing the supportive environment needed to (re)gain mental health and, thus, autonomy scopes and opportunities for participa-tion and involvement (see also Randall & Munro, 2010). This does not, however, mean that 'strategies that concern the fabrication and maintenance of normalities' (Link, 2004, p. 29) are dissolved. Yet, in comparison to former repressive disciplinary practices, contemporary normalisation practices are more nuanced and focus, following Link, on 'self-nor-malisation' (p. 29), involving, among other things, making one's MHCs invisible while making aspects of 'being nor-mal' visible (Elraz & McCabe, 2023).

In light hereof, the 'continuity of normalisation' (Link, 2004, p. 29), specifically statistical-measures-driven nor-malisation, that we observe in mental health institutions and 'data-processing societies' (p. 19), more generally, implies that those differing from the norm/al still experience 'other-ing' and thus stigmatisation as deficient or deviant (Elraz &

Knights, 2021). We will return to this aspect in our analysis of how difference is dynamically negotiated at the psycho-social day-care centre *Departure*. First, we elaborate on the philosophical underpinnings of our study and introduce its empirical research design.

Methodology

Philosophical Underpinnings of the Empirical Study: Exploring Practices as Power-Invested

In the context of our ethnographic study, (difference) prac-tices are, in line with the poststructuralist thinking of Fou-cault (1991), Mouffe (2000) and Ziarek (2001), understood as specific routinised ways of doing and speaking that are socio-discursively framed and governed by a normative matrix of behaviour. While practices are often said to be 'organized around shared practical understanding' (Schatzki, 2001, p. 2), we stress that this understanding is 'the result of a hegemonic articulation' (Ziarek, 2001, p. 89) rather than the outcome of spontaneous or symmetrically negotiated consensus.

Specific configurations of practices are thus understood as power-invested. As such, they may be relatively stable; it should be noted though that they are not fully fixed or closed but involve struggles and contestation (Mouffe, 2000). Put differently, while they provide ways of seeing and speaking, of defining the '(ab)normal', and of relating to self and oth-ers, they are, in our understanding, continuously modified in a 'complex interplay between what replicates the same process and what transforms it' (Foucault, 2003, p. 277). In the study at hand, acknowledging the 'two-sided dynamic' (Zanoni et al., 2010, p. 18) of practices implies an attentive-ness to routine ways of dealing with issues of difference, otherness and (ab)normalcy, as well as to the ways in which individuals in various positions relate to these forms and (re)negotiate them in the process of folding them into daily practices.

That said, we emphasise that our understanding of prac-tices is informed by an 'ontology of becoming' (Chia, 1996), which stresses that the world is in a continuous process of modification and transformation and considers relations as 'more real than the things which they relate' (p. 50). This ontology undermines seemingly given binary categories, such as normal and abnormal, same and different, inclusion and exclusion, or health and illness. In addition to recognis-ing the 'becoming' and openness of social relations, self-relations and constructs such as difference and inclusion (Dobusch et al., 2021), our attentiveness to (asymmetrical) power relations reminds us that the possibilities of being different and 'becoming other' (Deleuze, 1995) in a self-directed way are unevenly distributed and, thus, experienced

in the context of 'multiple organizational inequalities' (Zanoni et al., 2010, p. 18).

Indeed, given the multiplicity of differences, processes of (re)negotiating such possibilities are, as will be shown, agonistic in nature; they are characterised by an ongoing struggle where individuals change positions and re-articulate questions surrounding identity and difference. However, in contrast to antagonistic confrontations, in which, following Mouffe (2000), the other is perceived as an enemy to be destroyed, otherness (of the other) is both necessary and beneficial in agonistic relations, even though it can sometimes be competitive, challenging or provocative.[1] Before we further elaborate on the agonistic struggles encompassing difference as the ever-changing outcome of specific configurations of practice, we will now specify our empirical research design.

Background to the Empirical Study

Our empirical material stems from an ethnographic study that we conducted at the day-care centre *Departure,* situated in Western Austria. In comparison to other psychosocial institutions, with approximately 15 staff members and 70 clients, it is a rather small organization. Founded in 1990 with the objective of providing an alternative to extant organizations within the field, *Departure* has from its establishment been characterised by a critical approach towards traditional psychiatry and, specifically, medical-diagnostic normalisation models and techniques. Instead, it has long embraced modern social psychiatric concepts such as empowerment and recovery (Herriger, 2006).

As mentioned above, *Departure* positions itself as a 'place for many' committed to principles such as 'being different and other is normal', 'being equal and on par' and 'being inclusive and diverse'. These principles are manifest in *Departure*'s mission statement and seek to foster an ethos of egalitarian difference and multiplicity. The latter is also reflected in the composition of the centre's multi-professional team, which includes social workers, psychotherapists, occupational therapists, pedagogues and psychologists. The backgrounds of clients, facing mental health issues such as recurrent depressive or manic-depressive episodes, are equally diverse.

Access to the day-care centre was secured by the first-named author, who, alongside her academic work, is engaged in training in systemic psychotherapy. Conducting a six-month placement at a psychosocial institution is part of this training. The placement at *Departure* was completed in 2019. A couple of weeks into the placement, the first-named author enquired about the possibility of using her experiences at the centre for her research. The director was from the beginning open to the idea, as were the majority of staff members and clients as they learned more about the fields of (critical) MOS and organizational ethics. In light hereof, we now elaborate on the process of data collection and the study participants.

Data Collection and Study Participants

The empirical research was underpinned by an explorative and methodically plural approach (Fotaki, 2022), which is characteristic of ethnographic studies that attempt to understand the complexity of the social and organizational world. A critical ethnographic approach was considered most appropriate, since it allows one to 'open to scrutiny' (Thomas, 1993, p. 3) otherwise taken-for-granted 'agendas, power centres and assumptions that inhibit and constrain' (p. 3). In our case, it enabled the exploration of categories such as difference/normalcy and inclusion/exclusion not as fixed and oppositional but as mutually constitutive and contested (Dobusch et al., 2021). Critical ethnography, furthermore, permits analysing socio-material as well as discursive elements, thereby paying particular attention to the entanglement of power-invested practices and concomitant meaning-making processes of those immersed within a field of practice. That said, everyday 'doings and sayings' (Janssens & Steyaert, 2020, p. 1152) are considered interlinked and embedded within a broader 'regime of practices' (Foucault, 1991), shaping and organizing constructs such as difference and normalcy.

Overall, ethnographic approaches allow 'for complexity in data collection…including the observation of practices in specific settings' (Zanoni et al., 2010, p. 19). The research presented here involved participant observation and, thus, partaking in the daily life and different programme activities at *Departure*. Alongside participant observation, the ethnography comprised detailed field notes, documentary analysis (of documents such as *Departure*'s mission statement, internal reports, public policy statements and the magazine *Departure* produced by the centre's clients) and records of informal conversations as well as 15 open, semi-structured interviews with 'professionals' and clients.

The interviews were conducted towards the end of the placement and, thus, at a time when trusting relationships with members of *Departure* were cultivated. Out of the 15 interviews, which were all recorded and transcribed, 10 were with members of the multi-disciplinary team (5 female, 5 male) and 5 were with clients (2 female, 3 male). This was

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[1] Mouffe (2000) developed the concept of 'agonism' in the context of her political theory, which promotes 'pluralistic democracy'. Here, she writes: 'The aim of democratic politics is to transform antagonism [i.e. involving hostile adversaries who try to annihilate each other] into agonism [i.e. involving friendly adversaries whose right to the existence is recognized by each side, if not even appreciated]' (103).

largely because clients preferred informal, open-ended conversations. In consonance with our ethical commitments, we respected this wish and only interviewed clients who wanted to take part in the study as an interviewee. Given concerns about putting clients in a potentially vulnerable position (Fotaki, 2022), we follow Buchter (2022), who argues that, especially in contexts in which there is a risk of pronounced dependency and asymmetry on the part of the research subject, it might be more insightful to conduct short, ad hoc conversations rather than setting up an artificial interview situation. In light hereof, it was a considered decision to communicate specifically with clients in a more informal manner. In most instances, it was also clients who initiated the conversations and wished to share their experiences as members of *Departure*. For confidentiality, throughout the analysis, we refer to all members of the centre using pseudonyms.

The presented material stems from observations and field notes, (in)formal interviews and secondary information about *Departure*. In line with our ethnographic approach, the study's objective was initially to openly observe practices as sites where what is said and done coincide (Foucault, 1991). As the research proceeded, it became clear that daily doings and sayings revolved around themes such as being different ('ill') and being normal ('healthy'), being on par, and adherence to principles such as pluralism and diversity. These themes were subsequently addressed during the interviews. In what follows, we present the analytical strategy we used throughout.

Analytical Strategy

In the process of data analysis, we employed a reflexive, inductive approach (Dobusch et al., 2021), which started out with open-ended conversations between the paper's authors. These conversations involved questions such as: What typifies the activities and, more or less routinised, modes of organizing at *Departure*? How do its members interact and relate to self and others? What is *Departure*'s position within the psychosocial landscape, and how does it differ from other organizations within the field? Which principles and values seem to matter to members of *Departure*? And what are the challenges prevailing at the centre, and how are they navigated?

The first phase of analysis involved various iterative movements between observational field notes, interview transcripts and secondary sources (Fotaki, 2022). After multiple readings, we began with a first thematic structuring of the data. Broad themes that we identified as intermediate threads were difference, otherness, multiplicity, encounters at eye level, participation and inclusion, normalcy and the lack thereof. Overall, this first-order analysis furthered an interest in exploring how difference is understood and negotiated at *Departure*—with specific reference to the construct of normalcy.

After this phase of 'open coding', we started to structure the empirical material in accordance with our aroused research interest. We then paid increasing attention to critical scholarship on difference and, specifically, debates on difference practices, the conjunction of difference, otherness and inclusion and concomitant complexities and struggles (e.g. Dobusch et al., 2021; Rhodes & Wray-Bliss, 2012; Ziarek, 2001). The second-order analysis also led to the refinement and development of the initially emerging themes. As a result, notions such as difference as multiplicity, non-hierarchical, egalitarian difference and ethics of difference and dissensus came to the fore, in common with concepts such as normalisation and stigmatisation of otherness and difference (e.g. Elraz & Knights, 2021; Rhodes et al., 2020; Vachhani, 2020).

'Dwelling' in diverse but complementary theoretical perspectives, including critical-affirmative and practice-based approaches to difference and analyses of mental health practices and institutions, was part of the second-order analysis. Fotaki (2022, p. 303) argues that such dwelling underpins a 'reflexive model of science, deploying multiple dialogues to reach explanations of empirical phenomena'. Based on several iterations between ethnographic notes, interview transcripts and different disciplinary-theoretical sources, we subsequently interpreted our material. At the end of the second phase of analysis, we eventually established two main analytical categories. We refer to them as a) constructions and articulations of difference as relational and b) negotiations and enactments of the contested ideal of difference. These analytical categories allowed the connection of common themes—first and foremost, the nexus of difference (mental ill-health) and normalcy (mental health) and the struggles over values such as difference, multiplicity and egalitarianism—and enabled us to organize our rich 'empirical research materials into a story' (p. 303). We now conclude the methodology with some reflections on our positionality.

Positionality

As critical scholars, we acknowledge that scholarly practice demands reflexivity, requiring that researchers position themselves in relation to their subject and field of study and think about how their paradigmatic preferences, preunderstandings and assumptions shape the research process. We concomitantly acknowledge that 'researchers and respondents work within an asymmetrical power relationship' (Dobusch et al., 2021, p. 320), where the former is commonly positioned as superior and 'expert' whilst the latter is positioned as a subordinate and 'known' object (Wray-Bliss, 2003). To critically engage with one's position/ality seems particularly significant in settings such as mental

health care, 'where historical power asymmetries are part of daily life' (Dobusch et al., 2021, p. 320; Elraz & Knights, 2021). Simultaneously, we acknowledge that it is impossible to escape our positionality, portraying a marker of politics and privileges.

However, we tried to account for this impossibility. For instance, we acknowledged that adapting a reflexive position also requires us to 'reject detachment' (Fotaki, 2022, p. 301) from our research subject(s). Specifically, we allowed for feelings of solidarity towards marginalised groups. Such feelings encourage(d) us to establish an advocacy position from which we speak 'on behalf of' vulnerable groups. In the process of making sense of our material, however, we realised that such a position is paralleled by the risk of reinforcing extant hierarchical divisions. On a related note, we came to realise that we cannot free ourselves from societal orders that position some as (more) 'normal' and others as (more) 'different'. Attempting to turn the given into a question (Foucault, 2003), we further tried to become more considered regarding the labels and categories we used throughout the research. Being attentive to potential normalising effects, we thus tried to avoid imposing any categories on our study participants (such as 'people with mental disorders'), instead trying to give voice to their own self-identifications.

Being committed to ethical ideals and principles such as egalitarian, non-hierarchical difference, we attempted to encounter those we researched with respect and appreciation; that said, we accept that there are always limitations to relationships of symmetry and 'mutuality between researcher and researched' (Fotaki, 2022, p. 301). Being sensitive to such limitations is significant, specifically in the context of research on (historically) oppressed groups. We thus aimed to move from a position of 'speaking for' or 'writing about' to one of 'speaking with' (Buchter, 2022, p. 256). In doing so, we sought to be as responsive as possible to the subjects of our research.

Empirical Analysis

In what follows, we present the findings of our empirical study conducted in the context of social psychiatry. In line with our research interest in (a) the negotiation of difference ('ill-health') in relation to categories such as normalcy ('health') and (b) the struggles that accompany the enactment of an ethos of difference and multiplicity at a psychosocial care centre, we first portray the various understandings of difference that members of *Departure* articulate when pondering the societal position/ing of difference and (ab)normality. The subsequent section then analyses how constructs such as normalcy/difference, health/ill-health and professional/client position are dynamically negotiated at the day-care centre. The third section provides further insights

into specific organizational practices that seek to foster the inclusive living of difference. The final section elaborates in more detail on the struggles over attempts to enact ideals such as egalitarian difference, individual otherness and multiplicity as part of *Departure*'s ethos.

The Various Facets of a Relational Construct: Difference at Work

The conversations with clients and staff members of *Departure* suggest that they understand difference in variegated ways. In many instances, they reflect on and negotiate difference with reference to established social norms and, specifically, 'deviance' from such norms. Whereas some staff argue that 'psychic crises or ill-health are nowadays almost part of normality' (Bernd, social worker), others posit that the talk of a society 'open to otherness is a myth' (Verena, occupational therapist). The latter is also seconded by some clients:

> 'If one differs a little bit from the norm, one is still very quickly categorised and defined…in our case as mentally ill' (Simone).

Such categorisations are questioned by all members of *Departure*, with some staff also considering it part of their role to 'counter societal stigmatisation' (Gerry, social worker) of people with mental health issues. Some clients are further engaged in advocacy work, with the objective to challenge any constructions of difference paralleled by marginalisation and exclusion. Many clients indeed suffer from discriminating subject positions often allied to people with MHCs, including the 'lunatic' (Steven), the 'phlegmatic' (Benjamin), or the 'incalculable other' (Simone).

However, while positions of difference that result from and/or reinforce prevailing social inequalities and asymmetries are problematised (Ziarek, 2001), they are not refused per se. Several clients express a desire to be 'allowed to be other' (Elton) and, here, associate difference with notions such as 'diversity of talents' (Simone), 'multiplicity, and respect for everybody' (Elton). The latter is also echoed by Alex, the manager of the centre. He expresses the 'utopian wish' that

> One stops to make distinctions on the basis of categories like disability, depression, anxiety… that one moves away from stigmatisation, and starts to consider every human being as singular and on equal footing.

Alongside an attempt at furthering (egalitarian) otherness and other forms of being, some members of *Departure* emphasise that difference, and its implications, must always be considered in its specific context. Following the therapeutic supervisor, Bob, in some contexts 'differentiations are sensible and productive, in others not'.

The notion that difference is a multi-faceted and contested construct can be further substantiated by looking more specifically at how it is negotiated in relation to the notion of *normalcy*. Clients of the day-care centre persistently engage with the question 'what is normal, and what is not normal?' and thereby evoke an eminently ambiguous attitude towards the construct of normalcy. As suggested, fixed categories and positions do not sit well with members of the centre, and clients are particularly afflicted with being 'othered', i.e. defined as deviating from the norm(al). Most of them indeed share the wish to be 'considered more normal' (Simone) and cultivate a sense of 'belonging to the normal world' (Jule). Oftentimes, though, such aspirations remain unfulfilled. Feelings of disappointment are widespread, particularly among those clients who wish to re-enter the world of work. They are confronted with recurrent dismissal, regardless of attempts to 'fit in'.

Attempts and demands to 'fit into' the 'normal' and, thus, productive world of 'well-being' (Elraz & McCabe, 2023) are, however, also problematised and contested, revealing struggles over 'being normal- being other'. Several clients, for instance, express concerns about 'mandatory participation' (Elton) in social and work-oriented inclusion programmes. One of their central worries is that such programmes mis-recognise and erode their otherness and position of difference. In Simone's words: 'There's a risk that we eliminate ourselves when we try to overly comply with inclusion imperatives'. Programmes that are underpinned by economic rationales are equally criticised by staff members of *Departure*. Bernd, for instance, claims that 'social inclusion policies should focus less on exploitation and normalisation of difference, but on the genuine promotion of diversity and pluralism'. Members of the day-care centre, moreover, challenge the paradoxical situation in which people affected by mental health issues are required to contribute to society's realms while being denied the possibility for inclusion. They cannot, for instance, work part-time without losing their invalidity pension; as a result, hardly any client of *Departure* feels able to take on a job, which, again, jeopardises 'the perception of being a valuable member of society' (Jana, occupational therapist).

That structural conditions and power asymmetries obstruct societal inclusion is much to the chagrin of staff members who not only promote otherness and multiplicity but also consider it a crucial part of their common work 'to give clients some kind of normality' (Nika, occupational therapist). With that said, we resume that the nexus of normalcy and difference is, specifically in view of its societal positioning, neither conclusive nor stable but rather agonistic and ambiguous. As such, it is open to context-specific (re)negotiations and (re)interpretations. While members of *Departure* aspire normality and normalisation in one context, they perceive them as a 'threat' and constraint in another. As illustrated, this also applies to the notion of difference; it is portrayed as a source of social discrimination and individual suffering, yet, at the same time, appears as a core ideal that all members of the day-care centre wish to nurture. To further exemplify the contested nature of categories such as difference and (ab)normality, let us eventually take a closer look at how members of *Departure* understand and negotiate difference in relation to the normatively loaded and regulated construct of *mental (ill-)health*. While mental health is usually associated with normalcy, mental ill-health is linked to positions of difference and otherness.

Members of *Departure*'s multi-professional team particularly question orthodox psychiatric approaches and, overall, social and institutional discourses defining (norms of) health and ill-health on the basis of diagnostic procedures and techniques (Link, 2004). Whereas the use of the latter is common in most psychosocial institutions, members of the centre disidentify with them and claim not to be 'interested in psychiatric diagnoses' (Bernd). They specifically problematise the medical-scientific rationales and 'truth claims' accompanying diagnoses about mental (ill-)health. Gerry, e.g. criticises that

> There's an obsession with diagnoses in the mental health sector and society at large. The use of biometric measures is a central part of treatment and medication… I definitely notice a return to a technical-biological approach… I'm, however, a social constructivist.

Seconding Gerry's attitude, the therapeutic supervisor of the centre ponders: 'one could also say that psychic disorders are a pure construct' (Bob). While not everyone at *Departure* shares such a radical viewpoint, all members question psychiatric practices, which construct and identify people as 'other' by way of classifying them (Rose, 1990). Dualistic, binary distinctions between mental health (i.e. being normal) and ill-health (i.e. being different) are, furthermore, challenged and re-defined by foregrounding, e.g. the manifold forms in which ill-health can manifest. Many staff members indeed stress the singularity of clients and their 'condition' and the necessity to centre one's doing on 'what's needed at a time' (Sandrine, occupational therapist).

As with staff, most clients adopt a critical attitude in relation to clinical-diagnostic approaches prevailing within social psychiatry. This is reflected in accounts such as 'even if natural science methods dominate, mental health conditions seem to be more like voodoo' (Elton). Some clients, moreover, stress the performative effects of psychiatric diagnoses. Here, they re-evoke that being 'classified' (Simone) as different is specifically paralleled by the 'peril of social stigmatisation' (Stefano). The latter, again, furthers subjectifying effects and thus affects clients' self-concept, -worth and -practices. Being positioned as 'other' oftentimes results in social withdrawal, self-normalisation

and a self-understanding that is overly directed at deficits (see also Elraz & Knights, 2021). However, some clients further argue that diagnoses are not exclusively constraining but, in some instances, also disencumbering. Stefano, e.g. notes that being defined as mentally ill by society also 'reduces pressures to be productive' and, as such, legitimises and fosters 'other conduct' and modes of being. That said, it is worth emphasising that mental ill-health is referred to and experienced as ambiguous. Clients, in particular, not only portray ill-health as a 'suffering and pain' but also as 'potential enrichment, allowing one to change and develop' (Ric). This account by a former manager again illustrates the multi-facetedness inscribed in mental ill-health as a category of difference.

Taken together, this first section of the analysis sought to evoke how members of the day-care centre *Departure* generally understand and negotiate difference and social positions of difference. While calls for valuing and recognising difference prevail in contemporary diversity and inclusion debates, our findings suggest that people differing from the norm still experience social stigmatisation and marginalisation, leading to variegated struggles. Among other things, this strengthens a highly ambiguous attitude to difference among members of the psychosocial organization: it is both affirmed and challenged as, specifically, aspirations for more normalcy suggest.

The following sections will place emphasis on *Departure* and, more specifically, the intricate modes and practices through which (positions of) difference and (ab)normalcy are dynamically negotiated and enacted at the care centre.

Negotiating Difference at Departure: The Dynamic Nexus of Positions of Normalcy and Difference and Health and Ill-Health

That notions such as (ab)normal or mental (ill-)health are not given but subject to situational contingencies and negotiations is reflected in everyday practices at *Departure*. In line with one of the centre's guiding principles, 'it's normal to be different', clients challenge any attempts to clearly define and distinguish between normalcy and difference and, instead, evoke the wish that 'everyone is accepted as they are' (Helene), irrespective of their specific health condition, background and biography. While the aspiration to support principles and ideals such as egalitarian difference, singularity and multiplicity is shared by *Departure*'s members, enacting them can be challenging.

As in other organizations, there are also tensions over different interests and concerns at *Departure*. Particularly, struggles over clients' 'othered' social position are not uncommon, with some clients not being willing to accept such positioning. Accounts such as 'I'm only temporarily here and leave soon' to 'start a new job and conduct

a normal life' (Alexis) illustrate this. Some clients, furthermore, feel a need to distance themselves from those who find themselves in situations of crisis and recurrently highlight 'not to be mental' (Gudrun).

However, agonistic struggles over clients' othered position are also manifest in other ways and contexts. At times, this position is also mobilised to safeguard personal interests. For instance, when small tasks (putting away caps or wiping tables) are distributed, some clients tend to emphasise that they 'feel unwell' (Benjamin) or 'tired and low' (Patrick). Such conduct often leads to temporary conflicts among clients and members of staff. The centre's therapeutic supervisor, e.g., does not want to accept that some clients say, 'I can't clear away the ashtray because I'm currently psychotic' (Bob). Following him, such accounts reflect 'political games' that are also part of everyday practices at *Departure*. He shows himself convinced, though, that performing small tasks and assuming certain responsibilities is crucial for the community *and* individual clients. It specifically counteracts 'an overly passive attitude, which has been institutionally promoted for too long'. We return to this point below.

That categories such as other and normal are not fixed but rather dynamic and polyvocal can be further specified by how mental (ill-)health is negotiated at *Departure*. Gerry, for example, notes in this context:

> A diagnosis like schizophrenia can express itself very differently. And it's interesting to see how clients engage with their health issues…in a variety of ways.

Our observations second this perception. Diagnosed 'disorders', such as schizophrenia, borderline or bipolarity, take on different forms and are subject to continuous change. This implies that many clients experience recurring periods of well-being, which are occasionally interrupted or accompanied by periods of ill-health or crisis. In the case of some clients, it is also quite opaque why and how they became 'clients' in the first place. Put differently, their conduct seems so 'normal' that it is all but clear why they are a member of the centre.

In light hereof, it is worth noting that the distinction between 'unhealthy' client and 'healthy' staff is not necessarily clear-cut but also subject to a certain 'fluidity' (see also Dobusch et al., 2021). There are members of staff who repeatedly find themselves 'in a state of crisis' (Sandrine, occupational therapist). That positions such as ('mentally ill') client and ('healthy') professional are not taken for granted or determined, and at times even reversed, is also addressed by some staff:

> It's so interesting how clients react if I'm unwell or in a crisis. Most of them immediately notice when

you're not doing okay... Their empathy is exceptional. Most so-called normal people don't have it (Gerry).

In instances where members of staff are unwell or overburdened, clients indeed step in, take over tasks they would normally not perform and give staff the emotional support they need, with the aim to 're-stabilise' them. It is interesting to see, though, how individual professionals negotiate and respond to such practice. While some consider a differentiation between client and staff positions important, others portray them as 'constructed' and seek to purposefully erode 'constraining boundaries'. Bernd, e.g. argues:

> I'm against strict boundaries between "clients" and "professionals". They counteract my attempt to get involved and expose myself to the other… Some may consider this a lack of professionalism, but for me, it's the opposite. If I really want to remain open and foster relational work that does justice to the specific situation and human being, such boundaries are a limitation.

Whereas all members of staff agree that what counts is, above all, the 'individual human being with its desires' (Nika), Bernd's indifference towards formal positions such as 'client' and 'professional' tends to be too radical to have majority appeal. Female staff members particularly stress that setting boundaries is necessary to distance oneself from 'overwhelming client behaviour' (Sandrine) or 'tense atmospheres' (Jana, occupational therapist). While boundary work is here portrayed as a significant component of staff's 'mental hygiene' (Jana), its function is potentially more complex. The centre's director, Bob, e.g. ponders that some staff may still find it difficult to fully disidentify from the role of 'care provider' and genuinely appreciate clients as 'the experts of their life' (see also Nasser, 1995). He explicates:

> It's not only a challenge for some clients to take on responsibility. My impression is that some professionals still contend with handing over responsibility. To some extent, it's also understandable…there's a fear of de-professionalisation, loss of control and reversed power relations.

Such accounts not only illustrate the critical-reflexive attitude of the centre's members towards their practices but also point to agonistic struggles over others' otherness (Mouffe, 2000). While the care centre positions itself as a place that is different from other organizations within (and outside) the social psychiatric field, the findings suggest that alternative organizations such as *Departure* are still not outside hegemonic regimes of power. *Departure*'s

socio-discursive practices are thus also invested in power and politics, irrespective of genuine attempts to enact ethical principles and values such as individual otherness, pluralism and 'being on par'.

This section provided further insights into how (positions of) difference (ill-health) and normalcy (health) are dynamically negotiated at *Departure*. On this basis, the remaining two sub-sections elaborate further on the internal and external challenges and struggles that encompass attempts to 'live up' to an organizational ethos grounded in the notions of egalitarian difference and difference as multiplicity. We begin with a portrayal of exemplary organizational practices that seek to foster such difference as well as inclusion, within and outside *Departure*.

Organizational Practices Attempting to Enable Inclusive Living of Difference

The centre's commitment to cultivating non-hierarchical difference and multiplicity is, among other things, reflected in organized practices at *Departure*. Many group activities are institutionalised and thus routinely offered to support 'diversalizing' at work (Janssens & Steyaert, 2020). Exemplary activities include, for instance, weekly conversation groups, work initiatives and sport groups as well as bi-weekly recovery groups, cultural activities and leisure activities outside the centre. In comparison to the 'open groups' (e.g. ergotherapy), the regularly running groups are often attended by the same people. Some clients mainly participate in physical and/or creative practices, whereas others show a stronger interest in practices fostering social and cognitive skills.

Overall, clients welcome *Departure*'s organized practices that seek to further the inclusive living of difference (Tyler, 2019). It seems to matter, though, that such practices are not imposed. Put differently, while most clients appreciate the promotion of difference and inclusion, they are critical of attempts to 'prescribe individual empowerment and participation' (Elton). Most members of staff share a similar attitude and thus acknowledge that 'whether opportunities to get involved and recover are used is up to each individual' (Jana). Yet, it does not always come naturally to members of *Departure* to fully accept individual preferences and otherness. Struggles over the latter find exemplary expression at the centre's 'info-café'.

The info-café is a weekly conversation group that is organized by the clients themselves. Questions that are collectively explored at the café are, for instance: what does it mean to conduct a good (vs. normal) life? What can contribute to mental health? Or, what is the role of friendships in life? Alongside being a space for dialogue, the info-café is considered a site of mutual support and encouragement, making it one of the most popular groups at the centre. This does not, however, mean that the lively conversations

taking place at the café are always harmonious; they are at times quite tense and conflictual, with clients mistaking or rebuking each other. This illustrates, among other things, that encountering otherness and respecting other views and experiences also present a challenging and irritating, if not 'disturbing', practice.

Other organizational practices seeking to nurture inclusive forms of difference can be observed in the context of the 'canteen project'. In comparison to internal initiatives such as the info-café, the canteen project goes beyond organizational boundaries and, as such, illustrates how the care centre relates to and is connected to other social sites. The canteen project not only aims at social inclusion but also work-related inclusion, giving clients the opportunity to perform a 'mini-job'. The project, more specifically, involves the organizing of the local state court canteen, where judges, representatives of other legal professions and professional service staff meet for breakfast and lunch. Clients of *Departure* who are involved in the project receive an hourly wage of three Euros. Notwithstanding, they are pleased to be part of the initiative and carry out their specific roles (in the kitchen, at the bar, or behind the cash desk) with care, dedication and a very 'professional' attitude. When talking about their involvement, clients, for instance, emphasise that they contribute to an 'important and rewarding project' (Pete) and perform 'proper work', i.e. 'paid, not voluntary work' (Anna). The latter evokes the significance that even underpaid work can have for clients' self-concept and -perception (see also Elraz & Knights, 2021). This is also addressed by Verena, the project manager:

> Clients feel needed and valued. The work gives them some sense of normality… There emerges a sense of community and belonging, grounded in collaborative work.

This 'everydayness' or, in Verena's terms, 'sense of normality' through work is, again, accompanied by individual and collective empowerment, with clients feeling more self-determined and 'normal' (in a positively connoted sense) once they have been engaged in the project for some time. That said, the work initiative seems to be a good example of an organizational practice that *seeks* to foster the principle of egalitarian, inclusive difference. Our own observations made us realise, however, that the project can simultaneously be deemed an illustration of the social obstacles that jeopardise recognition and inclusion for people differing from the norm.

While clients' commitment is acknowledged by some visitors to the canteen, clients are, indeed, also misrecognised and bypassed at their work. The latter was, e.g. manifested in guests not greeting, talking, or looking at clients who served them. Incidentally, we had similar experiences when assisting the team on occasion. Wearing a uniform like everyone else did not allow visitors to differentiate between clients and us as researchers and/or psychotherapists in training. Consequently, we were, like any other client, exposed to ignorant and dismissive behaviour from certain guests. Having these experiences ourselves allowed us to develop a better understanding of what it can mean to be positioned as 'other' and, more generally, be exposed to oppressive social relations and structures (Dobusch et al., 2021).

The case of the canteen project that aims to counter power-invested, hierarchical differences and exclusions by showing that 'it is normal—and enriching—to be different', re-evokes that being different from the norm (of mental health and a healthy, productive working subject) is still paralleled by social stigmatisation. This comes with variegated and paradoxical consequences. While members of *Departure* in principle affirm difference and otherness, they tend to try to 'invisibilise' the latter in instances where they consider their otherness devalued. This can lead to further (self-)normalisation of clients' doings and sayings and a phenomenon that members of the centre consciously refer to as 'self-stigmatisation' (Steven, client), reflected in withdrawing and socially distancing. In their attempts to counteract unwelcome, hierarchical 'othering' and 'pretend to be normal' (Elraz & McCabe, 2023), some clients even go as far as to deny third parties any sign of affiliation with *Departure*, a practice that is concomitant with the risk of further marginalisation.

To conclude, the illustrated organizational practices prompt that there is a genuine aspiration to cherish egalitarian difference, otherness and inclusion on the part of *Departure* and its members. While these practices are paralleled by several productive and empowering effects, they are not without frictions. This is especially evident in instances where practices, aiming to further the inclusive living of difference, are inter-organizationally aligned. As shown, there are still pronounced power asymmetries across different social realms and groups, and psychosocial organizations such as *Departure*, and their members, cannot fully deprive themselves of those (see also Vachhani, 2020). Moreover, the various societal obstacles prohibiting more inclusive, equal and less discriminating modes of being for those positioned as 'other' are to some extent (and counter-intuitively) also sustained by members of the psychosocial care centre, specifically by clients' ambiguous attitude towards otherness and normalcy, which manifest in diverse modes of practice and conduct. In light hereof, the final sub-section will elaborate further on the struggles over attempts to enact an organizational ethos committed to values including otherness, egalitarian difference and multiplicity.

Struggles over Enacting an Organizational Ethos of Egalitarian Difference and Multiplicity

Departure has developed several practices and principles that promote an idea of difference organized around values such as otherness, pluralism, egalitarianism and commonality. While all members of the centre subscribe to these values, our ethnographic observations suggest that their enactment is all but straightforward. In fact, several staff members acknowledge that 'our aspirations are grand, but their implementation leaves a little to be desired' (Alex, administrative manager). In line with our research interest, we thus explore in the following the internal challenges and agonistic struggles that stem from *Departure*'s aspiration to nurture individual otherness and singularity *and* live up to an organizational ethos that promotes the values of egalitarian difference and difference as multiplicity (i.e. making difference productive as a multiplicity) (Janssens & Steyaert, 2020). We therefore first portray some significant organizational practices, such as the daily 'morning meeting' and monthly 'forum', and then elaborate on some of *Departure*'s core principles, such as 'encountering each other on eye level', illustrating the manifold facets and contestation over difference at work.

Each day at the care centre starts with the collective 'morning meeting', moderated by one of the clients. Here, the programme of the day is presented, small tasks (such as cleaning the coffee machine or preparing juice) are distributed and occasionally new initiatives are briefly introduced. While *Departure* encourages as many clients as possible to join the meeting, attendance is not compulsory as 'empowerment and participation are not dictated' (Jana, occupational therapist). On most days, the morning meeting is 'a nice way of starting the day together' (Chris, client), but there are also days where attendance is poor and hardly anyone is prepared to get involved.

The monthly forum complements the morning meetings. It lasts half a day and serves as a platform for bringing in ideas and reflections on *Departure*'s 'doings and sayings'. Its attendance is a 'voluntary obligation' for all members. As a space of dialogue, the forum specifically invites suggestions for new activities or comments on issues relating to *Departure*'s mission statement, house rules and overall development and position/ing. Oftentimes, discussions come down to how people communicate and relate to each other. Here, the organizational principle of encountering each other at eye level forms an important point of reference highlighting that, irrespective of everyone's 'otherness', respectful and egalitarian encounters are expected. Related conversations are mostly constructive; however, at times, they can also be emotionally tense, e.g. in instances where members express dissatisfaction with how community tasks are performed or reflect on feelings of 'not being seen and heard'. That said,

while not everyone actively participates, the forum is considered an important organizational practice, concomitant with diverse effects, including the fostering of a sense of empowerment *and* belonging, which is reflected in accounts such as 'I can always rely on the diverse community here. It's family to me' (Ric, client). As indicated, though, difference and 'diversalising' practices do not always unfold harmoniously but involve negotiations over their meaning in specific contexts.

The contestable nature of the enactment of an ethos that seeks to foster multiplicity and egalitarian difference can be further exemplified by referring to *Departure*'s principle of being at eye level with one another to which, basically, everybody attributes particular importance:

> I don't see myself in a superior position but really try to encounter everyone on eye level… Actually, most clients have much more knowledge and experience than I do... My approach is, "I can learn from you, and you may learn something from me". (Sten, *Departure*'s cook)

Furthering the principle to be on par does not, however, imply that it is understood as a strict rule that can be unequivocally applied. Social worker Bernd, for instance, acknowledges that 'it's normal that encounters are not always equal' but does not consider this a great problem 'as long as everyone tries to re-establish a balance over time'. However, other staff members struggle with perceived imbalances. Jana, e.g. complains about clients who 'occasionally behave as if to be on par is a one-sided affair'. Clients, on the other hand, feel that some staff still grapple with encountering them on equal terms and note that 'a few are at times overprotective, not to say patronising' (Simone).

These accounts reflect the challenges and, possibly, limitations around practicing ideals such non-hierarchical, egalitarian difference in everyday life at *Departure* (see also Vachhani, 2020). The principle of being on par, specifically, manifests tensions between the positive regard of individual otherness and the role of 'equal contributions'. Following Elton (client),

> To be on par also means that everyone decides to what extent they want to get involved… No one should consider themselves to be in an elevated position … I know it's difficult to do justice to individuality and commonality but … everyone here is a singularity, and one shouldn't push for more homogeneity. To promote otherness also means to accept that not everyone contributes equally. Every human being has their abilities, talents, and deficits … this should be affirmed.

While some staff and clients share a similar view regarding the normalisation of individual otherness (in the sense of homogenising or eroding it) (Tyler, 2019), others have

problems with accepting that otherness implies that not everyone takes on what is seen as their 'fair' or 'normal' share at *Departure*. Apart from it being all but clear what this involves, several clients tend to compare their individual contributions with those of others. Specifically female clients claim to 'do more than others, which is really not fair' (Melanie). This often leads to overt conflicts. To oppose uncooperative and potentially inequality-promoting behaviour, some staff, concomitantly, try to pin down what constitutes a 'fair share', yet recurring negotiations over the latter indicate that establishing universal norms and standards presents a contested terrain and is, simultaneously, an endeavour that somewhat conflicts with *Departure*'s core values and principles. This, again, illustrates the complexity and multifaceted nature of the construct of difference and the diverse and partly unintended implications of attempts to foster it.

Alongside such unintended implications and practical everyday obstacles to fully live up to the ideals of egalitarian difference and multiplicity at work, there are instances in which the obstruction of *Departure*'s core values is more obvious. This is especially the case when clients seem to use their 'mental ill-health' and, thus, position of difference in a manner that allows them to limit their engagement with the community. Such micro-political practices are problematised in different regards. The centre's therapeutic supervisor, Bob, e.g. notes:

> I do not want to bypass the burden that accompanies mental health issues. But I'm convinced it's not good to give clients special treatment *per se*…simply because someone diagnosed them at some point with a mental "disorder".

Such accounts re-evoke that communal life at the centre is not necessarily symphonic. There are dissonances and organizational challenges in promoting and affirming a 'mode of alterity' in which the other is recognised 'as unique … and deserving respect' (Rhodes, 2020, p. 74). These challenges are conceded by clients, also those who occasionally seek to use their position of difference for their own benefit:

> I shouldn't be a free rider… But if you're affected by mental health issues, society somehow obliges you to be unproductive… However, I know it's not right to contribute so little to the community here (Benjamin).

This statement brings us back to the analysis' starting point and our exploration of the complex nexus of difference and normalcy: society ascribes to people who deviate from the norm certain positions that are concomitant with specific expectations (Link, 2004). These affect individuals' subjectivity, their ways of relating to self and others, their modes of leaning towards normalcy or otherness, and their practices of participating in social and organizational

life. Even though *Departure* identifies as an alternative organization in the social psychiatric field that seeks to effectively foster egalitarian difference and multiplicity at work, the organization and their members are not free from or unaffected by societal standards, norms and evaluative attributions. The attribution of 'unproductivity', for example, often disempowers people with MHCs and puts them at a disadvantage. It thus limits their possibilities of experiencing the validity of *Departure*'s motto, claiming that it is 'normal to be different'. However, as shown, such attributions can be tactically reversed and, thus, (re) negotiated by individuals. While this provides some space of freedom, it can be at the expense of the organizational community life and, as such, evoke or reinforce disputes at work.

In light hereof, we re-emphasise the ambivalent or polyvalent character of difference. While difference and diversity are 'genuinely welcomed' (Nika) at *Departure*, and heterogeneous forms of being and organizing are appreciated as a special quality of the centre, the analysis shows that they can still be experienced as challenging and provocative. Concomitantly, living up to an organizational ethos promoting non-hierarchical difference and multiplicity presents an intricate endeavour rather than 'achievement'. More specifically, the persistent affirmation and enactment of values such as pluralism, otherness and egalitarianism in everyday doings and sayings seem anything but easy but are permeated with continuing agonistic struggles. Against this background, the following discussion will reiterate the core insights and contributions of our study.

Concluding Discussion

This paper studied the complexities, struggles and dynamics encompassing difference and the enactment of an ethos of difference in the mental health context. We considered difference not a fixed category but a contested outcome of a relational configuration of practices that is continuously (re) interpreted and performed. In our ethnographic study, we specifically explored the following questions: How is difference negotiated in relation to categories such as normalcy and, specifically, mental (ill-)health? What are the struggles in attempts to enact an organizational ethos fostering idea(l) s such as egalitarian difference and difference as multiplicity? By way of conclusion, we recapitulate the study's main insights and elaborate on how our analysis of mental health as a category of difference contributes to diversity and inclusion studies, studies on mental health and, specifically, critical-affirmative studies of difference within MOS. We then conclude the paper with some reflections on our understanding of an ethics of difference in the organizational context.

Insights from the Ethnographic Study

We have situated our study in the social psychiatric context, in which concerns of difference, normalism and inclusion lie at the heart of institutional and organizational activities and practices. We thereby presented the day-care centre *Departure* as a 'critical case': it positions itself as an alternative to traditional psychiatric organizations and describes itself as 'a space of multiplicity', where values such as pluralism, non-hierarchical difference and egalitarianism are part of the organization's ethos. Questioning and negotiating 'what is (not) normal?' and 'how to be(come) other' further emerge regularly in everyday practice.

Our in-depth analysis has evoked how variegated facets of difference and normalcy are context-specifically negotiated. *Departure*'s members support an understanding of difference that is open to singularity, otherness and a diversity of modes of being and relating. At the same time, difference is discussed and perceived as a (negative) deviation from the societal norm and, as such, problematised. This is, e.g. illustrated by critical accounts of diagnostic instruments and procedures that (still) prevail in the psychiatric field and beyond. As a means of classification, they *create* differences and, more specifically, mental 'disorders', and are concomitantly accompanied by diverse normalising effects, including self-normalisation (Link, 2004; Rose, 1998). The latter provokes, among other things, that difference is often negotiated *in relation* to the equally ambiguous construct of normalcy.

Several clients of *Departure* suffer from being positioned as mentally ill and, thus, deficient. To counter ongoing stigmatisation, they recurrently articulate a wish for 'less difference' and 'more normality and everydayness' (Elraz & Knights, 2021). Simultaneously, normalising pressures, often attributed to social inclusion programmes (Katzenbach & Schröder, 2009), are questioned and portrayed as a threat to individual otherness and plurality. In addition, the study suggests that the distinction between normalcy and difference and, specifically, mental health and ill-health is all but given and clear-cut. It is rather dynamic, something that is, e.g. evoked in instances where clients take over the responsibilities and duties of professionals 'in crisis'.

While most members of *Departure* wish for a societal and organizational culture that respects otherness and multiplicity, they simultaneously articulate a desire to be seen, accepted and recognised 'the same as anyone else'. Our study prompts that (not) being the same and be(com)ing other involve various agonistic struggles (Mouffe, 2000). As shown, *Departure*'s attempt to enact an ethos of egalitarian difference and multiplicity is reflected in a number of practices that support the development of the organization as a 'site of diversalizing' (Janssens & Steyaert, 2020). However, within these sites, struggles over the meaning of 'living difference inclusively' persist. The latter is often jeopardised by societal constraints, as illustrated, for instance, by the canteen project aiming to encourage work-related inclusion. Such societal obstacles are paralleled by variegated consequences including, on an individual level, phenomena such as self-stigmatisation and self-marginalisation of those deviating from the norm and, on an organizational level, limitations to effectively 'live' an ethos of difference and multiplicity. Our study, further, suggests that fostering *Departure* as a site of 'inclusive multiplicity' is also accompanied by internal intricacies. Conflicts over ethical principles like 'encountering each other at eye level' and 'equal share(s)' demonstrate that, even in contexts where there is a strong commitment to pluralistic values such as non-hierarchical, egalitarian difference, enacting those values is not without frictions and agonisms, i.e. it presents an ongoing attempt rather than 'achievement'.

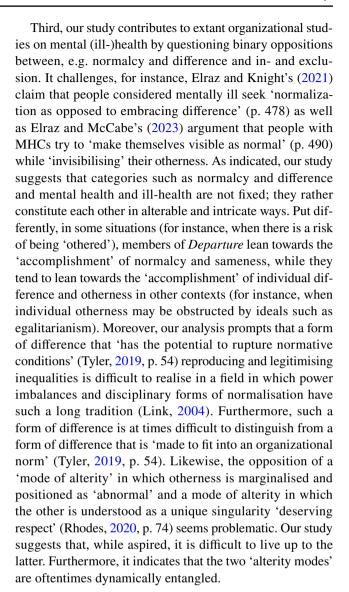## Contributions of Studying Mental Ill-Health as a Category of Difference

Studying mental ill-health as a category of difference adds to current debates in a variety of ways. First, our study contributes to advancing extant analyses in critical diversity and inclusion studies, which examine specific practices seeking to foster difference and inclusion at work (e.g. the 'mixing' of people) (Adamson et al., 2021; Janssens & Steyaert, 2020). Alongside emphasising the dynamic and contingent nature of difference, our study confirms the importance of considering relations of power in producing and reproducing socio-discursive norms and orders (see, e.g. Dobusch et al., 2021). More specifically, it evokes that normative criteria result from 'hegemonic articulation' (Ziarek, 2001, p. 89), which does not imply one-sided definitions or fixations (of, for instance, the meaning of difference and normalcy), but is open to (re)interpretation and contestation (Mouffe, 2000). Throughout our analysis, we indeed stressed the agonistic character of 'diversalising'. By revealing the dynamics and struggles involved in continuous (re)negotiations (of categories such as difference, normalcy and mental (ill)health), we enrich extant critical diversity and inclusion studies that emphasise critiquing practices that seek to define and normalise 'human difference' from above or outside.

Second, our analysis contributes to MOS and organizational ethics studies that adopt a critical-affirmative stance to difference and inclusion (Rhodes, 2020; Tyler, 2019; Tyler & Vachhani, 2021). We share their critical view on the use of pre-established categories and categorisations and are sympathetic towards the overall ethico-political orientation of valuing and recognising difference beyond functionalist-managerial considerations (Ahmed & Swan, 2006; Zanoni et al., 2010). Our study, specifically, contributes to further conceptual development by highlighting the challenges that

are concomitant with enacting an ethos or 'culture of difference' (Vachhani, 2020). The analysis revealed a variety of external and internal struggles over endeavours of 'living up' to the values and principles acknowledged by members of *Departure*, including egalitarian difference and difference as multiplicity. Our analysis, particularly, suggests that positing difference or multiplicity as a 'core universal norm' for accomplishing an 'inclusive social order' (Janssens & Steyaert, 2020, p. 1154) merits caution. As with any norm, it requires context-specific interpretations and variations. In the psychosocial field, in which historical power asymmetries persist (Elraz & Knights, 2021), we see, e.g. that, similar to difference, normality is aspired in one context (and not considered to jeopardise the norm of multiplicity) but is perceived as a threat (violating the norm of multiplicity) in other contexts. That said, the construction of difference (and normalcy) is necessarily a multi-faceted and -authored process, embedded in wider structures and practices of power. This also applies to sites such as *Departure* that wilfully try to avoid forms of (en)closure and minimise power asymmetries and inequality. Yet, they are no (longer) enclosed 'asylums' and are thus related to the wider society, which, as a hegemonic order, is always based on some form of exclusion and suppressed forms of difference and otherness. This turns the accomplishment of an 'inclusive social order' into a contested endeavour and involves, as shown, an ever-present possibility of agonistic struggles over the meaning, value and recognition of difference 'at work' (Mouffe, 2000; Ziarek, 2001).

By evoking some of the social and organizational intricacies in attempts to persistently 'value diversity' (Janssens & Steyaert, 2020, p. 1146), our study in the under-explored social psychiatric field thus enriches recent MOS and organizational ethics studies that attempt to 'rethink inclusion' and make organizations more 'open to difference' (Tyler & Vachhani, 2021, p. 260). While critical-affirmative studies often promote 'radical' difference practices and call for openness to the 'absolute alterity' of the other (Byers & Rhodes, 2007; Muhr, 2008), our analysis suggests a more modest, pragmatic and perhaps less idealising approach. Alongside evoking that desires for 'becoming other' co-exist with desires for 'being (considered) normal', it recognises limits of demands for 'radical difference' and 'total pluralism' (du Gay, 1994, p. 127). Even in exemplary sites of difference and multiplicity, normative ideals of non-appropriative, non-hierarchical self-other relations can only be tentatively realised, as internal conflicts over what constitutes a 'fair share' among members of *Departure* illustrate. Our study thus prompts us to reflect critically on 'differences that exist but should not and differences that do not exist but should' (p. 127) and, hence, on limits to and conflicts over acceptable or desirable forms of social, organizational and individual difference.

Third, our study contributes to extant organizational studies on mental (ill-)health by questioning binary oppositions between, e.g. normalcy and difference and in- and exclusion. It challenges, for instance, Elraz and Knight's (2021) claim that people considered mentally ill seek 'normalization as opposed to embracing difference' (p. 478) as well as Elraz and McCabe's (2023) argument that people with MHCs try to 'make themselves visible as normal' (p. 490) while 'invisibilising' their otherness. As indicated, our study suggests that categories such as normalcy and difference and mental health and ill-health are not fixed; they rather constitute each other in alterable and intricate ways. Put differently, in some situations (for instance, when there is a risk of being 'othered'), members of *Departure* lean towards the 'accomplishment' of normalcy and sameness, while they tend to lean towards the 'accomplishment' of individual difference and otherness in other contexts (for instance, when individual otherness may be obstructed by ideals such as egalitarianism). Moreover, our analysis prompts that a form of difference that 'has the potential to rupture normative conditions' (Tyler, 2019, p. 54) reproducing and legitimising inequalities is difficult to realise in a field in which power imbalances and disciplinary forms of normalisation have such a long tradition (Link, 2004). Furthermore, such a form of difference is at times difficult to distinguish from a form of difference that is 'made to fit into an organizational norm' (Tyler, 2019, p. 54). Likewise, the opposition of a 'mode of alterity' in which otherness is marginalised and positioned as 'abnormal' and a mode of alterity in which the other is understood as a unique singularity 'deserving respect' (Rhodes, 2020, p. 74) seems problematic. Our study suggests that, while aspired, it is difficult to live up to the latter. Furthermore, it indicates that the two 'alterity modes' are oftentimes dynamically entangled.

Implications for an Ethics of Difference

We conclude the discussion with some reflections on the ethical and ethico-political aspects of difference evoked by our study, which particularly relate to and enrich current debates on the 'ethics of difference' (Rhodes & Wray-Bliss, 2012) and 'ethics of dissensus' (Vachhani, 2020; Ziarek, 2001). While we are sympathetic towards notions of ethics as practice that involve reflecting and problematising seemingly given normative orders (that, e.g., privilege some forms of difference over others) and engage in practices of transforming such orders (e.g. Rhodes, 2020), our analysis suggests that the potential to disrupt established normative orders and dissociate from sedimented identities is unevenly distributed and ambivalent in itself. This is particularly evident in psychosocial institutions such as *Departure*, where people often work, organize and live under precarious conditions and lack the material and relational support to develop a recognised

life 'outside the norm'. For us, this implies, among other things, that 'unconditional openness to the other' or to 'radically different practices' cannot be claimed as an 'essential' or universal core marking emancipatory politics. Instead, it makes the ethics of difference, characterised by an 'openness to difference and resistance to its oppression' (Rhodes & Wray-Bliss, 2012, p. 43), an inherently contested terrain in which the meaning(s) and value of specific differences—and normalcies—are not pre-given but an outcome of encounters involving continuing struggles over both dissimilarity and disidentification (e.g. with unifying norms) as well as similarity and identification (e.g. with what is considered normal/a normal life).

That said, our understanding of 'ethics of difference' resonates with Ziarek's (2001) articulation of an 'ethics of dissensus', which 'locates responsibility in the always asymmetrical relation to the Other and redefines freedom as an engagement in the experimental praxis aiming to surpass historically sedimented identities' (p. 219). As such, it requires critically engaging with oneself and the norms guiding one's practice *and* openly responding to the 'call of the other'. It also requires problematising appropriative and oppressive hegemonic social structures and relations *and* exploring alternative (more egalitarian) modes of being and organizing. At *Departure*, most clients and members of staff identify with these 'pillars' of an ethics of dissensus, notwithstanding the complexities and difficulties encompassing and, at times, countering its effective enactment. These include, as suggested, uneven (individual and organizational) power positions and a lack of visibility and (positive) recognition of people deemed as vulnerable and disadvantaged (Elraz & Knights, 2021). Additionally, they involve an ambiguous relationship with 'sedimented identities' that have long been cultivated and are difficult to dissolve, especially in contexts such as mental health where societal and institutional pressures of normalisation (manifested, e.g., in widely used diagnostic instruments) can be observed and felt (Link, 2004). At the centre, this ambiguous relationship is reflected in a desire for genuine recognition of difference and multiplicity *and* a wish for more normalcy, countering extant 'othering' and stigmatisation. In this respect, an ethics of difference evolves as an irreducible agonism that is played out in a field of tensions between normative conditions, pragmatic necessities and ethical obligations including 'respect for difference' (Ziarek, 2001, p. 13) and otherness. As our case illustrates, involving persistent struggles over 'the value of difference' (Rhodes et al., 2020, p. 629) and its respective other, such an ethics is never complete but always fragile, troublesome, and 'to come'.

To conclude, in this study, the contested nature of difference and how it is negotiated in relation to normalcy in the under-exposed social psychiatric context was explored, and the variegated challenges that accompany the enactment of

an organizational ethos fostering non-hierarchical, egalitarian difference and multiplicity were analysed. By evoking continuing tensions over the enactment of such an ethos, this research provided vivid insights into the agonistic character immanent in difference and endeavours of 'becoming other'. Future research could further explore the idea of an agonism-informed ethics of difference and, hence, the conditions of possibility that make the 'tension between transformative political praxis and ethical obligation(s)' (Ziarek, 2001, p. 8) productive in generating (more) pluralistic, egalitarian and non-appropriative forms of organizing (relations). That said, we hope that our study will inspire further critical-affirmative studies, particularly in under-researched and marginalised organizational contexts where, similar to *Departure*, a critical, open-ended engagement with questions of difference, multiplicity, normalism and inclusion does not occur at the periphery but is, indeed, the pivot that links organizational purpose, relations to self and others and everyday struggles 'at work'.

Declarations

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