Stéphanie Cassilde · Adeline Gilson
Editors

Psychosocial Health, Work and Language

International Perspectives Towards Their Categorizations at Work

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About the Book

The idea of *Psychosocial Health, Work and Language: International Perspectives Towards Their Categorizations at Work* is based on a joint session of RC 25 'Language and Society' and RC 30 'Sociology of Work' of the International Sociological Association about 'Language and Work: Representations of Psychosocial Health at Work' (XVIII World Congress of Sociology, Yokohama, Japan, 13–19 July 2014) co-organised by Stéphanie Cassilde and Adeline Gilson. Since 2012, while preparing the session proposal, as well as receiving feedbacks from the diffusion of the call for communication, it appeared that both few scholars were working about it at that time, and several peers were interested in the intended book. Indeed, while the literature of psychosocial health and work is broad and the literature on causes and measures of psychosocial health is growing, the studies on its categorization – by workers themselves, social partners or experts outside of the field of health or management – from an international perspective are scarce. The exchanges with the presenters at the joint session confirmed this point. The book gathers contributions from various fields (sociology, management, psychology, linguistic, occupational medicine), which corresponds to the existing multidisciplinary approaches to psychosocial health at work, and various countries in order to build a comparative and international approach of its official and unofficial categorizations.

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About the Editors

Stéphanie Cassilde After having studied both economics and sociology, Stéphanie defended her PhD thesis in Economics about ethnic statistics and categorizations in Brazil (2010). She was associate lecturer and researcher at Paris-Est Créteil University in France (2008–2010) and researcher at CEPS/INSTEAD (currently LISER) in Luxembourg (2010–2012). Stéphanie joined Centre d'Études en Habitat Durable in Charleroi, Belgium, in 2013, where she studies the social dimensions of housing, creates indicators, and provides research consultancies to public policies stakeholders. The guiding principle of her research is the understanding of preferences and behaviours. She undertook a BA in psychology to support the pluridisciplinarity of her research. Stéphanie is the secretary of the Research Committee 25 "Language and Society" of the International Sociological Association (2014–2018), and the editor of *Language, Discourse & Society* since October 2015.

Adeline Gilson Adeline defended her PhD thesis in Sociology about managerial project of professionalisation and process of socialisation at work at La Poste in the Institute of Labour Economics & Industrial Sociology, Aix-en-Provence, France (2011). Since 2013, she is Senior Lecturer of Management Science in François Rabelais University (Tours, France) where she notably teaches "Intercultural Management", "Sociology of health" and "Psychology and Quality of work life". She belongs to the Management Research Laboratory VALLOREM where she studies "Public Management", "Value conflicts" and "Well-being in the workplace of biomedicine". After having been associate Member of RC 30 "Sociology of Work" of the International Sociological Association (2010–2014), Adeline became a Member of the French Association of Human Resources Management and of "Human Capital and Overall Performance" Chair of Bordeaux University, France.

Introduction

A Constructivist, Linguistic, Comprehensive and International Approach of the Categorizations of Psychosocial Health at Work

The emergence of a stronger focus on psychosocial health at work is related to the worsening of working and employment conditions since the end of the 1970s. This included intensification of work, casualised employment, domination of cost-effectiveness criteria,[1] difference between prescribed work and real work, values conflicts, geographical mobility and mandatory distance between familial and work locations. While the physical demands and the workload increase and other job quality components improved in Europe (EU15) between 1995 and 2010, observed trends still underline a decrease of job discretion and cognitive demand at work (Eurofound 2015a). These constraints contribute to a degradation of physical and mental health at work (Eurofound and EU-OSHA 2014). There are currently several tools to promote satisfaction at work and to decrease or avoid negative psychosocial effects at work (ibidem). Eurofound's report (2015b) presents a review of campaigns in various national contexts, while another report allows to underline the gap that may exist between public policy objectives and practices at work (Irastorza et al. 2016).

Industrial and organisational psychology looks for health care of employees to improve organisational effectiveness (Biron et al. 2014). However, as Gold and Shuman conclude, dealing with psychological effects of (un)employment 'require[s] an understanding of the relationship between the evaluee's internal world and external circumstances' (Gold and Shuman 2009: 43). As social categorization

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[1]This criterion invades work activity, and workers must demonstrate their commitment to a productive chain ensuring the survival of the organisation (Gilson 2014).

defines an individual's ingroup versus outgroups, the categorization of psychosocial health manifestation at work asserts the framework faced by individuals and their position within this framework.

With this book, our purpose is to address the variations of categorizations of psychosocial health at work on the basis of individuals' perceptions with regard to the existing official classifications, i.e. to focus on the internal representations of the internal and external circumstances, of working conditions. Thus, the contributions focus on individuals' discourses rather than on the official classifications, i.e. how professionals might classify what workers are experiencing. The rationale of focusing on people's discourses is to shed light on the somehow mismatching between official classifications and personal history of workers as they interpret it. The fact that workers' psychosocial health classifications partly differ from official classifications does not invalidate them; however, this potential mismatching might prevent an efficient treatment/therapy/organisational change in order to deal with psychosocial health at work.

The Evolution of Psychosocial Health at Work Categorization

The contemporary look at 'health at work' has evolved over time. Born in the 2000s in relation with European regulations, it rephrases the former notion of 'occupational diseases' and of 'physical hardness'. Before the current focus on psychosocial health at work, Catherine Omnès (2007) identified three main steps in the construction of an obligation of prevention in Europe. First, from the end of the nineteenth century to 1914, health was a core subject of the political projects about social protection. Second, prevention at work emerged during the interwar years. Initiatives shifted to deal with issues related to the improvement of working conditions and to the development of factory care. Finally, from the 1940s to the 2000s, there was a slow evolution (with an acceleration in the 1970s and then in the 1990s) in the direction of health right at work with the institutionalisation of a monitoring linked to social movements and to the influence of European Union laws.

Nowadays, the wording 'suffering at work' covers, in informal language and in the public debate, among others, situations of stress, psychosocial risks, burnout, bullying, mobbing, violence, anxiety, relational strain, dissatisfaction, moral harassment and mental suffering, uneasiness, depression and even suicide. These categorizations differ depending on actors.[2] We may observe that managers focus their attention on harassment, suicides and life quality at work. Contrarily, employees bring up burnout, a syndrome of physical and mental exhaustion which affects people in 'chronic stress' situations during which they are confronted to lasting

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[2]We will see that several chapters underline such difference, including a trade-off space between actors.

constraints at work. Still the category most often used by professionals is 'stress', which was widely used in the media during the 1990s and then officially defined in the European framework agreement as a:

> state, which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them. The individual is well adapted to cope with short-term exposure to pressure, which can be considered as positive, but has greater difficulty in coping with prolonged exposure to intensive pressure. Moreover, different individuals can react differently to similar situations and the same individual can react differently to similar situations at different times of his/her life. Stress is not a disease but prolonged exposure to it may reduce effectiveness at work and may cause ill health. (European Commission 2011, pp. 90–91)

Despite this official definition, the categorization of stress remains a 'catch-all' concept. From the 1970s, it already raised controversies in the USA and in Great Britain (Loriol 2014). Indeed, having the same wording does not imply having the same content. On the one hand, an objective approach describes medical or psychological studies as ignoring structural sociological factors leading to stress. This approach considers stress as a psychophysiological reality, which results from given environmental factors. On the other hand, a subjective (or interpretative) approach challenges the idea of stress or of psychosocial risks 'as a well-defined concept, with a stable and universal etiology' (Loriol 2014, p. 2) and highlights subjective dimensions of the phenomenon and case studies. This approach considers stress as a symbol, a metaphor, a rhetorical figure to express difficulties and contradictions that cross our society. Thus, the meaning of stress is a major issue for the various stakeholders. However, 'even as an ill-defined and vague concept, "stress" may be a contemporary way to express professionals' unease or the inconsistency of a job, doesn't it?' (Buscatto et al. 2008, p. 7).[3] Even if some researchers in the social sciences rather prefer using the term 'job strain' instead of 'stress', the latter remains a common way to call workers' unease, notably for those who are in relationship with general public; stress discourses are consistent with their life experiences at work.

At the beginning of the 2000s, occupational risk prevention actors labelled suffering at work as 'psychosocial risks' (PSR), which refer to the negative effects of the aforementioned constraints on psychosocial health at work. This categorization is relatively new regarding health at work issues as a whole.[4] The 'PSR' are 'mental, physical and social health risks, which are produced by working conditions, and organizational and relational factors, which are likely to interact with mental

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[3] 'Le "stress", aussi floue et incertaine que puisse être la notion, n'est-il pas une manière contemporaine d'exprimer le malaise des professionnels ou les contradictions d'un emploi?' (Buscatto et al. 2008, p. 7). Nota Bene: all the translations from French to English are from the authors.

[4] For a presentation of the literature of a wider and complete set of health risks at work, see Gatchel and Kishino (2012), who underline that occupational stress is relatively new in this set.

functioning' (Gollac and Bodier 2011, p. 31).[5] The 'PSR' became an official
label, widely used by occupational risk prevention professionals. This category
belongs to a set of three occupational risks identified as 'emerging' or 'new'
with the 'musculoskeletal disorders' and the 'carcinogenic, mutagenic or toxic
for reproduction' risks.[6] They are called new because 'they renew the thought
frame inherited first laws about occupational accidents and occupational diseases'
(Mias 2010, p. 44).[7] The three common points of these kinds of risks are that
their effects are deferred (and not immediate), that they are linked to several
factors and that they are related to successive exposures within more unstable and
complex occupational careers. These characteristics increase the usual difficulties of
attributing the accountability and the responsibility of work to health infringements
(Bouffartigue 2012, p. 5).[8]

   Current ongoing evolutions of statistical categorisations should be underlined.
Indeed, in order to take into account enterprises' specificities which are related
to psychosocial health at work, for example, those of small and microenterprises
(SME), alternative approaches are appearing (European Agency for Safety and
Health at Work 2016a), even being still dedicated to all SME. Eurofound (2015c)
also introduced the concept of sustainable work, whose description includes several
criteria of how to define a good psychosocial health at work, which participate to
job quality.

A Constructivist Approach to Articulate Various Approaches

The guiding principle of the book is to gather and compare the various categorisa-
tions of psychosocial health at work based on actors' discourses. Following Leonard
Pearling (1989, 1999) and Marc Loriol, we give priority to a constructivist approach,
which takes into account both the aforementioned objective and the subjective
approaches. Thus, stress is defined as a 'complex and interactive process' (Loriol
2014, p. 8),[9] which is analysed as 'historically situated social meanings and interpre-

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[5]'Risques pour la santé mentale, physique et sociale, engendrés par les conditions d'emploi et les
facteurs organisationnels et relationnels susceptibles d'interagir avec le fonctionnement mental'
(Gollac and Bodier 2011, p. 31).

[6]For an in-depth presentation of all occupational health risks, including these three emerging risks,
see Gatchel and Schultz (2012). For a current evaluation of the situation for several European
countries, see the 'Safer and healthier work at any age – Country Inventory' collection of
the European Agency for Safety and Health at Work; last inventories were published in 2016
(European Agency for Safety and Health at Work 2016b).

[7]'qu'ils renouvellent le cadre de pensée hérité des premières lois sur les accidents du travail et les
maladies professionnelles' (Mias 2010, p. 44).

[8]'Ces trois caractéristiques aiguisent donc les difficultés traditionnelles d'imputabilité et de
responsabilité des atteintes à la santé par le travail' (Bouffartigue 2012, p. 5).

[9]'processus complexe et interactif' (Loriol 2014, p. 8).

tations of actors' (ibidem, p. 10).[10] The objective approach, while reflecting on stress categorizations as an 'internalization of representations and of discourses, which impose as facts, objective realities to the eyes of concerned actors' (ibidem), deals with both social and collective dimensions of how stress factors and stress results are perceived (ibidem). As the book also considers both an ergonomic approach (which is collective and focuses on working conditions) and a medical approach (which is individual and focuses on mental health of individuals) to 'not only draw a more satisfying evaluation but also a thinner understanding oriented to interventions and actions of more efficient prevention' (Nasse and Légeron 2008, p. 11),[11] we use the wording of 'psychosocial health at work' to cover all these potential contents. Also, it gives a place to job satisfaction categorizations and to the categorizations based on resistance strategies or on avoidance strategies. Thus, we may gather both wellness and all negative manifestations of psychosocial health (risks, stress, disorders, burnout, etc.) through the categorizations and representations that emerge in discourses.

This constructivist approach allows situating analysis at the intersection of mainstream and alternative conceptualisations. More and more doctors and psychologists realise that they have to take into account the question of the different uses of categories like stress or burnout. Transcultural psychiatry, a culture-bound syndrome in medical anthropology, asks similar questions of transnationalisation of concepts and categories (Best 2001; Moro et al. 2006; see also the journals *Transcultural Psychiatry* and *L'Autre*). Sociologists, specialists of management and lawyers are already interested in transnational construction of the categories of psychosocial health at work which fly from a country to another.

Beyond migrations, transcultural psychiatry deals with the confrontation of a given individual with an environment he/she potentially won't interpret in the same way and which won't interact with him/her in the same way as non-displaced individuals. By analogy with a change of place (from one country to another, from the countryside to town, from one socioeconomic group to another, from work to wordlessness (Bambra 2011), etc.), while the working environment is changing for about 15 years, workers are to some extent confronted to huge changes. Thus, it makes sense to take into account workers' perceptions of their working conditions in order to understand both the changes in process and the ways psychosocial health at work issues emerge. The analysis of the categorizations used by workers to describe their psychosocial health at work seems particularly relevant to undertake this objective.

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[10] 'les significations sociales et les interprétations historiquement situées des acteurs' (Loriol 2014, p. 10).

[11] 'afin de dégager non seulement une évaluation plus satisfaisante mais aussi une compréhension plus fine orientée vers des interventions et actions de prévention plus efficaces' (Nasse and Légeron 2008, p. 11).

The Central Place of Language in the Analysis

Several health organizations[12] and institutes[13] describe the 'psychosocial risks' (PSR) through defined categories, which allows measurement and monitoring on the level of countries and firms or organizations. Providing these measurement tools serves the higher goal of decreasing psychosocial risks.[14] From this point of view, psychosocial risks at work are well defined, as they can be measured and tackled by changes of behaviour. From another point of view however, this way to classify PSR at work attenuates the variation of these risks among countries, firms or organizations.

'Work remains to be done (. . .) to identify how labour pain is put into words, to discern the issues of discursive strategies for which they are pretexts, to measure the scope and the temporality of discourse, to assess their translation in devices, policies . . . ' (Lallement et al. 2011, p. 7).[15] Paying attention to words, metaphors, social representations and categorization allows an alternative understanding of psychosocial health at work. Focusing on language means giving a special attention on the use individuals and groups make of language to describe for themselves their experience of psychosocial health at work and to share it among each other. Indeed, depending on the 'evaluee's internal world' (Gold and Shuman 2009), which can be accessed through evaluee's use of language and behaviour (the latter being also described using language), the effective appropriate tools to deal with the psychosocial situation at work might be different. For example, what do clear leadership and expectations mean in practice for individuals in various countries and job places? What does workload management mean in practice in various firms and social contexts? Repetitive tasks might be stressful for one individual and comforting for another individual. Each chapter of this book offers to enter in a given framework through the lenses of language in order to give an analysis of the heterogeneity of situations, looking at language.

Clément and Noels (1999) mention that, following Allport's (1924) influence, language was initially avoided in order to exclusively focus on the individual and,

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[12]For example, the European Agency for Safety and Health at Work and the European Foundation for the Improvement of Living and Working Conditions.

[13]For example, the IIRSM (International Institute of Risk and Safety Management), who organised in 2014 a psychosocial risk forum about 'the impact of new working methods' (University of Central Lancashire (UCLAN), Preston).

[14]The IIRSM launched a specific campaign about psychosocial risks in April 2014, which was followed by the 'European Weeks for Safety and Health at Work' (October 2014 and 2015), by dedicated awards to reward European good practices (April 2015) and by organising a dedicated summit (November 2015). A report reviews successful occupational safety and health benchmarking initiatives (EU-OSHA 2015).

[15]'tout un travail reste donc à faire (. . .) pour repérer comment les maux du travail sont mis en mots, pour discerner les enjeux des stratégies discursives dont ils sont les prétextes, pour mesurer la portée et la temporalité des discours, pour évaluer leur traduction en dispositifs, politiques . . . ' (Lallement et al. 2011, p. 7).

furthermore, that language became reintroduced in psychosocial analysis in order to enter more in the performative effect of language rather than considering language only as a mean of communication. The objective of *Psychosocial Health, Work and Language: International Perspectives Towards Their Categorizations at Work* is to deal with the variations of classifications from the point of view of those who have the experience of psychosocial risks at work, either due to being under constraint or due to witnessing constraints of others. Thus, each chapter will shed light on their representations on the basis of how they label these constraints. Giving a central place to language in the analysis of the representations of psychosocial health at work will give us additional information about the various ways of dealing with it.

A Multidisciplinary and Comprehensive Approach

There are plenty of works and publications on psychosocial health at work,[16] but they mainly deal with medical or psychological categories as perfectly defined and stabilized one, despite the fact that several authors recognise that definitions may be controversial, not shared and understood in the same way in different places, times and academic fields.

The medical and psychological approaches build some models of psychosocial health at work to explain its existence. The individual approaches of stress are medical (as in Selye's and Laborit's model) or psychological (as in Lazarus' model). Selye (1936) considered stress as an answer of the organism to an adaptation demand. Laborit's model (1979) relies on a 'biobehavioural' concept of stress, whose objective is to ensure the survival of the body in situation of a danger. Finally, Lazarus and Folkman's transactional model (1984) underlines that stress situation corresponds to the evaluation of a threat without the possibility to face it with enough resources. Two other models refer to the ergonomic branch of working studies. These models deal with an interactionist approach of stress. Siegrist's model underlines individuals' perception regarding the balance between their efforts and their expected benefits (Siegrist 1996). Karasek (1979) takes into account three dimensions of psychosocial environment at work: the job demand, the job decision latitude (low or high control) and the social support. Job strain corresponds to a combination of low control and a high job demand, which carries health risk, while the isostrain corresponds to a low social support combined with a job strain situation. Nowadays, psychosocial risk factors are mainly described on the basis of Siegrist's effort-reward imbalance questionnaire (ERIQ) and Karasek's job content questionnaire (JCQ), which are international tools in epidemiology and which give an important place to psychosocial working conditions.[17]

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[16] For an in-depth presentation of the theories of psychosocial stress at work, see Dewe et al. (2012).

[17] See Chap. 1 for the language issues can occur in these questionnaires.

Patrick Légeron (2008) reminds that each of these models explains a part, never the whole, of stress issues. He underlines that there are several 'cause factors'[18] of stress, which exceed the list of factors mentioned in the scientific models of stress. First, depending on the chosen model to explain the existence of stress at work, stress definition may change, and thus, evaluative approaches or recommended prevention may change. Second, according to Marc Loriol (2014), stress concept history is punctuated by a tendency to link stress to individual characteristics only, which contributes to 'hide more collective potential causes of stress emergence at work like notably physical hardness and management contradictions' (Buscatto et al. 2008, p. 115).[19] However, according to Paul Bouffartigue (2012), focusing on health at work means also to deal with work itself, while this issue was sidelined from the 1980s to the beginning of the 1990s because of a focus on employment, unemployment and exclusion. Thus, activity clinic from Yves Clot (2010) insists on focusing back on the work issues (organisation, conditions, content, quality, purpose) in order to first heal the work itself through an empowerment of employees to act while facing the 'preventing quality' dilemma. For Yves Clot, this empowerment may be achieved by giving voice to employees, especially taking into account their discourses about their experience of work, what we intend to do.

An International Perspective

To our knowledge, addressing the question of categorizations of psychosocial health in an international perspective is original. Indeed, recent research shows that a different legal awareness of PSR (Lerouge 2014) and a differentiated treatment of its factors depend on countries considered. In Great Britain, the Health and Safety Executives (2007) identified six sources of stress at work: demands, control, support, relationships, role and change. In Nordic countries, involvement and motivation at work, or the imbalance between professional and private life, are at stake (Nordic Council of Ministers, 2000). In the USA, the National Institute for Occupational Safety and Health (1999) grants importance to the combination of organizational changes and the support to individuals to reduce their stress at work. In Asia, 'there is a multi-level model of psychosocial factors at work combining national, employment, organisational, job design and other workplace psychosocial risk factors that all have an important influence on worker health' (Dollard et al. 2014, p. 389). In France, the National Research and Safety Institute identifies five main categories of organizational or psychosocial factors: the macro-economic situation, the sociological evolutions, the organisation of work, the quality of relationships at work and the material environment. The listed factors may

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[18] 'facteurs de cause' (Légeron 2008).

[19] 'masquer d'éventuelles causes plus collectives d'émergence du stress au travail – pénibilité physique, contradictions managériales notamment' (Buscatto et al. 2008, p. 115).

also vary within a country. In France, a college of experts about the statistical monitoring of psychosocial risks at work underlines eight axes on the basis of the sociological literature: work requirements, emotional demands, self-reliance and room for manoeuvre, social relations and relationships at work, value conflicts, socioeconomic precariousness, work organization and its changes and domination relationships or positive discrimination (Cartron and Guaspare 2010).

The way of speaking about psychosocial health at work depends also on countries[20] even if the various wordings are then compiled in harmonised statistical categorisations. Some words like stress or burnout have been forged in North American context and more or less used all around the world (Loriol 2014). Some words like 'spasmophilie' in France or 'karoshi' in Japan are more circumscribed or bounded in specific country or linguistic area. Some phenomena can be described with different words in different countries, for instance, mobbing in Scandinavia, bullying in Great Britain, employee abuse in the USA, bossing in Germany, psychoterror in Spain or moral harassment in France. International literature used to do as if these words deal with exactly the same things, but a close reading of each national literature shows specificities and differences. The same word, like burnout, may be used more often in some countries (e.g. Germany) and less in others (in France, doctors prefer using depression). What are the reasons and performative effects of these specificities and differences?

The contributions to the book are structured in two sections. The first section focuses on psychosocial health at work categorizations that emerge in reaction or in relation to official categorizations. It deals with various approaches to compare official categorizations of psychosocial health effects of work to unofficial categorizations, built or expressed by workers/employees, trade unions or employers. The objective is to identify similarities and differences between official and unofficial (i.e. created by individual or group of individuals) categorizations. The second section focuses on the categorizations of psychosocial health at work that emerge through individuals' discourses in a given specific context and with specific effects as performative categorizations. It deals with the performative role of language before and after official categorizations of psychosocial health effects of work. The objective is to present and analyse subjective narratives that motivate actions, i.e. to underline direct expressions of the performative power of these categorizations. Both sections present analyses in various national contexts or cross-country comparisons. The shifts from one national context to another enrich and put in perspective the understanding of the diverse dimension of the categorization of psychosocial health at work.

Within the first section, there is a slight shift from the analysis of the observed unofficial categorizations to the subjective mechanism of the emergence of these categorizations and in articulation with the official ones. BongKyoo Choi and Arturo Juárez-García (Chap. 1) focus on the language issues regarding the job

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[20]We would like to thank the reviewers for their comments, critiques and suggestions, especially about the way of speaking about psychosocial health at work depending on countries.

content questionnaire and the effort-reward imbalance questionnaire used to notably measure psychosocial health at work, which were created on the basis of seminal theoretical models. Comparisons for various countries shed light on semantic and pragmatic issues, which weaken the comparability power of the results that could be obtained. The objective is to underline ways to improve these tools, which are very useful to perform international and longitudinal comparisons and follow-up of psychosocial health at work. The linguist Seda M. Yusupova (Chap. 2) analyses four linguistic spaces (English, German, Russian and Chechen) from the point of view of work values. How are values expressed while being related to the same object: work? On the basis of a huge linguistic corpus and a dedicated survey, similarities and differences of work values are underlined in order to define the (sometimes) various linguistic spaces, where workers are then embedded in. Corinne Delmas (Chap. 3) shed light on the creative process that builds categories used to deal with health at work issues. She presents how workers/employees and trade unions may have a different representation of psychosocial health effect of work while being confronted with the official categorization; these differences are presented as 'performance speech acts'. On the basis of a field research conducted since 2007 in France, the diversity of the successive terms is presented, notably regarding the success of nowadays widely used expression 'psychosocial risks' despite (or thanks) the lack of an official definition. In Chap. 4, Cathel Kornig, Cécile Chanut-Guieu, Lauriane Domette, Nathalie Louit-Martinod and Philippe Méhaut focus on specific causes of psychosocial risks at work: incivilities and physical and verbal assaults in the transportation sector. These well-defined categories (both by law and in the academia) set an official categorization, which is used according to each French bus driver experience. Except the physical assaults which lead to physical evidences, the borders between these three risks are blurred by each one perception: similar facts are not categorized in the same way depending on the subjective perception of the effects of these incivilities and assaults. The occupational MD and psychologist Noks Nauta (Chap. 5) ends the first section with a focus on gifted adults at work. On the basis of various materials collected mainly in the Netherlands and also in Germany, she describes and analyses specific concerns of gifted people at work and gives practical advices to deal with psychosocial health issues of gifted workers in order to ensure a more satisfying working life.

Within the second section, the chapters focus on workers' experiences and the meaning of the ways they categorize it and of the categorizations themselves. Marc Loriol (Chap. 6) deals with how categories used to analyse or describe psychosocial health at work may have changed their meaning while shifting from a country to another. Using the importation of stress, burnout and mobbing from Anglo-Saxon countries to France, he explains how, beyond a translation, they become appropriated and acculturated. Stefanie Graefe (Chap. 7) focuses on workers from various professional fields having experienced a sick leave because of a burnout and then returned to work. The objective is to analyse their subjective narratives about it to shed light on the relation between the categorisation (burnout) and how the workers use it regarding their recovery. The chapter is based on a dedicated survey conducted in Germany. Laurie Kirouac (Chap. 8) underlines the importance of how

others look at workers' sick leave depending on the label of the diagnosis in the context of Quebec. Burnout and depression are not considered equally, making the former more desirable than the latter. Harmony Glinne-Demaret (Chap. 9) focuses on the discourses of frontline workers in temporary work agencies in Belgium. The semantic field of cooking is the most widely used to describe work relationships, working conditions and work objectives. The clinical analysis underlines both the reflexive approach of these workers regarding their working conditions (notably underlying the huge stress) and their articulation with coping strategies using language (the cooking metaphors). Yoko Yamada (Chap. 10) shed light on the evolution of the industrial accident compensation insurance system in Japan, which nowadays takes into account suicide as a risk at work. This shift from considering suicide as an individual choice to a risk among others at work is explained and analysed from various points of views. Mariana Busso and Julio César Neffa (Chap. 11) end the second section of the book focusing on Argentina, where there is no legal framework regarding work-related psychosocial risks (psychological and mental disorders related to work). On the basis of a survey conducted in a multinational company of medium size, offering stable job with good working conditions (above the average in the country), they underline the manifestations of psychosocial risks there. While being categorized as good working conditions from the point of view of the overall economic and social context, facts reported by workers present an alternative view of the situation.

The conclusion offers a transversal analysis of all chapters to present international perspectives of the categorizations of psychosocial health at work. Similarities among the various national contexts are underlined, notably regarding this growing phenomenon: the importance of psychosocial health concerns at work. Similarities and differences of the various performative effects of these analysed categorisations are presented, notably through the confrontation of burnout diagnosis and depression diagnosis. Finally, a key aspect of the trade-off around these categorisations whatever the country seems to be related to the attribution of the responsibility of the psychosocial health of workers.

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Part I
From Official to Unofficial Categorizations: Which Structure Between Similarities and Differences?

Chapter 1
Language Issues in Standard Questionnaires for Assessing Psychosocial Working Conditions: The Case of the JCQ and the ERIQ

BongKyoo Choi and Arturo Juárez-García

Abstract Widely used, standard questionnaires for assessing psychosocial working conditions (JCQ and ERIQ) may suffer from internal and external language issues, which imply variation in the interpretation of items among the users, including workers. This chapter presents various quantitative and qualitative approaches to assess to which extent both questionnaires are concerned by these languages issues. Also, the objective is to shed light on solution in order to improve the item wording so that these tools remain consistent to realize cross-comparisons and longitudinal comparisons.

Although the appreciation of language issues in work stress research embraces multiple approaches and edges, it commonly involves the use of standard questionnaires as essential instruments. The objective of this chapter is to present a literature review that addresses language issues in contemporary standard questionnaires assessing psychosocial working conditions. We address the following questions: Are the meanings of the items and scales of the standard questionnaires always clear enough to the users and similar among the users? If not, why and under what circumstances? Are these language issues substantial enough to influence our understanding and discussion of psychosocial working conditions as key causes of work stress and intervention points? If so, what can we do to minimize and prevent those issues in the future?

In general, language issues can occur in questionnaire-based work stress research in relation to internal language or semantic issues (item wording and theoretical concept) and to external language or pragmatic issues (specific context of the use

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of the questionnaire). Here we focus on the Job Content Questionnaire (JCQ) (Karasek et al. 1985, 1998) and the Effort-Reward Imbalance Questionnaire (ERIQ) (Siegrist et al. 2004, 2009) because they have been the most influential contemporary standard questionnaires for assessing psychosocial working conditions in occupational epidemiological studies (Fransson et al. 2012; Landsbergis and Theorell 2000; Siegrist et al. 2014). The JCQ and ERIQ are based on specific theoretical work stress models and any serious language issues have not been widely discussed among users. We also refer to the items and scales of other work stress questionnaires to put the results in perspective.

We first introduce the background and basic characteristics of the two questionnaires. Then we focus on four (two internal and two external) exemplary language issues of the two questionnaires based on our previous studies, but with a different perspective and purpose in this chapter, and our literature review on the standard questionnaires in work stress research. We discuss the implications of the four language issues for future research and practice. In the process, we explore the usefulness of several quantitative and qualitative approaches for detecting serious language issues in questionnaire-based research. Furthermore, we provide some practical solutions or recommendations for substantially preventing or reducing the language issues in the two standard questionnaires.

1.1   Background: The JCQ and the ERIQ

The JCQ was developed by Karasek et al. (1985, 1998) as the standard questionnaire for assessing the two core concepts of the Demand-Control (DC) model[1] (Karasek 1979; Karasek and Theorell 1990): job control and job demands. The main feature of the DC model is to explain and predict illnesses as well as active behaviours (at work and leisure) of a working population by the combination of job control and psychological job demands. According to the model, high job demands is likely to result in illnesses when it is combined with low job control (job strain hypothesis). However, high job demands are likely to result in active learning and behaviours at work and leisure when it is combined with high job control (active-passive hypothesis). Thus, according to the DC model, the impact of job demands on health and behaviour of a working population becomes significantly different depending on the workers' level of job control.

Job control is composed of two sub-concepts: skill discretion (learning and skill development opportunities on the job) and decision authority (decision making opportunities on the job). As Choi et al. (2012) noted, the concept of job demands is intended to measure psychological job demands, and not physical job demands as some investigators interpreted it (Mathieu and Tremblay 2015). The JCQ does have

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[1]See the Introduction for a more detailed presentation (Editors' note).

Table 1.1 Some scales and items of the Job Content Questionnaire (JCQ) and Effort-Reward Imbalance Questionnaire (ERIQ)

Scale	Item
JCQ – psychological demands	Q1. "work fast"
	Q2. "work hard"
	Q3. "no excessive work"
	Q4. "enough time"
	Q5. "conflicting demands"
JCQ – physical demands	Q6. "much physical effort"
	Q7. "lift heavy loads"
	Q8. "rapid physical activity"
	Q9. "awkward body position"
	Q10. "awkward arm positions"
JCQ – skill discretion	Q11. "learn new things"
	Q12. "repetitive work"
	Q13. "requires creativity"
	Q14. "high skill level"
	Q15. "variety"
	Q16. "develop own abilities"
ERIQ – extrinsic effort	Q1. I have constant time pressure due to a heavy workload
	Q2. I have many interruptions and disturbances while performing my job
	Q3. I have a lot of responsibility in my job
	Q4. I am often pressured to work overtime
	Q5. My job is physically demanding
	Q6. Over the past few years, my job has become more and more demanding
ERIQ – reward (esteem)	Q7. I receive the respect I deserve from my superiors
	Q8. I receive the respect I deserve from my colleagues
	Q9. I experience adequate support in difficult situations
	Q10. I am treated unfairly at work
	Q11. Considering all my efforts and achievements, I receive the respect and prestige I deserve at work
ERIQ – reward (job promotion)	Q12. My job promotion prospects are poor
	Q13. My current occupational position adequately reflects my education and training
	Q14. Considering all my efforts and achievements, my work prospects are adequate
	Q15. Considering all my efforts and achievements, my salary/income is adequate

Note: The JCQ and the ERIQ are both copyrighted. ERIQ items from Siegrist et al. (2004)

separate scales for psychological and physical job demands. When it comes to the interaction between job control and job demands in the DC model-based research, psychological job demands should be used. Table 1.1 presents the items and scales we consider in this chapter for both the JCQ and the ERIQ.

Table 1.2 Comparison of the previous and current response sets of the ERIQ effort and reward items

Previous response set (two-step)		Current response set (one-step)	
Disagree	(1)	Strongly disagree	(1)
Agree, and I am not at all distressed	(2)	Disagree	(2)
Agree, and I am somewhat distressed	(3)	Agree	(3)
Agree, and I am distressed	(4)	Strongly agree	(4)
Agree, and I am very distressed	(5)		

The ERIQ was developed by Siegrist et al. (2004, 2009) based on the Effort-Reward Imbalance (ERI) model[2] (Siegrist 1996). The ERI model explains and predicts illnesses through a perceived imbalance between reward and effort at work. According to the model, the most adverse health effects are observed in workers who likely experience low social reciprocity (high-cost and low-gain): e.g., those who have jobs requiring high effort, but providing low reward, or those who have low rewarding jobs, but have internally high need for control (over commitment). As Koslowsky (2008) pointed out, the ERI model is similar to Adams' inequity theory (1965) that highlights the importance of a worker's perceived inequity for his/her morale (e.g., satisfaction and emotions) and behaviours. However, compared to Adams's theory, the ERI model is more specific as a work stress model and built on a shorter list of inputs (effort) and outcomes (reward) constituting perceived inequity.

Reward is an umbrella concept covering three job rewards: financial reward, esteem, and status control. Extrinsic effort assesses job demands, which does not exclude physical demands at the conceptual level. However, its operationalization is not consistent between the long and short versions of the ERIQ, that is, the physical demand item (Q5. "My job is physically demanding") is included in the extrinsic effort scale of the long version (Siegrist et al. 2004, 2014), but not included in the short version (Siegrist et al. 2009). Intrinsic effort assesses individual need for control or "over commitment" to work, which is not a perceived working condition. Recently there was a significant change in the response set for the effort and reward items from the two-step five-point response set to the one-step four-point response set (Siegrist et al. 2009, 2014) (Table 1.2).

1.2 Language Issues of Some JCQ and ERIQ Items

1.2.1 Internal Language Issues of Some JCQ Items

1.2.1.1 Psychological Job Demands

In a psychometric analysis (factor analysis or clustering analysis), the JCQ psychological job demands items (see Q1 to Q5, Table 1.1) are supposed to be separate

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[2]Same Editors' note.

from other types of job demands (e.g., 'physical' job demands) items. In practice, observing this distinction seems to rely on the type of job. Indeed, this clear separation in a clustering analysis exists when we are analysing a whole sample of university employees (Choi et al. 2012). However, on the basis of the sub-sample of non-faculty university employees having physically demanding jobs, the two items of the five JCQ psychological job demands scales (Q1 and Q2 in Table 1.1) were more highly correlated with physical job demands items (Q6 to Q10 in Table 1.1) rather than the other three psychological job demands items (Q3 to Q5 in Table 1.1).

Similar results were also observed in an additional clustering analysis with a much larger JCQ data set from the BELSTRESS baseline survey involving 55 occupational groups in Belgium (Choi et al. 2012). Furthermore, cognitive ('thought process') interviews with 8 university employees about the meaning of the 10 JCQ psychological and physical job demands items revealed that workers interpreted the two psychological demands items differently by the nature of their tasks (Choi et al. 2012). For example, 'work fast' meant mentally working fast to administrative and mid-management employees, while it meant physically working fast to maintenance/trade personnel. Our findings were consistent with the literature. For example, Kristensen et al. (2004) reported, based on a psychometric analysis (differential item functioning (DIF) analysis), that the meaning of the 'work fast' item ('do you have to work very fast?') of the Copenhagen Psychosocial Questionnaire (COPSOQ), very similar to the JCQ item (Q1 in Table 1.1), could differ by occupation. Karasek et al. (1998) also said that "perhaps explicitly the 'work fast' and 'work hard' questions assess physical as well as psychological workload" (p. 345).

There is no easy solution to these semantic issues of the JCQ psychological job demands items. Separating the two items from the other three JCQ psychological job demands may be a practical solution in order to clarify the meaning of the two items or reduce analytical and interpretational difficulties with the five JCQ psychological items (Choi et al. 2008, 2012; Garcia-Rojas et al. 2015; Pejtersen et al. 2010). For example, we compared two JCQ psychological job demands scales (three-item JCQ psychological demand scale -without the problematic two items: Q1 and Q2 in Table 1.1- vs. the standard five-item scale) in relation to health outcomes. The result was that the alternative scale was better than the standard scale: the associations with mental health indicators were stronger with the alternative scale (Choi et al. 2008); whereas the associations with several Cardiovascular Disease (CVD) risk factors were more or less the expected ones with the alternative scale (Garcia-Rojas et al. 2015). However, we think that more efforts should be made to refine the concept of psychological job demands in the DC model, given that the items similar to the JCQ psychological job demands are sometimes called 'quantitative' demands in the US National Institute for Occupational Safety and Health (NIOSH) Generic Stress Questionnaire (Hurrell and McLaney 1988) and the COPSOQ (Kristensen et al. 2004; Mikkelsen et al. 2005). We also offer to take into consideration the changing labour process and work organization under the influence of neoliberalism in a globalised economy (e.g., emotional, cognitive, and competency demands) (Allvin 2008; de Cuyper and de Witte 2008; Hellgren et al. 2008; Johnson 2008; Mikkelsen et al. 2005; Sauter et al. 2002). The reconceptualization of (psychological) job

demands will also guide us in the right direction for the revision of the current problematic JCQ psychological job demands items.

1.2.1.2 Skill Discretion

Another problem may occur due to the wording of some JCQ skill discretion items (see Q11 to Q16, Table 1.1), which are dedicated to assess the learning and skill development opportunities that jobs provide to workers. However, some skill discretion items (see Q11, Q13, and Q14, Table 1.1), due to the wording of the items, may be interpreted by respondents (workers) as questions that assess their cognitive job demands: "My job *requires*...". In Japan, Kawakami et al. (1995) reported that some JCQ skill discretion items were loaded together in a factor analysis with some JCQ psychological job demands, as opposed to their initial expectation. They interpreted the unexpected result as follows: "These items in the skill discretion scale seem to be associated with higher intellectual requirements. As we noted earlier, Japanese employees have suffered from rapid technological changes, and they are expected to acquire new knowledge rapidly..." (Kawakami et al. 1995, p. 371). In France, Brisson et al. (1998) also identified similar mixed factor loadings between the skill discretion and psychological job demands items. In México (González et al. 2015) confirmatory factor analyses of JCQ in health professionals showed better fit indices when these "require" items were removed from the control scale factor. Kasl (1996) raised a similar concern: "These items may reflect both job demands as well as decision latitude, particularly for individuals who do not have the requisite skills or time on the job to learn new things." (p. 50).

We think that the meaning of the current JCQ skill discretion scale could be further improved as a very first step by using alternative items considering the context of the learning and skill development on job, but without the potentially misleading word, "require". Indeed, many organisations and society in general may impose on workers at contemporary workplaces the necessity to continuously increase their learning and skills to maintain their employability (Hellgren et al. 2008; Mikkelsen et al. 2005). Thus a more appropriate way to assess genuine and salutogenic skill development opportunities of workers on the job may be asking whether they have control over the learning process and whether they are provided with enough resources from their organizations or society for their learning, not simply asking whether workers are learning on the job. Hellgren et al. (2008) developed and tested a new scale ('competency demands') for capturing skill development demand in contemporary changing working life (e.g., "I feel pressure to continuously learn in order to manage my work task."), although it was not associated with job satisfaction, perceived performance, and mental health in their study on white collar workers in Sweden. Another scale called conducive development (e.g. "My job *motivates* me to expand my skills and abilities" and "*I can plan* how my own skills will be developed in my job") also looks promising and was included and tested in the JCQ 2.0 pilot study survey in a German working population (Formazin et al. 2014). More studies with the current JCQ skill discretion and alternative scales are warranted.

1.2.2   Internal Language Issues of Some ERIQ Items

1.2.2.1   Reward

The three ERIQ reward items (Q11, Q14, and Q15) are problematic in terms of wording because they start with the following leading expression: "*Considering all my efforts and achievements*," At the conceptual level, the reward items are supposed to assess reward in terms of esteem or promotion. However, due to the leading sentence triggering an internal comparison process of efforts and achievement against reward, the reward items may be conceived by workers as items to assess effort-reward imbalance, not just reward as intended (Choi et al. 2014a; Juárez-García et al. 2015). Tage Kristensen (2009) also pointed out this conceptually ambiguous expression, as well as Ganster and Perrewé (2011). Furthermore, a psychometric analysis study with the ERIQ data from six Latin American countries underlined that a model allowing a clustering between the three reward items with the misleading expression, fit the ERIQ data better than a model without such clustering (Juárez-García et al. 2015).

These issues raise a serious question about the universal validity (Messick 1993) of the three reward items or the ERIQ reward scale including the three items. In order to test an interaction effect between effort and reward on health effects as hypothesised in the ERI model (van Vegchel et al. 2005) the independence of the two scales should first be assured. However, if reward scores mean at least partly effort-reward imbalance as well as reward, the independence assumption becomes violated. Thus, it makes it very difficult to appropriately interpret the results of the interaction test between effort and reward on health outcomes. One practical solution may be to remove the misleading sentence from the reward items to clarify the items as reward items as intended and use the revised items for research (Choi et al. 2014a).

1.2.2.2   ERIQ Response Set

Another ERIQ issue relates to the response set of the effort and reward items. Until recently, this response set has been a two-step five-point response set (Table 1.2). It was intended to assess a combination of the existence of a (perceived) work stressor and the degree of perceived strain from the work stressor (Choi et al. 2014b). Thus the meaning of the reward and extrinsic effort scores based on the two-step response set is not straightforward as Ganster and Perrewé (2011) pointed out: "Are the causal constructs referring to working conditions, albeit through the perceptions of the respondent, or are they types of psychological distress itself?" (p. 48). Tsutsumi et al. (2008) also demonstrated that using the two-step response set, compared to an alternative simplified response set (disagree = 1 vs. agree = 2 to 5 in Table 1.2), could inflate the strength of the association between effort-reward imbalance and mental health.

We think that the recent change to the one-step response set will significantly reduce the degree of ambiguity about the effort and reward scale scores in future research. However, it is likely that the two-step response set will continue to be used and remain a serious issue in work stress research because the recent change is not yet widely known to many ERIQ users and some data are already collected or being collected based on the two-step response set. For example, the European individual-participant-data meta-analysis of working populations (IPD-Work) Consortium group tried to deal with heterogeneous measures of ERI items across 15 European cohort data in several ways, including different response sets before their meta-analyses of the associations between ERI and health outcomes (Siegrist et al. 2014). Even if they claimed that the heterogeneous ERI measures were validated through a statistical analysis, we think their statistical harmonisation process of the heterogeneous ERI measures is too limited to overcome the aforementioned substantial difference in the *meaning* between the two response sets (Choi et al. 2014b). Indiscreet use of weak or problematic measures of ERI in future meta-analyses could under-or over-estimate the associations between ERI and health outcomes and their effect sizes (Choi et al. 2014b, 2015).

1.2.3   External Language Issues: Language and Different Cultures

So far, the JCQ and the ERIQ have each been translated into more than twenty different languages. However, it should be kept in mind that the questionnaires were developed by a group of researchers in the United States and Germany (and Western European countries) whose perspectives and research foci were shaped by their societies and cultures at a specific historical time. Thus, due attention should be paid to the use of the standard questionnaires in the countries having different cultures and languages. Uncritical application of the standard questionnaire to other countries and cultures may inadvertently strengthen ethnocentrism (Hofstede 2001) in work stress research. Measurement equivalence of a questionnaire across cultures is one of the central issues in quantitative cross-cultural comparison studies: (a) "whether research instruments elicit the same conceptual frame of reference in culturally diverse groups" and (b) "whether respondents calibrate the intervals anchoring the measurement continuum in the same manner" (Riordan and Vandenverg 1994, p. 644). The measurement of cultural non-equivalences in a questionnaire makes it hard to tell whether the observed differences or similarities between cultures are reflecting reality or simply measurement artefacts (Choi et al. 2009).

Despite the standard procedure of translation and back-translation for a cross-cultural application and adaptation of a questionnaire (Beaton et al. 2000; Bullinger et al. 1998), sometimes, the procedure may not be undertaken due to time pressure, or if undertaken it may not be thorough. Also it is not an easy task to translate the

original items into different languages due to the culture-bounding of item wording (e.g., a pear reminds Western people of a *bell-shaped* pear, while it reminds Korean people of a *round-shaped* pear). We tested the cross-language measurement equivalence of the 27 JCQ items for job control, psychological and physical job demands, and supervisor and co-worker support that had been translated into six different languages (French, Dutch, Belgian-French, Belgian-Dutch (Flemish), Italian, and Swedish) by six European research centres for the job stress, absenteeism, and coronary heart disease (JACE) European cooperative study (Choi et al. 2009). An item indicates a differential item function (DIF) if "all respondents at a given level of the attribute measured (at a given index score) do not have equal probability of scoring positively on the item regardless of subgroup membership" (Ørhede and Krenier 2000, p. 264). Our cross-language DIF analysis suggested that a third of the tested JCQ items (mostly for skill discretion, psychological job demands, and supervisor support at work) were cross-language DIF items in the JACE-JCQ data (Choi et al. 2009). That is, to the survey respondents, the meaning of the translated JCQ items could substantially differ from one language to another. The impact of the DIF items on the international comparison of psychosocial working conditions using the JCQ scales in the JACE study was not trivial: for example, the Italian female workers in the JACE study ranked low among the JACE study samples in terms of skill discretion when the comparison was done with the full skill discretion scale including DIF items, but they ranked high when the comparison was done with only non-DIF skill discretion items.

Our next task was to explore possible causes of the cross-language statistical DIF items in the JACE study data. We reviewed the quality of translation of the two versions of the JCQ (Flemish and Dutch) with independent trilingual (English, Flemish, and Dutch) researchers who had not been involved in the translation process. The translation quality review by the trilingual researchers enabled us to examine the sources of the DIF items in greater detail: for example, in total, five out of ten DIF items between the Flemish and Dutch versions of the 27 JCQ items were associated with translation differences noted by the reviewers. However, five other DIF items were not associated with any translation differences (thus, the DIF was possibly attributable to cultural differences). Thus, about half of the DIF items seem to have occurred due to translation problems and the other half due to unexplained non-translation cultural factors in the JACE-JCQ data. On the other hand, the cross-language and cross-cultural DIF of the JCQ items can also be an important methodological issue when researchers want to do an individual-participant-data meta-analysis on the associations between psychosocial working conditions (measured with the JCQ items) and health outcomes because researchers have to deal with the possibility of measurement non-equivalence of the exposure measure across the cohort data from different countries (Kivimaki et al. 2012; Choi et al. 2015).

Tsutsumi et al. (2009) tested the cross-national DIF of the ERIQ items for extrinsic effort at work and reward from Japan, the Netherlands, France, Sweden, post-communist countries, Spain, and China. According to their item-response theory based analysis with the reference of the Japanese data, effort items were more

frequently identified as cross-national DIF items than reward items. In particular, DIF for effort items was more frequent in the comparisons of the Japanese data with the Dutch, French, and Swedish data than in the comparisons with the Spanish and Chinese data. For example, the effort item ('pressured to work overtime', Q20, in Table 1.1) turned out to be a significant DIF item between the Japanese and Dutch data, which may reflect different meanings of the item between the two societies (Tsutsumi et al. 2009). Although the impact of the DIF items on the scale-level comparison of effort and reward between the countries was generally minimal, some comparisons (e.g., effort score comparison between the Japanese and Dutch data) were substantially affected by the DIF items (Tsutsumi et al. 2009). In addition, the use of multi-group confirmatory factor analyses indicated that the concept of ERI reward appeared to vary significantly between six Latin American countries (Argentina, Chile, Colombia, Mexico, Peru and Venezuela), while the concepts of over commitment (intrinsic effort) and effort appeared to be invariant (Juárez-Garcia et al., 2015).

For cross-cultural studies of psychosocial working conditions with the standard questionnaires, the contemporary standard procedure for cross-cultural adaptation of a questionnaire should be followed: forward translation, backward translation, and independent review of translation quality (Bjorner et al. 1998; Choi et al. 2009; International Test Commission 2005). For instance, some guidelines for a cross-cultural adaptation of self-reports suggest getting two independent translators in the forward translation and two others for the backward translation, to set up an expert committee of independent reviewers composed of methodologists, language professionals, original developers and translators, and to test and discuss the pre-final version using quantitative and qualitative approaches (Beaton et al. 2000; Gjersing et al. 2010). In addition, using qualitative methods (Choi et al. 2012; Mallinson 2002) will clarify the conceptual equivalence of psychosocial working conditions between cultures.

However, such studies are very scarce. Furthermore, DIF analysis after data collection will improve cross-cultural comparability of the data for an international comparison (or national in case of countries with immigrants from different cultures) of psychosocial working conditions or an epidemiological study. Lastly, we would like to emphasise that DIF items of the standard questionnaires are not necessarily problematic for research and practice. Instead, DIF items can lead to other research investigating the underlying cultural factors of the DIF items, which we believe will enrich contemporary work stress research.

1.2.4 External Language Issues: Language and Different Time Points

External language issues can also occur even when the same questionnaire is administered more than once with a substantial time interval in the same population. Many users of the JCQ and ERIQ may assume that the meaning of the JCQ and

ERIQ items and scales to the survey respondents would be the same between the administration time points. However, it could change under certain circumstances, which is known as the alpha-beta-gamma change (Golembiewski et al. 1976; de Jonge et al. 2008; Taris 2000) referring respectively to real change, recalibration of a response scale under the same conceptual domain, and reconceptualization of the underlying conceptual domain. The beta and gamma changes should be distinguished from the alpha change when a change identified with a self-reported questionnaire in organisational intervention studies is evaluated (Golembiewski et al. 1976).

To our knowledge, no studies have examined the cross-time invariance of factor structure and DIF of the JCQ items. However, a group of Swedish researchers (Chungkham et al. 2013) examined the cross-time DIF of the Swedish Demand-Control-Support Questionnaire (DCSQ) (Sanne et al. 2005), very similar to the JCQ (Karasek et al. 2007), using the Swedish Longitudinal Occupational Survey of Health (SLOSH) data from the years, 2008, 2010, and 2012. They reported that the factor structure of the DCSQ items were stable between the three time points. However, the meaning of one psychological job demands item ("work intensively") appeared to be significantly different between 2008 and 2010 and between 2008 and 2012, but not between 2010 and 2012. They attributed the cross-time DIF of the item to environmental change (e.g., economic crisis in 2008) that may have substantially affected the perception of the survey respondents about psychological job demands. As a practical solution, they recommended not using the item in the comparison of the psychological job demands scale scores between the three time points. On the other hand, de Jonge et al. (2008) tested and confirmed the cross-time invariance of the factor structure of the ERIQ using two longitudinal ERIQ data. However, they did not investigate cross-time DIF of the ERIQ items. More studies are needed in the future to test the magnitude of cross-time DIF of the JCQ and ERIQ items and more importantly, to examine the impact of the cross-time DIF items on the longitudinal associations between psychosocial working conditions (measured by the JCQ and ERIQ) and health outcomes.

1.3   Conclusion

Despite the common use of the standard questionnaires for assessing psychosocial working conditions in work stress research and practice, the meanings of some items and scales of the standard questionnaire (in this chapter, particularly the JCQ and the ERIQ) were not clear enough to the users, nor consistent among the users, including professional work stress researchers. In this chapter, we discussed some possible reasons for the differential understanding of the JCQ and ERIQ items and scales: ambiguous and misleading item wording (the JCQ psychological job demands and skill discretion items and the ERIQ reward items and their response set), inexplicit conceptual definition of a construct (the psychological job demands in the DC model) or inconsistent operationalisation of a construct

(extrinsic effort at work and reward in the ERI model), and insufficient attention to the specific contexts (occupational, cultural, social, and historical) in research with the items and scales. As we demonstrated, the internal and external language issues with the standard questionnaires are all critically intertwined with our research and practice: psychosocial exposure assessment, communication of the risk of adverse psychosocial working conditions with workplace stakeholders including union and management, evaluation of work stress models, epidemiological studies, intervention studies, and cross-cultural comparison studies of psychosocial working conditions.

Thus, with due recognition of the significant contributions of the JCQ and the ERIQ to work stress research during the last decades (Fransson et al. 2012; Karasek et al. 1998; Siegrist et al. 2004, 2014), more efforts are needed to address such language issues in the standard questionnaires for assessing psychosocial working conditions. Some items and scales of the standard questionnaires should be revised for improved clarity. A theoretical concept of job demands, including extrinsic effort, should be further refined and explicated. Users also need to be creative and critical of the standard questionnaires because they are designed to be used in a general working population, not in specific occupational groups.[3] Thus the item wording of the standard questionnaires is likely to be general and limited in reflecting occupation-specific local contexts, for example, increasing non-standard employment workers (temporary work, subcontracting, informal work, economically-dependent self-employment, and homework) in a globalised economy (Ebisui 2012). It also applies to the cross-cultural application of the questionnaires that are mostly developed in Western industrialised countries.

We hope that the practical solutions and analytic techniques suggested in this chapter will help work stress researchers and practitioners detect and deal with the language issues within standard questionnaires. Lastly, we would like to emphasise the following two approaches that could further help them for this purpose. First, whenever possible, we need to increase the validity of the questionnaire-based information on psychosocial working conditions by using multiple and mixed methods (Landsbergis and Theorell 2000).[4] For example, our work and obesity research in firefighters (Choi et al. 2011, 2014a; Dobson et al. 2013) involved use of administrative records, observations, short-term test-retested reliability, and qualitative research methods such as focus groups as well as the development of a firefighter-specific questionnaire. Second, we need to involve all workplace stakeholders (e.g., management, union, and individual workers) throughout the process of research based on the principles of participatory action research (Dollard et al. 2008) so all stakeholders can compare differences and develop common languages about psychosocial working conditions over time.

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[3]See Chap. 11 for an example of research care about a specific context (Editors' note).

[4]See Chap. 5 for an example of practioners' mixed approach (Editors' note).

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Chapter 2
The Linguistics of Work Values: Comparative Analysis

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Abstract This chapter considers the idioms, representing work values in the English, German, Russian and Chechen linguistic spaces. The results of research show that work values take an important place in the system of values of different cultures, being the part of everyday life, contexts of communication. In the basis of work values are the material values, focused on income, profit, spiritual and psychological - self-realization in work, pleasure from work, creativity, social and career - education, status in society. In the English and German languages the value of official regulated work was accentuated. In the Russian contexts very similar social experience is fixed. According to the poll of the Chechen language speakers at the present stage important are the values of income and success that can be connected with a post-war situation of revival, construction of work culture. So, the comparative analysis reveals the specificity of work values, differences and similarities in image components.

This chapter aims at underlying some linguistic dimensions of values at work. Values in the broadest sense are defined as something having significance, importance. Work values are connected with work relationships and motivation. Work is one of the basic concepts in different languages and cultures, so studying work values on the basis of idioms of differently structured languages gives a huge source of linguistic, social, and cultural information. Consideration of idioms in various linguistic spaces reveals how work values are conceptualized through various lenses: cognitive and semantic similarities and differences, peculiarities of idioms' semantics in various contexts, and specificity of social practices and work cultures.

This chapter offers to shed light on work values from a linguistic perspective, and thus using usual methodologies in linguistics. For those who are unfamiliar with this approach, this chapter is also an opportunity to see how it works in practice

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in this field. Notably, as a huge part of the material under analysis is published
in dictionaries and corpuses, the way to deal with references may vary from other
fields. The idioms are taken from the dictionaries, and the contexts with the idioms
are taken from the corpuses of the English, German and Russian languages.[1] Such
is the procedure.

The research is conducted through three interconnected steps. First, comparative
analysis of idioms is conducted to answer the following question: How semantics
of unfamiliar idioms is interpreted. Then, studying the use of idioms in different
contexts, and also using a dedicated psycholinguistic survey, the following question
is addressed: How the knowledge of internal forms promotes understanding about
their actual meaning. Finally, the analysis highlights interesting facts and observa-
tions, which shed light on what meanings the idioms received depending on the
contexts. The analysis of the social aspect of work values was driven by how they
are reflected in images, in contexts of use, in types of values.

The English, German, Russian and Chechen idioms were chosen for the analysis
as they represent different language groups - German, Slavic, and Nakhsko-
Dagestan. In this case significant similarities and distinctions can be found.
Regarding similarities, they can be connected with borrowings: in terms of territorial
remoteness and lack of obvious close historical contacts, they can appear as a
consequence of some universal mechanisms of creation of idiomatic expression,
thinking, and perception of the phenomena of surrounding reality. Similarities
were expected between Chechen and Russian idioms because for more than one
and a half century Chechnya is a part of Russia, and Russian is also spoken in
Chechnya. Beyond the similarities and distinctions between these language groups,
the question is if work values are expressed in accordance with these similarities
and distinctions.

As a result similarities in all languages were found, which is in accordance
with a pure linguistic effect, which confirms theoretical hypotheses in the field of
phraseology (for example, one hypothesis focuses on the influence of an internal
form on the actual meaning) (Baranov and Dobrovolsky 2008). Work values are
important in different cultures because the inter human, social, state, and economic
relationships are based on them. However, they may apply to distinctive context. For
example, in Russia work values are important regarding the conditions of capitalism
development, and in Chechnya work values are salient in the design of a business
work culture.

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[1]For example, the English Corpus is available at http://www.natcorp.ox.ac.uk/. At this website it is
possible to search and find a context with any word or idiomatic expression, as the Corpus contains
100 Millions of words. The other Corpuses have almost the same system. In order to work with the
German Corpus it is necessary to register.

2.1 Methodology

2.1.1 Description of the Three Stages of the Data Collection and Analysis

At the first stage, using the method of continuous selection, about 700 idioms of the semantic field "work" from the English, German, Russian and Chechen phraseological dictionaries were collected (Ibragimov 2005 for the Chechen language, and Kunin 2006 for Russian). The review, the analysis and the classification of the English, German, Russian and Chechen idioms of the semantic field "work" lead to building a general classification. As this classification relies on an inductive process, i.e. starting from the language material, divergences depend on the availability or the lack of these or those taxa. On the basis of idioms' semantics descriptors were attributed according to which the idioms were distributed in taxa.

For the second stage, a search of contexts for the idioms identified during the first stage was done on the basis of corpuses of the English, the German, and the Russian languages: The British National Corpus, the Corpus of the Institute of the German language (IDS) in Mannheim, and the National Corpus of Russian (see references). Regarding Chechen language, such a corpus does not exist. Thus, in order to collect the contexts for the Chechen idioms related to work values, a dedicated psycholinguistic survey was conducted with 300 students of the Chechen State University, Grozny State Oil Technical University. The questionnaire was approved by sociologists and linguists, in accordance with the usual and demanding requirements for such research. The survey was the opportunity to build a corpus for modern Chechen language in order to access the contexts of the uses of idioms. Thus, the questionnaire was notably structured to cover the situation of modern Chechen language in the republic, the knowledge of this language, and the relationship to this language. A focus was done on the idioms of the semantic field "work" in the speech. A statistical analysis was implemented using the resulting data set (SPSS program). This survey and its motive are described more in depth infra.

At the third stage a semantic analysis was conducted on each group of idioms which belong to the taxon classification. Also a comparative analysis of idioms was done, focusing on the ones which are equivalent in meaning in English, in German, in Russian, and in Chechen languages.

2.1.2 Psycholinguistic Survey: Functioning of Idioms About Work in the Chechen Language

Beyond dealing with the lack of an existing Chechen language corpus of reference to locate idioms in context, this survey occurred in a specific language situation. Indeed, as this language, and its situation in the republic, was to some extent

influenced by Russian language, the idioms uses and the relationship to languages by native speakers in the modern Chechen society represent a particular research interest.

First, as the knowledge of idioms and their direct use in speech is often one of the indicators of high level of language proficiency, this research focuses on this layer of lexicon to track their ways of functioning in modern Chechen language.

Focusing on a single semantic field rather than on idioms picked up from different semantic fields allows ensuring a more objective description of work values in speech. Choosing a single semantic field is also related to the specific situation of Chechen language, and the necessity to study the functioning of idioms. The author interrogated 300 Chechen students of the Chechen State University and Grozny State Oil University. The questionnaire "Idioms about work in the Chechen language", designed for the purpose of this research, included 49 questions, covering 33 idioms chosen from different taxa of the semantic field "work".

The analysis of the resulting data set allowed us to address three key issues. First, we were able to define the level of proficiency in the Chechen language. Second, it is possible to describe the language situation in the republic. Third, we may reveal the relationship to language, to the knowledge of idioms, and to the semantic features which are shown in speech. The language situation in the republic is characterized by the penetration of Russian into the informal colloquial and household sphere of communication, resulting in a mixture of Russian and Chechen speech. Thus, functioning of the Chechen idioms closely intertwines with social factors. So, many idioms come out of the active use, and become outdated, while others on the contrary become frequent (for example, *ахча даккха* (lit. to get money) – "to earn"). The informants revealed both semantic properties of idioms in speech, and a fragment of a current state of the Chechen language (one of its subsystems – phraseological).

According to the survey, the share of students who are fluent in the Chechen language (51.6 %) is statistically similar to the share of students who are fluent in Russian (49.2 %). 70 % of the interrogated students seek to know the Chechen language in perfection and 39.8 % of the students explain this objective by their fear of language disappearance. This underlines the understanding by young people of the language situation in the republic (influence of Russian and its penetration into the informal sphere of communication). Nevertheless, 42.5 % of the students aren't aspiring to know the Chechen language perfectly: they consider being able to speak is sufficient. The analysis shows that some idioms are almost unrecognizable and are not used. Notably, idioms with less transparent semantic structure are badly recognized and less often met in colloquial contexts. Thus some idioms are much more heard by native speakers than used in speech: the percentage of how often these rare idioms are heard half exceeds the percentage of how often these idioms are used. This can be explained by an unwillingness to think about contexts, an implicit language knowledge when the native speaker doesn't realize or doesn't notice that s/he uses a given expression and at which frequency, an insufficient knowledge of language, a gradual reduction of use of these or those idioms in colloquial practices,

and by the age of respondents (72.3 % of the students who participated in the survey are 16–20 years old; They have a narrower vocabulary than people who are over 20 years old).

Meaning of idioms with the stiffened inner form was recognized with the support of the component structure, and such idioms were a little familiar and seldom used. So, not all informants could understand correctly the meaning of the culturally marked idiom *Абубешаран болх* (lit. Abubeshar's work – "easy work") (Baysultanov and Baysultanov 1992) and to define the source of the cultural component – a proper name (expression from A.H. Hamidov's play "Abubeshar"). Only 10 % of the respondents often heard this expression, 26.3 % seldom heard it, and 57.7 % never heard it. Regarding the use 5.4 % of the respondents often use it, 18.1 % rarely use it, and 67.4 % never use it. Nevertheless, in contexts the meaning was correctly defined and followed from the inner form though stiffened, and the scornful, negative connotation of the idiom was understood. In some contexts to dictionary meaning of the idiom "easy work" the theme "negligent, bad work" was introduced.

Хьайн болх **Абубешаран болх** *санна эрна байна ма хилийталахь.* (Let your work not be done in vain, as Abubeshar's work).

In linguistics, survey is one of the methods of analysis of idioms semantics within one language. This is a way to consider the perception peculiarities and the representation of actual meaning within one linguistic community. Also, when an appropriate corpus is not available, this is a way to cope with it in order to allow the analysis of idioms.

2.2 Work Motivation as a Basis of Work Values

On the basis of our analysis of idioms related to work values in the four considered languages, we observe that the semantics of idioms is structured in a general scheme, which reflects a basis of work values, including relationship and motivation to work (Fig. 2.1). The relation to work is defined by such motives as interest in work, professional career development, and it can be associated with the feeling of an official duty, be expressed in purpose for receiving a salary, a material result. For example, a fundamental motive of work in all languages is duty. Also, the taxa "to earn" and "to work with enthusiasm" are found in English, German, Russian, and Chechen language.

2.3 Classification of Idioms: The Analysis of the Taxa Reflecting Space-Time, Quantitative and Qualitative Categories/Social Categories

As a result of the review of the English, German, Russian and Chechen idioms (see Fig. 2.1), their general classification into taxa of the semantic field "work" was made. The following universal taxa in these four languages were identified:
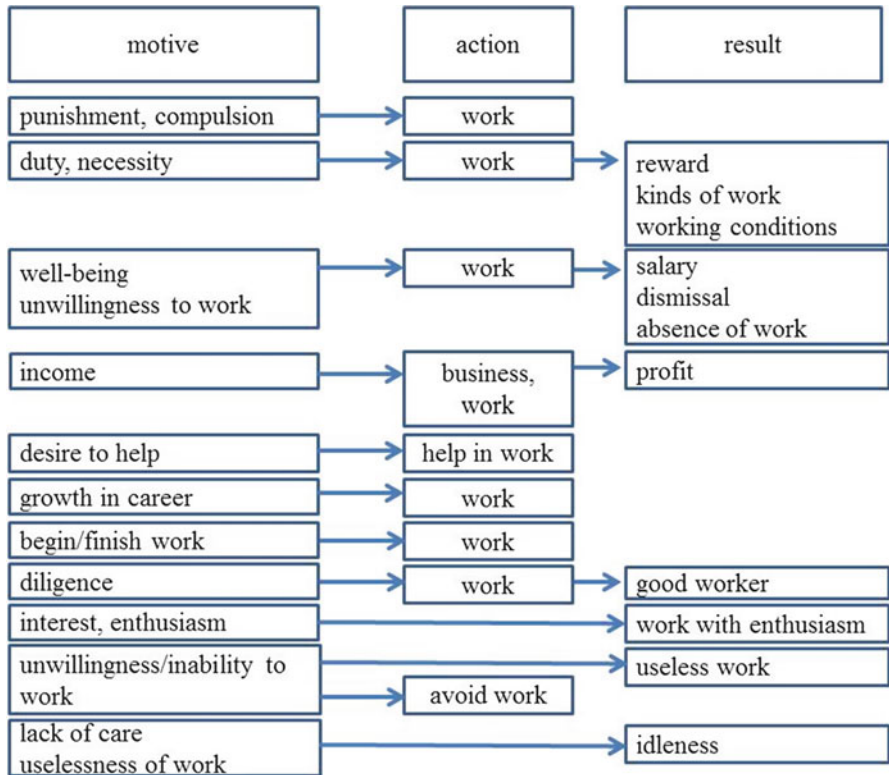
Fig. 2.1 Semantics of the English, German, Russian and Chechen idioms reflects work motivation

the beginning/end of work, little/a lot of work, to work well/badly, unwilling-ness to work, and also the taxa describing work as a social phenomenon, the regulated activity with norms of work, the types of work in different social spheres focusing working conditions, and also lack of work, career development, dismissal.

Regarding dismissal, significant distinctions between English, German and Russian idioms, on the one hand, and Chechen idioms, on the other hand, were found. The situation of career growth isn't presented in the Chechen phraseological dictionary, and dismissal is displayed by only two idioms that can be explained by the peculiarities of the forming work culture, and the lack of corresponding developed social practice. Idioms about idleness in the English, German, Russian and Chechen languages imprinted images of senseless pastime, full inaction.

During the analysis of dictionary interpretation of idioms, and also their inner form, the three following aspects of work values were associated: religious aspects of work values (need to work as a religious installation, as psychological), the motivation to work/absence of motivation, the social and cultural aspects of work

values (success, earnings, work traditions, customs). For example, religious loading was recorded in English *by the sweat of one' by brow* (Oxford idioms Dictionary for learners of English 2006), in German *im Schweise seines Angesichts* (Duden Redewendungen 2008), in Russian *в поте лица своего* (Baranov and Dobrovolsky 2007).

The economic aspect of work values brings the categories "duty" and "obligation", and also "profit" and "remuneration". As the analysis of idioms on the material of the English, German, Russian and Chechen languages shows, the general motives of work in these cultures are wellbeing, aspiration to earn, the success, as motive of inaction unwillingness to work, and idle pastime.

In the semantic structure of idioms the following four different work values were found: value of duty, career growth, official rest, and work spirit. Let's analyze the idioms from the taxa. We here first focus on motive – duty/necessity.

- English *pull one's weight* (colloquial) – "to do your part of work, your duties"
- German *seinen Strang ziehen* (lit. to pull the rope) – "to do your business, your duty"
- Russian *тянуть/тащить воз* (lit. to pull/drag a cart) - "to do your duty"
- Chechen *г1уллакх д1акхехьа* (lit. to drag business) – "to fulfill the duty"

In scenarios of idioms the knowledge that the person is compelled to move any subject is imparted. This conceptual content is projected on purpose area "performance of the share of work, the duties". In different languages a frame to PULL ANY SUBJECT and a frame to CARRY OUT DUTIES have the general slots "to make effort", and "to show patience, diligence". The analysis of contexts shows that idioms are used in the business sphere, describing a situation of the official work imposing certain obligations.

> *Should partners neglect to do their work or fail to '**pull their weight**' through absence*, etc., *other partners are entitled to compensation* (Principles of hotel and catering law Pannett, A. London: Cassell, 1992; http://www.natcorp.ox.ac.uk/).

> "*35 Damen und Herrenengagierensich in unserem Namen und zum Wohle unserer Stadt in den verschiedensten Ausschüssen - und jeder **zieht** vorbildlich **seinen Strang**!", sagte Löhr lobend beim Arbeitsessen* (*Rhein-Zeitung*, 21.03.2007). (35 employees actively work in various committees from our name and for the benefit of our city – and everyone is exemplary *fulfills the duties*", told Löhr in the thankful speech at a business lunch (*Rhein-Zeitung*, 03.21.2007); http://www.ids-mannheim.de/kl/.../korpora/).

The Russian idiom is used in combination with the addition of elements, which specify what duties are carried out, and are connected with the influence of the image component on the actual meaning activating knowledge that the cart can have contents.

> *В технологическом же плане механизма, способного заставить глав субъектов **тянуть воз** федеральной политики в ущерб своим прямым интересам, как не было, так и нет* (Дмитрий Орешкин, Владимир Козлов. Чижики против «кровопролитиев» // «Московские новости», 2003). (In the technological plan there wasn't and there isn't a mechanism capable to force heads of the regions *to pull a cart* of federal policy to the space detriment of the direct interests; http://www.ruscorpora.ru/).

In the contexts of the Chechen idiom four additional components of the meaning are: need of the business performance, the begun business; ability to execute business; existence of such qualities as force, professionalism, knowledge of the work; courage, energy. Violation of phraseological integrity of the idiom, as in the following context, for example is possible:

- *Бахархойн **г1уллакх** т1е а лаьцна, ид**1акхехьа а**, кийча а, доьналла долуш а вара юрт-да.* (The chief of the village was the courageous person ready *to assume the business* of people).
- *Айхьа долина **г1уллакх д1акхехьа** хьуна ца лаахь, и дола а ма де.* (If you don't want to *carry out* the begun *business*, don't start it).

In contexts all idioms have the meaning "to perform the work, business, duty". The general semantic sign for the analyzed idioms is the connotation of verbs "to drag, pull", expressing need of performance of any business.

English *pull one's socks up* (colloquial) – "to pull the socks up, strain all forces" – German *sich ins Geschirr werfen* (colloquial) (lit. to rush to a harness) – "diligent to start business" – Chechen *биъ ког г1ортийна* (colloquial) (lit. to rest four feet) – "to do something with big tension, with whole return of forces". In English there is a transfer of the content of an initial frame PULLING UP SOCKS on a situation of manifestation of diligence, prudence in work. In the German idiom the motivation of meaning is caused by the fact that in harness are put, independent eagerness to appear in a harness is treated as manifestation of special diligence, desire to work. In the Chechen language the association with any animal, a horse, a donkey, a bull is carried out. This knowledge is transferred to the person doing something with tension.

The scenario "to begin to do something with effort, diligence" is described by means of different figurative bases having the general component of meaning "make any action demanding energy".

*The tabloids were calling Charles work-shy and lazy, and the Duke of Edinburgh told him to **pull his socks up*** (Charles and Diana. Junior, Penny. London: Headline Book Publishing plc, 1991; http://www.natcorp.ox.ac.uk/).

*Er durfte unweit des soeben vollendeten, E-Werks "romanisierenden" stilistisch - die Jugendstilfassade kam erst 1911 hinzu - sein "gotisierendes" Hauptpumpwerk aus Hausandsteinen, mit Erkern und einem Turm hinstellen. Klar, daß Richard Perrey **sich** sogleich mächtig **ins Geschirr warf*** (Mannheimer Morgen, 29.03.1999). (He could erect near the just finished in Romance style power plant, (the facade in modernist style was added for the first time in 1911) the main pump station stylized under a gothic style from sandstone, with the covered balcony and a tower. It is clear, that Richard Perej immediately *turned to work*) (Mannheimer Morgen, 03.29.1999; http://www.ids-mannheim.de/kl/.../korpora/).

2.4   Taxa, Reflecting Space-Time, Quantitative and Qualitative Categories/ Social Categories

Now we consider the peculiarities of semantics of idioms of a taxon "**work as the social phenomenon**". A characteristic component of meaning of the idioms entering this taxon is the work regulation, its officiality, the existence of the employment contract.

English *Monday feeling* transfers an idea of existence in the culture of working week and days off in a weekend – "need to work on Monday; unwillingness to work after days off". The idiom describes a situation when on Sunday the person feels that days off come to an end, and on Monday working week begins. The idea of Monday as an unlucky day when after rest it is necessary to be adjusted on a working harmony – *понедельник - день тяжелый* (lit. Monday – an unlucky day) was fixed in Russian too.

> *'It's important that people realize the **Monday feeling** isn't just felt by those who do not like their jobs,' said Professor Laura, author of a new book Hidden Hazards* (Liverpool Echo & Daily Post. Liverpool: Liverpool Daily Post & Echo Ltd., 1993; http://www.natcorp.ox. ac.uk/).

German *Blauer Montag* (colloquial) (lit. Blue Monday) – "Monday on which work is laid aside". Also it is used for designation of any day off. To the frame MONDAY the additional content "color" is attributed. It is possible to interpret the meaning of the idiom as "the Monday different from other Mondays on some signs, characteristics". The situation in a source frame repeats in a purpose frame "Monday, special for the person "day off".

> *Die grösseren Städte konnten sich offenbar leisten, während Jahrzehnten oder Jahrhun-derten gut bezahlte Steinmetzen zu beschäftigen. Diese verdienten so viel, dass sie am Montag nicht zu arbeiten brauchten. Der "blaue Montag" als zusätzlicher Nach-Feiertag (nicht nur an Ostern und an Pfingsten) of bedeutete für die Bauhandwerker die Fünf-tagewoche* (St. Galler Tagblatt, 16.07.1997). (Larger cities could, obviously, afford, within decades or centuries to employ well paid masons. Those earned so much that didn't need to work on Monday. *Monday* as the additional day off meant for workers a five-day working week) (St. GallerTagblatt, 07.16.1997; http://www.ids-mannheim.de/kl/.../korpora/).

There are different interpretations of the origin of this idiom. According to one of them, Monday on ancient custom of handicraftsmen was a day off for journeymen. The symbolical component of color allegedly goes back to the color of clothes which was worn by handicraftsmen in the Middle Ages on Sunday and holidays [Duden 11]. The general for the analyzed idioms is the knowledge "Monday – the working day of week".

2.5   The Taxon "Growth in Career"

Growth in career is described as "stay in a certain point of space, the movement on the direction from below up".

English *At the bottom of the ladder* – "from the bottoms, from the simplest, manual labor". A frame STAY IN THE BOTTOM OF the LADDER and a frame STAY AT the INITIAL STAGE of CAREER have the general slot "to be below in relation to a ladder, career". This knowledge is transferred to a situation "from the simplest work".

> *Although Laing started **at the bottom of the ladder**, he admits that the fact he and his brother inherited control of the business early on in their careers helped them to climb the hierarchy rather swiftly* (Advice from the top. Oates, David and Ezra, Derek.Newton Abbot, Devon: David & Charles Publishers plc, 1989; http://www.natcorp.ox.ac.uk/).

In all subsequent idioms there is also an idea of staying below in relation to career.

Work your way up – "to begin with badly paid, modest work and work hard until you get well paid, solid job". The image causes representation that someone is below and expresses aspiration to move ahead that is projected on a situation "to begin with badly paid work". To make the way upward implies that we begin with the little, and with diligence it is possible to achieve height.

> *If an aspiring agent doesn't go to college or university, there is no reason why he or she can't apply to an agency and come in as a very junior person **to work their way up*** (The rock file. York, Norton. Oxford: Oxford University Press, 1991; http://www.natcorp.ox.ac.uk/).

Come up/rise through the ranks – "after you began the career from below or in some organization, eventually to reach high status in it". In troops the ranks refer rather to a position of ordinary soldiers, than officers. Some can become officers if they have qualities necessary for it. The image is comprehended as receiving growth in career. It is used both in military contexts, and for the description of growth in career, at work, in other areas.

German *Die Treppe hinauffallen/rauffallen/hochfallen* (colloquial) (lit. to fall up a ladder) – "to endure sudden and unexpected professional growth". The image is projected on a situation "to receive professional growth".

> *Wir brauchen eine grundlegende Neukonzeption der Verkehrspolitik. Gegenwärtig laufen wir in eine Sackgasse. Ihre Vorgänger im neuen Amt sind - salopp gesagt - **die Treppe hinaufgefallen**: Wolfgang Gröbl ist jetzt Staatssekretär in Bonn, Alois Glück hat eine Schlüsselposition in der Landespolitik inne* (Nürnberger Nachrichten, 19.03.1991). (We need the thorough new concept of transport policy. At the moment we are at the deadlock. Predecessors on a new position, roughly speaking – *fell down upward*: Wolfgang Greblis now the deputy minister, Alois Gluck has a key position at the level of federal policy (NürnbergerNachrichten, 03.19.1991; http://www.ids-mannheim.de/kl/.../korpora/).

Russian *продвигаться по служебной лестнице* (lit. to move ahead on an office ladder).

Into the structure of a frame ADVANCE ON the LADDER the content "official" is entered that highlights the knowledge that advance is carried out at work, clears up a spatial metaphor.

All the above given idioms differ in meaning components, the general for them is the sign "situation in space - the movement from below up", connection of an image of a ladder, rise on a ladder with growth in profession, career.

2.6   The Taxon "To Work Hard, Much"

The analysis of an inner form and meaning of idioms reveals such component of meaning as "to make efforts". The idea of lack of rest is reflected in the inner form of idioms, having the meaning "to work hard, much", the volume of what it is necessary to work with is designated.

English *work to death* (oneself/somebody) – German *sich zu Tode arbeiten* (lit. to work to death) – Russian *работать до изнеможения* (до потери пульса) (lit. to work to exhaustion, till pulse loss) – Chechen *вала х1оьттина къахьега* (lit. to work to death) – "to work tirelessly, with big diligence, persistence, tension, applying all forces".

The image of the intensive work is transmitted through the DEATH metaphor. In the Russian idiom the death is figuratively associated with pulse loss. The limit of action is reflected in English, German and Russian languages in the general grammatical forms: to work to (to, zu). In the Chechen language (adverbial participle) the proximity to death in the situations described in the inner form of idioms is the biggest manifestation of degree of fatigue from work.

In the analyzed contexts the English idiom is used in the meaning "make all efforts, work very much".

> '*But he loved us and he **worked himself to death** for us.*'(The Daily Mirror.London: Mirror Group Newspapers, 1992; http://www.natcorp.ox.ac.uk/).

The German idiom in contexts has the two following meanings: 1) to overwork at work, to work too much, hard, to exhaustion, 2) to work diligently, strenuously. The main spheres of use are physical work, economy, music, psychology. In several contexts expression is used in relation to bees: they act as subjects of action.

In the following examples the Russian expressions *работать до изнеможения* (lit. to work to exhaustion) with addition of the adjective *full* for a sense intensification, *работать изо всех сил* (lit. to work with all efforts) are suitable for transfer of the meaning of the German idiom.

- *Die bienenfleißigen Japaner, die **sich** in vielen Fällen wirklich **zu Tode arbeiten**, sollen es künftig - so wie die Europäer besser haben. In einem von der Regierung gestern verabschiedeten Fünfjahresplan wird der Überarbeitung der Kampf angesagt und vorgeschlagen, die jährliche Arbeitszeit bis zum Jahr 1997 um 200 Stunden auf 1800 Stunden zu reduzieren. Damit würde die Wochenarbeitszeit*

von 44 auf 40 Stunden beschränkt (Die Presse, 11.07.1992). (Hardworking as bees Japanese, who in many cases actually *work to full exhaustion*, must live in the future better, as well as Europeans. In the 5-year plan approved yesterday by the government, fight against over fatigue is declared and it is offered to reduce till 1997 annual working time on 200 h, leading it to 1800 h. Thereby, week working hours will be reduced from 44 to 40 h (Die Presse, 07.11.1992; from http://www.ids-mannheim.de/kl/.../korpora/).

- *Die Menschheit befinde sich heute auf dem Weg*, **sich zu Tode zu arbeiten,** *zu Tode zu amüsieren und zu Tode zu vermarkten. Dies komme auch in dem Versuch zum Ausdruck, "den Sonntag in unserem Land als christliche, kulturelle und soziale Bastion zu schleifen und somit ein unersetzliches Kulturgut zu verschleudern"* (Mannheimer Morgen, 16.08.1999). (The mankind is today on the way when *work to death*, have a good time to death, and sell to death. It also proceeds from self-expression attempt, "to make Sunday in our country a Christian, cultural and social bastion and thus to spend irreplaceable cultural property" (Mannheimer Morgen, 08.16.1999; http://www.ids-mannheim.de/kl/.../korpora/).

Here the language game is observed, the idiom is used as in direct, so in a figurative sense.

In the following context bees are the subjects of action.

Außerdem gibt es Tausende von Arbeitsbienen (im Juni rund 50,000 Bienen). Wenn sie nach 21 Tagen aus ihrer Zelle schlüpfen, müssen sie gleich arbeiten: zuerst im Stock, später werden sie zum Honig sammeln geschickt. Sie leben im Sommer nur fünf Wochen, weil sie **sich** *beim Honigsammeln wirklich* **zu Tode arbeiten**. *Im Bienenstock wohnen zudem die dicken Drohnen, so heißen die Bienenmänner. Sie haben keinen Stachel, und man kann sie fangen und streicheln* (Nürnberger Nachrichten, 12.04.2007). (Besides there are thousands of working bees (in June about 50,000 bees). When in 21 days they take off from their beehive, they have to work equally: at first in the beehive, then they go to collect honey. In summer they live only 5 weeks as really *work very hard*, collecting honey. In the beehive besides there live fat drones, males of bees are called so. They have no sting and they can be caught and stroked (*Nürnberger Nachrichten*, 04.12.2007; http://www.ids-mannheim.de/kl/.../korpora/)).

The Russian idiom *работать на износ* (lit. to work very hard) is more suitable for the translation of the German one in this context as it is about bees, but not about the person.

- *Работать на износ* (lit. to work very hard) – "to work much, both about the person, and about technical subjects, in this case the idiom is used in the direct meaning". The image describes the work covering a lot of time, tension and forces.
- *А тут еще техника старая*, **работает на износ** (Василий Гулин. Бешеныепсы (1997) // «Столица», 1997.04.01). (And here the equipment is also old, *works very hard* (http://www.ruscorpora.ru/).

In this context the idiom is used in the direct meaning, nevertheless, in similar examples the rethought meaning "work much" is partially realized.

> *Как в детстве, он продолжал* **работать на износ,** *но уже не чистильщиком-подмастерьем, а преуспевающим архитектором-дизайнером* (Давид Карапетян. Владимир Высоцкий. Воспоминания (2000–2002)). (As in childhood, he continued *to work very hard*, but not as a cleaner journeyman any more, but the successful architect (http://www.ruscorpora.ru/).

The meaning of the Russian idiom *до седьмого пота* (lit. to the seventh sweat) – "to work hard, much".

> *Молодые врачи работали* **до седьмого пота**: *нужно было перевести сто пятьдесят больных на новые места со всем хозяйством . . .* (Николай Амосов. Голоса времен (1999)). (Young doctors worked hard: it was necessary to transfer hundred fifty patients to new places with all their equipment . . . (http://www.ruscorpora.ru/).

The Chechen idiom *вала х1оьттина къахьега* (lit. to work to death) is used in the meaning "work to achieve result, success, happiness, to earn". Three meanings of the idiom in contexts may be identified: 1) to work much, hard (physical work), 2) to work to earn, 3) to work (in study).

- **Вала х1оьттина къа а хьоьгуш**, *хьанала ахча доккхур ду ша аьлла, ойла йолуш аравелира Муса*. (Musa went outside with thought that *strenuously working*, will earn earnest money).
- **Вала х1оьттина къахьега** *деза нохчийн мотт 1амо*. (It is necessary *to work hard* to learn the Chechen language).

The Chechen idiom *са бага кхача* (lit. th soul reached the mouth) as the survey shows is seldom used and the main meaning "to be tired of something, doing something". Only in one context it is about work.

> *Сан ден ваша,* **са бага а кхаьчна**, *къахьоьгуш ву, шен доьзал кхаба г1ерташ*. (My uncle (the father's brother) *works*, *without being tired*, trying to support the family).

It is more correct to translate the Chechen idiom in this context by means of the Russian expression *работать /трудиться не уставая* (lit. to work without being tired).

The Russian idiom includes a symbolical component seven, Chechen – soul.

Thus, despite distinctions in image components, the general for all idioms is reflection of an intensification of action, effort due to the expression in grammatical structure of the concept of limitation/not limitation.

2.7 Idioms with Somatic Lexicon

English *have one's hands full* – German *alle/beide Hände voll zu tun haben* (lit. to have all / both hands filled) – Russian *рук не хватает/работы по горло, по уши* (lit. Hands aren't enough / work up to a throat, to ears) – and Chechen *ги боьттина* (lit. Having loaded a back).

Idioms reflect similar ways to designate a situation "to work much", associated with parts of a body of the person. English and German idioms include an image of hands, full of what it is necessary to work with to do something. For example, to sew, knit, weed, clean, write. Thus, the part of our knowledge of an image is that both hands of the person are occupied, and this knowledge is projected on a situation "to have a lot of work". In the German example the accent is put on that all / both hands are occupied. In the Russian idiom the image focuses attention on the knowledge that the person has two hands when all hands are occupied and a lot more hands, when more people to execute it are needed, idioms *работы по горло/ по уши* (lit. Work up to a throat/ ears) reflect quantity, work volume. The Chechen idiom imprinted an image of the loaded back. It is known that, being filled up with something it is difficult to move, this knowledge "to be so loaded that you won't move" "a lot of work" is transferred to a resultant frame. The projection of an image of the loaded back to a laborious work also highlights the fact of carrying bags on a back in the Chechen work culture.

So, all idioms reflect spatial categories, a lot of work is associated with a receptacle, full hands, up to a throat, full, loaded back.

In the analyzed contexts of the English idiom it is observed that meaning is brought out of a figurative component. The additional component of contextual meaning becomes the theme "to be very busy / at work, houses (a lot of work)".

- *He is clearly disappointed with the low take-up of the early release programme in the US, but understands that this is because customers already* **have their hands full** *coping with downsizing* (Computergram international. u.p.; http://www.natcorp.ox.ac.uk/).
- *Gemeinsam stemmte das Paar mehrere Betriebe für Feinpapier in Mannheim - die zwei hielten auch in Krisenzeiten fest zusammen. Außerdem engagierten sie sich als Schöffin und Handelsrichter und in verschiedenen Kommissionen. Obwohl das Paar beruflich und ehrenamtlich* **beide Hände voll zu tun hatte**, *zog es noch drei Kinder auf und sorgte für das Wohl der fünfköpfigen Familie* (Mannheimer Morgen, 28.08.2003). (Together the married couple created some enterprises for production of high-quality paper in Mannheim – during the periods of economic crises both kept strong together. Besides worked as the judicial assessor and the judge of commercial court, and also in various commissions. In spite of the fact that the couple is professionally and socially occupied, they also grew up three children and cared about wellbeing of the family from five people (Mannheimer Morgen, 08.28.2003; http://www.ids-mannheim.de/kl/.../korpora/).

The German idiom is used in contexts with the meaning "to have a lot of work, cares, to be very busy in the professional plan, i.e. at work, on service". In the Russian contexts the theme "employment", "lack of time" is also felt, in certain cases the idiom is used in a combination "working hands aren't enough".

Дело это затянется на несколько дней — *очень трудно с лежачими, так как их необходимо перевязывать, а* **рук не хватает** (Николай Амосов. Голоса времен, 1999). (This Business will be tightened for some days — very difficult with lying as they need to be tied up, and *hands aren't enough* (http://www.ruscorpora.ru/).

The meaning "a lot of work and shortcoming of workers" is realized at the same time.

The meaning of the Chechen idiom follows from a figurative component and first of all touches upon the theme "a lot of work". In contexts the form variation

is possible. So, in the given context the component *болх* – "work" *–ги боьттина болх* is added to the form recorded in the dictionary. The idiom ratio with other lexemes gives different meanings, but the main semantic loading remains on the seme – "much".

И мел болу **болх** шена ги **а боьттина**, хьийзира Эла. (Having *charged himself with all this work*, – Ela moved around).

2.8   Conclusion

The study of the semantics of idioms reveals various components of the universal and specific knowledge about the world in different languages and cultures. The analysis of idioms of the semantic field "work" in the English, German, Russian, and Chechen languages reveals both the similar and the different descriptions of work, at the semantic level it is shown:

- in similarity of meanings of the idioms entering one taxon by differences of inner form;
- in similarity of lexical structure of idioms in different languages transferring the same meaning;
- in common logically removed components of meaning which aren't recorded in the dictionary but allow to unite idioms in the general taxa;
- in inner form of idioms where the descriptions of work connected with social and cultural factors come to light;
- in inner form of a number of idioms in which the interrelation of God and work is reflected *work all the hours God sends, um Gotteslohn arbeiten, dem lieben Gott den Tag stehlen, Бог в помощь* (lit. *God in help*), *Делан карахь бу болх* (lit. *Work is in God's hands*).

Social and cultural experience of different people is indirectly reflected in semantics of idioms. Historical changes of work caused the nature of work motivation, specificity of material and moral motives of work among which in the forefront stand wellbeing, duty, necessity, success, earnings.

The survey analysis of idioms allowed us to allocate the following ideas of work, characteristic for phraseological funds of the English, German, Russian and Chechen languages.

1. For English and German languages the idea of work as the adjusted activity in society, with norms and rules, payment, as an integral part of work is characteristic. Idioms describe work as duty, the obligation accepted by the person in society (are used in contexts of the state work, economic, financial activity, etc.). They indirectly reflect economic and social experience of England, Germany.
2. In Russian the images connected both with work as physical, economic, and social activity are also presented.

3. Images of physical work, folk beliefs, nature of action (work) were fixed in the Chechen idioms, in language they are used in the context of modern reality, understanding of work.
4. The common components of meaning and also conceptual similarities allow us to unite groups of idioms of different languages in one taxon.
5. In all languages the idioms reflecting universal categories are allocated: quantity/quality of work, little/a lot of work, work well/badly, availability/absence of work, going away from work.
6. Quantitative distribution of English, German, Russian and Chechen idioms in taxa is disproportionate, the greatest number of idioms in all languages enter the taxa designating "hard work", "idleness". In German more idioms are allocated in taxa "duty, service", "to work much, hard". In English in such taxa as "to begin work", "types of work" "to earn".
7. National and cultural specificity is shown in lexical structure of the idioms described in inner form situations, often connected with cultural traditions, customs, facts. In semantic structure of idioms there is also a symbolical component.
8. The analysis of contexts of idioms' use on the material of the English, German, Russian and Chechen languages shows influence of more or less live inner form on the actual meaning to what contexts with language game also testify.
9. Degree of stability of idioms varies, the more live the inner form, the closer the idiom is to the free phrase, the less steady the syntactic form is.

Language and social phenomena are closely interconnected, although the reflection of the social influence on the language units is implicit and has to be interpreted, decrypted. But evident remains the fact that all the processes in society, innovations and development leave trace in the language with appearance of new words for denoting certain notions. In the conducted research on the one hand on the surface are the basis of the work values in different cultures such as duty, wellbeing, income, success, self-realization, professional growth and others, on the other hand different are the conditions in which these values have been formed and still being forming that is transparent from the semantic field and classification of the idioms within it. So the analysis of work values in different linguistic spaces on the material of idioms broadens our vision about work and specific, universal in languages.[2]

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Chapter 3
Psychosocial Risks at Work: A Performative Speech Act

Corinne Delmas

Abstract This chapter studies the various representations of psychosocial risks at work in different spaces: the labour unions, the scientific fields, the companies.... It deals therefor with the case of the "Observatoire du stress et des mobilités forcées à France Télécom" ("The France Telecom's Observatory for Stress and Forced Mobility"), which is very heuristic; this association, made in 2007 by two labour unions, summarizes features of the collective action today, in particular, the use of research and of a scientific expertise, but also an interest for some forms of agitation and propaganda like agitprop. This association, which brings together researchers, activists and experts, reveals the performative speech acts. The term of "psychosocial risks at work" asserts in connection with the media coverage of work induced suicides and of mental illness, and with the rise of the interest to occupational health. But its takes and connotations are numerous and contrasted.

French unions have been taking positions on occupational health for the last decade and a half, with the surge of issues in workplace stress, suffering, and psychosocial risk. Analysis reveals an inflationist and inconsistent use of the vocabulary. Depending on the situation and approach, the issue goes by many names: health, mental health, workplace suffering, stress, employee subjectivity, psychological health, psychological hardship, psychosocial risks, and so on. While the term 'psychosocial risks' (commonly known as PSR) tends to have taken hold in recent years (including among unions), it is nonetheless the object of endless controversy, begging study of its competing stakes and uses.

Founded in 2007 upon the initiative of two unions, the Stress and Forced Mobility Observatory (Observatoire du Stress et des Mobilités Forcées) at France Télécom

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Orange[1] is a strategically situated organization for exploring these questions. Indeed, the organization concentrates certain current trends in collective action, including significant reliance on research and scientific expertise and having public relations objectives. From its inception the Observatory has been oriented toward 'agit prop' (mobilization), holding annual conferences attended by hundreds of employees and making substantial contributions to media coverage of the suicides and situations of malaise in the company. By soliciting researchers and experts who have Health, Safety, and Working Conditions Committee (Comités d'Hygiène, Sécurité et Conditions de Travail - CHSCT) certifications and surveying employees by questionnaire, it also demonstrates the will to develop credible information and produce a discourse that will be audible in other social spheres. Holding a dual position that is simultaneously union-oriented and scientific, as much due to its composition as its actions, this hybrid organization attests to the collaborative possibilities existing between researchers and activists. It also illustrates contributions from the social sciences and related disciplines used in an expert and critical perspective, and illuminates the ascending clout of 'psychosocial risk' expertise and consulting firms (Delmas 2012). The variety of member profiles in such heterogeneous organizations (which can bring together employees, researchers, union and/or association activists, members of the professions, and yet others) makes them fruitful spaces for understanding variations in lexical usage in relation to actors' trajectories and socio-professional and union affiliations. In this regard, they are strategic sites for studying this vocabulary's lability as well as its performative dimension, which is the common thread throughout this chapter.

Approaches to performativity that try to show how categories and attributes are not a priori givens, but are rather forged over the course of repeated trials (during which there is always a chance they might disintegrate or be transformed), can be particularly heuristic in analysing the construction and uses of categories for qualifying work-related ills. They seem especially relevant for comprehending the phenomena of the import-export and translation of notions such as PSR.

This chapter is based on an on-going study of the social construction of psychosocial risks (see Box 3.1). It represents one of the lines of enquiry, looking at the vocabulary that various involved actors use to qualify the psychological dimensions of workplace health (union members, certified CHSCT experts, PSR consultants, safety and health inspectors, representatives of the medical profession, researchers, academics, political leaders, journalists, management representatives, human resources professionals). It is based on several kinds of data: press coverage, union documentation, interviews, and observations of training sessions and meetings concerning workplace mental health issues.

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[1]France Télécom was the French public telecommunications company until its privatization in 2004; it changed its name officially to Orange in 2013. It has been in the public eye for the number of workplace suicides in the early and late 2000s, largely blamed on workplace pressures stemming from the major restructuring necessitated by privatization and financial difficulty. See Chap. 4 for the analysis regarding the transportation sector in France (Editors' note).

Box 3.1: Presentation of the On-going Research: Field Site and Methods
This research is in the continuation of fieldwork conducted since 2007. The first entry point, unionism, was given precedence through a collective research programme on union 'workplace suffering' training (see Bué et al. 2014). A second point of entry, through the media, was opened under the auspices of a study of the paradoxical publicity concerning 'stress' among middle- and low-level managers (Delmas 2009, 2011a). Research turned lastly to stress observatories, including the one founded by two unions (CFE-CGC and SUD PTT) at France Télécom in 2007. Its activities and meetings were observed, and in-depth interviews were conducted with its members, elected representatives, CHSCT experts, and people in charge of workplace health in relevant unions and associations. The contacts and collaborative relationships developed in the Observatory made it possible to deepen study of the organization and its change over time. The diversity of its members and participants (staff, activists, university researchers, experts, personnel representatives), the intensity of discussions sparked by the organization, the numerous testimonials and quotes collected (through interviews, observation of its many meetings and conferences, the accounts collected by their questionnaire surveys), and observations arising from following its activities for over 7 years have made this observatory strategic for comprehending changes in the lexicon used to describe workplace ills and their variations in relation to the actor's position, the object of this chapter. This work was further completed by an analysis of quotes collected during public, professional, associative, union, academic, and upper management meetings.

On-going research is expanding the study to other observatories that have been founded since, focusing on one founded by the union Solidaires 59–62 (the Union Workplace Suffering Observatory (Observatoire syndical sur la souffrance au Travail - OSAT); another started by the ARS of the Nord-Pas de Calais (a regional health agency); and a third initiated by academics hoping to strengthen relations between actors in occupational risk reduction, whose efforts resulted in the Regional Psychosocial Risks Observatory in Acquitaine (Observatoire régional des risques psychosociaux en Aquitaine – ORRPSA).

Analysis will start with some discourse analysis to present the existing systems of representation, the variety of descriptive terms used, and the ways that these terms have changed over time. This analysis of workplace psychosocial health classifications will lead to a further investigation of how certain expressions such as psychosocial risks (PSR) become established and what their implications may be (1), the performativity of such expressions (2), and the lability of a vocabulary that accounts for the more or less residual permanence of certain terms, such as 'workplace suffering' and 'stress', as well as the affirmation of others, including 'workplace wellbeing', depending on the actors and spaces in question (3).

3.1 The Emergence of a Vague Notion: Psr

The notion of 'psychosocial risks' is neither legally not scientifically defined in France. It is a vague and generic category covering many psychological aspects of workplace health that combines the causes or 'nature' of the danger (violence, psychological abuse, sexual harassment, how work is organized, the work environment) with its effects and manifestations (suffering, malaise, anxiety, depression, burn-out, stress) and its consequences for mental health, as opposed to the psychological integrity of the worker (Tissandier 2013; Adam 2008).

Although this term emerged in the French media in 2000 (Robatel 2009), it would be a decade before it overcame the older term 'stress', which was first used in a scientific context in 1935 then popularised following the success of Selye's book (1956). The common usage of the word as a synonym for worry and anxiety took root in the 1970s and has now become one of the most universally used terms. In France 'stress' first appeared in specialised media (often associated with the work of particular occupational categories such as nurses), an emergence that correlated with a late-1970s boom in theories of occupational stress and exhaustion in North America (Abbott 1990; Barley and Knight 1992)[2]; in the early 1990s it was evoked in media directed at managers and a general readership, then became an economic issue in the following decade. The financial and managerial press were chief among the media outlets treating stress as a 'manager's illness', which comforted perceptions that it was an aspect of identity and a norm of professional success (Delmas 2011a). The tremendous recourse to a battery of measures (the quantified analyses produced by the CFE-CGC stress observatory among them) has bolstered the success of this theme, either by making it a 'dramatizing' instrument for unemployment (Pochic 2009) or by proletarianising workers in managerial positions, thus reactivating old references to the 'malaise' of managers (Delmas 2011a). The media has used the notion of PSR with growing frequency, and widely covered a report featuring the term (Nasse and Légeron 2008); the report's definition of PSRs furthermore declared 'stress' to be a key factor.

The growing prominence of mental health issues in the workplace favours more frequent recourse to the generic term PSR (See Box 3.2 for a focus on mental health at work). Because they are linked to contemporary changes in work and how employees are touched by their impacts, which depends on the sector, business, and shop (Huws 2010), mental pathologies have been the object of a variety of union actions. Combined with a social movement and economic incentive measures, they may, as in the United States, lead "businesses to taking working conditions more seriously" (Lallement et al. 2011, p. 8). Several studies, including Paul Jobin's analysis of resistance movements opposing pollution in Japan (2006), highlight the political dimension of health-related mobilizations, or even the advent of a 'new spirit of unionism' illustrated by the Minamata strike in 1970.

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[2]See Chap. 6 for a detailed presentation of this situation (Editors' note).

There are several factors explaining this upsurge and media attention in France. The transformation of work is one, as is the constitution of an expertise market related to several reforms and changes in the kinds of knowledge needed. Legal changes at the national and European levels and media coverage of several suicides at Renault and France Télécom helped to put the media and editorial spotlight on 'workplace suffering'. This was compounded by scientific validation, particularly from the periodic SUMER studies established by the Ministry of Labour and a report from the European Agency for Safety and Health at Work (2007), which demonstrate the emergence of new health and safety risks related to the changes affecting the world of work.

Box 3.2: A Variety of Approaches Regarding Mental Illnesses Related to Work

Coming out of psychiatry, the psychopathology of work inventories the mental illnesses related to work. It was established in France in the 1950s. It conceives of work-related mental pathologies as either structuring (rehabilitation of the mentally ill through work) or pathogenic ('nervous fatigue' in certain occupational categories).

Fallen into disuse, it was reinvented by the psychiatrist and psychoanalyst Christophe Dejours; the starting point is normality rather than mental illness, but without renouncing the idea that work may be harmful to mental health. Dejours proposes approaching workers as if they create their own rules for enduring and adjusting to the working conditions imposed on them – by embracing risk-taking and virile bravery in physically dangerous occupations, for example. These defence strategies would explain why workers do not go crazy at work. This state of normality – compromised but never permanently stable, between suffering and defence – becomes the central enigma in the psychopathology of work (Dejours 1993). Dejours gained acceptance for this theoretical turn, under the name of the psychodynamic approach to work, in the 1990s.

As for the Clinic of Activity, ergonomics (the clinic of work), and ergology (the science of work) (Schwartz 1998), they study the semiology of work, its tasks, and its activities in order to backtrack the organizational sources of suffering.

So-called French-language ergonomics aims to account for the diversity of employees' situations and activities to develop a method for intervention. Pioneered by engineers and doctors, ergonomics reconciles two perspectives, organizational and that of the agent; it should marry effectiveness with wellbeing. It is about adapting the work to the man, and not the reverse, as one of the first definitions proposed by the Society for Ergonomics in the French Language (Société d'ergonomie de langue française - SELF) took

(continued)

pains to stress. This discipline emerged in connection with the adoption of legislation on work over the first half of the twentieth century. Post-World War II reconstruction and development made it possible to raise concern for working conditions and help the institutionalization of modern ergonomics. In 1949, Murrell created the first ergonomics association, the Ergonomics Research Society, and gained recognition for the very concept of ergonomics. In 1963, SELF was founded in France. Francophone ergonomics is based in activity, focused on the analysis of in-situ activity – that is, its technical and organizational context – which distinguishes it from Anglophone ergonomics, focused on the 'human component' in its physiological and psychological dimensions. The emphasis on working conditions that began to emerge in France in the 1970s was manifest in the creation of the National Agency for the Improvement of Working Conditions (Agence nationale pour l'amélioration des conditions de travail – ANACT) and its network, and the proliferation of ergonomic training courses.

The accelerating shift of employment toward emotionally charged service work, job intensification and insecurity, the rise in business restructuring, and the modification of the organization of work accelerated by information and communication technologies all raise pressure on employees. Pathologies and situations of malaise develop in connection with just-in-time and zero-fault cultures and individualized employee relations, which are constituents of neo-management and 'lean production'. In addition, widening employee inequality gaps and a succession of decisions to reorganize companies without taking account of the actual work employees perform in the company undermine the bases for workplace recognition; particularly given the aggravating circumstance of an aging workforce, these factors together are an invitation to account for the "real and serious causes of suffering" (Gollac 2011, pp. 21–22).

The media success of books on workplace suffering such those by Marie-France Hirigoyen (1998) and Christophe Dejours (1998), was simultaneously a symptom of and a factor in public debate on the issue. This interest went beyond occupational medicine practitioners, in a context where critical thinking on the harmful effects of "neo-management" (de Gaulejac 2004) and the promotion of 'a mass psychological culture' overlap, thus favouring recourse to psychologizing categories of perception (Castel 1981) and the language of psychological suffering in qualifying the problems of contemporary society (Fassin 2004).

Consulting firms offering their services to businesses, CHSCTs, and union organizations grew from around 40 in 1994 to 60 in 2009 (Cristofalo 2011, pp. 343–344); today there are over 100 CHSCT-approved firms (INRS 2015). This growth reinforced union and employer attention to workplace mental health issues. Among the mass of experts and speakers that has formed in recent years, some academics and practitioners in associations such as the Work Health and Medicine Association

(Association Santé et Médecine du Travail – ASMT), centres such as the National Conservatory for Arts and Trades (Conservatoire National des Arts et Métiers – CNAM), or unions like the General Union of Workplace Doctors (Syndicat Général des Médecins du Travail – SGMT) (Delmas 2009), propose alternatives to managerial approaches, which are seen as too individualizing and ineffective. In the 1980s the ergonomic approach helped to shift attention to the impact of work on health, whereas in the 1990s the psychodynamic approach led to the emergence of the issue of workplace suffering (Bardot 2001, p. 44), while doctors demanded a more active role by denouncing its effects on employee health (Buzzi et al. 2006, p. 92) and specific accounts proliferated, some receiving media attention (Ramaut 2006). Such actors' approaches vary with their affinities, be they psychopathology, the psychodynamic approach (which is spreading among workplace doctors; Salman 2008), French-language ergonomics, of 'Clinic of Activity'. A substantial body of research and expertise from wide-ranging perspectives was thus built.

The impetus of the European Union and several reforms also fostered greater exposure of workplace mental health issues, along with the gradual establishment of the term PSR. The 2001 French decree instituting a single evaluation document listing and ranking risks (including PSR) and outlining an action plan, to be updated annually by the CHSCT, transposed the European Union's directive on workplace safety and health, 89/391/CEE. The directive introduced the notion of 'work environment', imposed a legal obligation to protect worker safety and health, instituted the principle of risk evaluation, and detailed its main components (including worker participation, identification of dangers, and periodic re-evaluation). Various texts (Commission Européenne 2000) and directives relative to stress, mental load, and psychological fatigue (as for those working at a screen, pregnant workers) were intended to orient the action of European Union member-states on the topic of stress management at work.

Among the other reforms, the introduction of the notion of 'psychological abuse' into the 2002 French work code deserves mention, as do the expansion of the CHSCT's preventative mission of to employee mental health and the enhanced role of companies' safety and health inspectors. To this is added the negotiation schedule, marked by national agreements between occupational categories about stress (2 July, 2008) and on harassment and violence at work (26 March, 2010).

Defining PSR in terms that can be calculated and evaluated presupposes adding workplace mental health to the list of occupational risks; it is in this regard that the CFE-CGC and the Stress and Forced Mobility Observatory at France Télécom Orange call for PSR to be added to the list of recognized occupational diseases. Today PSR are part of the field of occupational risk reduction, alongside chemical, roadway, agricultural, and other risk types. As Loïc Lerouge (2010) points out, risk ties mental health to the pre-existing system responsible for worker health protection, dating to the French Social Modernization Law of 19 January 2002, so PSR were added to the workplace safety and health plan under the OSH Framework directive of 12 June 1989. This led to the emergence of new jurisprudence on the notion of psychosocial risks, ever since an attempted suicide by an employee was declared a work-related accident (Cassation, February 2007) and the employer was

convicted of inexcusable conduct for dereliction of "legal obligation to ensure the safety and health of workers" (Tribunal des affaires de la sécurité sociale, 2011). At the same time, there was "a tremendous gap between the social and media recognition of psychosocial risks, greater every day, and the number of singular situations that end in conviction and compensation" (Manhan Sy and Rechtman 2013, p. 61). This gap, and the contrasting appropriations of the term PSR, begs for an examination of its performativity.

3.2   A Performative Speech Act

In recent years the notion of performativity has experienced success in both linguistic and practice 'turns' in the social sciences. The former, which owes much to re-readings of later Wittgenstein (1961), saw the emergence of a serious interest in linguistic and communicational practices in a variety of spheres, from the scientific to the legal. The practice turn (Schatezki et al. 2001) prompted many studies aiming to describe and understand the action and activities constituting the object of their research. "These two movements have led some to focus their attention not only on the linguistic part of the action, but also the pragmatic nature of language, that is, language acts themselves (Denis 2006, p. 2).

In the field of Science and Technology Studies, Michel Callon's (1998) interpretation of the sociology of innovation, which proposes using the concept of performativity to re-examine actor-network theory, makes it possible to counter the various forms of positivism running through scholarly as well as 'common sense' discourse, where categories are naturalised and reified. The importation of the term PSR from northern Europe into the French intellectual field in the 1990s and early 2000s was closely related to the establishment of a European workplace safety and health policy beginning in 1989. The International Labour Office (ILO) facilitated the influence of the Scandinavian model, starting in 1984 through the World Health Organization and even more so through agencies such as the European Agency for Safety and Health at Work and the European Commission, where the Swedish professor of psychosocial medicine Lennart Levi was very influential. Its origins would partly explain its difficult acclimatisation to the French academic setting (Massin 2014).

The approach proposed by Callon – which takes up a problematic already addressed, for example, by Luc Boltanski (1982) in relation to the notion of *cadre* and Alain Desrosière (1993) for statistical categories – moreover challenges us to turn our attention to the way in which a theory partially performs practices. In this regard, the lability of the vocabulary and this gradual imposition of the notion of psychosocial risks is revealing of the "power of words" and what is politically at stake with their appropriation (Butler 1988, 2004) as well as the everyday work of constructing the real that underlies language acts. The relationship between words and things is complex and has a social and circular nature. This circularity is partly explained by a labelling effect, as Marc Loriol (2012, 2014) has demonstrated in

the case of employees who, after learning about the theories of stress or burn-out, are more likely to indicate associated factors in surveys of their working conditions. The adoption of a given label depends on the individual's situation, has specific consequences on how the malaise is treated, as international comparisons attest. For example, "the fact that employees are thought to be more affected by burn-out in Germany and by depression in France should be understood as different ways on each side of the Rhine of managing existential problems, difficulties at work, and how employees are integrated into the business" (Loriol 2014, p. 53). This labelling may also influence how the concerned individuals experience their malaise and are perceived by others, as seen in lower levels of self-deprecation among people diagnosed with burn-out than among those with depression, "which leads one to think that burn-out, because it is directly work-related, would be a less stigmatising label than depression" (Loriol 2014, p. 53). Similar reasoning could apply to other notions such as psychological abuse or the more recent 'psychosocial risks'.

Several reasons could be put forward to explain the success of the term PSR. For one thing, its apparent neutrality or even scientific lustre make it possible to depoliticise the discussion, disconnect from the affective and ideological charge of terms like 'suffering' or 'violence', and cover a range of situations without attributing responsibility or social and psychological causalities. In addition, its multiplicity of meanings allows everyone to identify with it and attribute it with their own definition. The consensus it represents further lets the range of parties involved (employers included) appear concerned about resolving the problem without any specific engagement of means to do so (de Gaulejac 2012). The notion of PSR has notably been criticised for its underlying conception of risk, because it is inscribed into a managerial process (this critique coming particularly from sociologists like Vincent de Gaulejac (2012) who denounce management's influence) and for its underlying hygienist approach reducing work to a few risk factors (this critique is especially developed among ergonomists and psychologists of work, including Yves Clot (2010)). Although the notion of risk makes it possible to use the classic scheme attributing employers with responsibility for their employees' health, it benefits contract negotiators more than people working in prevention (Ughetto 2011); the multifactorial dimension of the notion of PSR and blaming risky environments rather than particular people would make it challenging to charge anyone with legal and political responsibility (Gollac 2012).

Promoting an approach based on psychosocial 'risks' also favours quantification, which implies some standardisation of expertise on the matter, though use of Karasek and Siegrist questionnaires and batteries of measurements.[3] To comprehend these 'risks', specialists refer to 'causes' or 'risk factors' or describe the forms it takes: chronic stress, psychological abuse, sexual harassment, physical aggression and violence, professional exhaustion syndrome, and workplace suicide. They can only provide statistics on the occurrence of these situations or their consequences

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[3]See Chap. 1 for an in-deepth analysis of these questionnaires and related language issues (Editors' note).

in terms of absenteeism; for example, DARES, the research branch of the Ministry of Labour, found that employees exposed to PSR have absentee rates three times higher than average (Inan 2013). Moreover, identifying these 'risk factors' requires accounting for the subjectivity of certain employees, focusing on 'fragile populations', and promoting individualised approaches and psychologically saturated programmes (counselling, talk therapy). Risk management is also based on the idea of a threshold of acceptability and the perception of risks that may be covered; 'risk factors' can thus be an issue for the insurance market, as seen in North America where the Employment Practice Liability (EPL) insurance covering the business and its leadership against consequences of employees' claims was established in 1991 (Sinz and Zucchi 2013). Lastly, reference to psychosocial 'risks' goes hand in hand with primary, secondary, or tertiary prevention, in connection with the employer's legal obligation to ensure the safety and health of workers.

3.3   Contrasting Representations of Mental Health at Work

Performativity's return to the social sciences came when the role of conventions and institutions shifted to the forefront, in continuity with Pierre Bourdieu's critiques of Austin (1982) that insisted on the need for analyses to take account of the performance of speakers' social positions and the types of power they have at their disposal. Exploring the situated part of language acts may foster understanding of the representations of mental health at work, which vary in relation to the actors, trajectories, and spaces concerned. The words used for describing work-related psychological ills vary accordingly.

On the employee side, the doloristic terms of 'malaise', 'suffering', and 'misery' punctuate several of the observed exchanges. For example, the union Solidaire organised a day-long conference inaugurated by two presentations on the development of capitalism and new ways of organising work,[4] provoking this reaction from an employee: "The individual lives vicariously, does he also suffer vicariously?" Discourse accounts for a great semantic diversity, however. Many terms were used, but often indiscriminately, revealing the vocabulary (suffering, PSR, stress) to ultimately be particularly labile, especially when it came to evoking one's own problems or those of colleagues, as discourse collected in a study for France Télécom's Stress and Forced Mobility Observatory attests: "the technicians are stressed", "sick", "I'm anxious", "I'm worried", "he'd been harassed, shunted aside", "it's a kind of psychological harassment" (ACT Consultants 2008). The term 'harassment' (commonly referred to as 'abuse' in English when referring to

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[4]"Lean, Toyotisme, Kaizen, 5S, etc., Face aux nouvelles organisations du travail, Quelles actions pour les équipes syndicales de Solidaires?" (Lean, Toyotaism, Kaizen, 5S, etc., In the face of new ways of organising work, what actions could Solidaire's union teams take?), Paris, 30 January 2014.

psychological injury) was used to indicate managerial responsibilities or "managers who were harassers".[5] Although the usage of this very popular term, translated into law, should be evaluated in detail, it seems to have staying power. Despite being ambiguous (or even reductive) and having a highly individualized connotation, 'harassment' seemed to respond to the strong expectations of employees at the turn of the millennia, who experience the challenges before them in a personal register over a backdrop of fading collective solidarity. Accusations of psychological harassment "simultaneously express the feeling that the pressures to which one finds oneself subjected are illegitimate and the individualization of work-related dilemmas and conflicts" (Davezies 2004).

On the employer side, the emphasis is on psychological and individual factors. For example, at a 2008 talk in Paris on the European stress accord, sponsored by Social Dialogue Realities (Réalités du Dialogue Social - RDS), an expert on employer issues highlighted the difficulties in objectivising problems mixing professional and personal factors. The terms 'PSR', 'wellbeing', and 'quality of life at work' are widely used today, preferred over a vocabulary of suffering. The notion of PSR even has a competitor in 'workplace wellbeing', an accepted term coming largely out of positive psychology whose usage emphasises "the wellbeing of employees and their engagement" as "sustainable and long-term performance factors" (Pénicaud 2013, p. 77, Lachmann et al. 2010). The employer-side success of the notions of 'workplace wellbeing' and 'quality of life at work', used increasingly among employers as labour negotiations about stress in large companies become commonplace (Medef 2010), is likely also explained by the utility of such an overarching approach, especially in terms of reducing the number of annual negotiations, encouraged by the law of 5 March 2014 on occupational training, employment, and social democracy, which followed the National Interprofessional Accord of the 19 June 2013 relative to the improvement of the quality of life at work.

The idea of workplace wellbeing, which can be understood as a business policy intended to move simultaneously toward efficacy and responsibility for PSR, comes from Northern European countries such as Finland. A more consensual entry point for dealing with PSR than more frontal approaches, the European Union's labour policy arm chose it as a theme in 2002, bringing the European Commission to recommend an overarching approach to 'workplace wellbeing' that takes account of changes in the world of work and the emergence of new risks, psychosocial ones in particular. The message is that performance and health protection are connected, which in Finland (with nearly full employment) lent legitimacy to prompt reconsideration of organisational options, modalities for exercising authority in the hierarchy, collective work, and working hours. Unlike Finland (or Belgium or the United Kingdom for that matter), France did not jump on the bandwagon, with the notable exception of the report of Lachmann et al. (2010) outlining a

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[5]Employee, "La souffrance au travail. Les salariés en danger: le devoir d'agir", Observatory of Stress and Forced Mobility at France Télécom, 30 January 2010.

French-style adoption of the notion of 'workplace wellbeing' and evoked middle management's central role and the necessity of upper-management involvement.

Academic and scientific spaces are divided on the subject. The words, meanings, and uses of vocabulary for describing workplace ills differ according to the discipline (sociology, management studies, psychology, psychiatry, ergonomics, and law being the most prominent) and theoretical orientation (such as clinical psychology, psychology of work, the psychodynamic approach to work). The appeal of the notion of stress for Management Studies has already been demonstrated (Delmas 2009, 2011a). The notion of 'workplace suffering', beyond its passage into common usage that tends to make it into a vague catchall today, is subject to particular theoretical development in clinical and psychodynamic approaches to work. It is nonetheless also used in many other disciplines, including sociology, where it helps underscore the subjective experience of an event. There are thus many sociological academic events and publications addressing the topic, often related to calls for proposals on these themes; one example would be the multidisciplinary group DIM-Gestes (Domain of Major Interest-Work and Workplace Suffering Study Group; Domaine d'Intérêt majeur-Groupe d'études sur le travail et la souffrance au travail) founded in greater Paris in 2011. As in other disciplines, the term PSR has also taken root, but in a more analytical and critical perspective; this usage is connected to the work of the College of Expertise on Psychosocial Risk Monitoring (Collège d'Expertise sur le Suivi des Risques Psychosociaux), created and led by INSEE upon the request of the Minister of Labour (Gollac 2012).[6]

These divisions partly explain experts' positions, differentiated according to their trajectories, training, and disciplinary background. An ergonomist-CHSCT expert and former union activist, reacting to "the exploding visibility of these problematics of suffering", remarked that "it kind of lacks conflict".[7] The proximity of union organisations explains this distance from a vocabulary deemed to be too individualising or vague. This CHSCT expert thus insisted on the limitations of the terms used for both expert evaluation and union action: "There are harassers, there are the harassed, everyone's kind of rushed into it [. . .] they [employee representatives] had still fully understood that this harassment thing, it was [. . .] sort of a dead-end for union action [. . .] It's often [. . .] really different problems, but at the same time they found this stress thing, but at the same time this thing really boxed things in, and closed them off [. . .] Now we talk about psychosocial risks, ok fine, but at the end of the day, it's kind of . . . Just what are psychosocial risks? I'm not sure the psychosocial is a risk". The conditions for professional activity and the particularities of expertise imply a form of critical distance from the semantic framing: "The problem is . . . even how it's brought up [. . .] I think that the intellectual honesty of a firm is to say 'no, I won't take that' or 'I'll take it under this condition', that's it. And I'd impose a real scientific protocol on them, with some ethics". This positioning reminds us of the importance of how companies'

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[6]See the introduction (Editors' note).

[7]Interview, 8 October 2010, Paris.

requests for external expertise are framed (Delmas 2011b); this is especially true for CHSCT expertise, which, a recognized expert sociologist has indicated, intervenes "in a field of power" that "tends in a direction [that] transforms a diagnosis into a public relations tool [. . .] especially for PSR, which are admittedly very soft material".[8]

Although the vocabulary for describing workplace ills has not stabilised in the union sphere, there are nonetheless some identifiable trends. Activists in unions such as SUD, the CGT, and the CFDT make greater reference to 'workplace health' and deteriorating 'working conditions', along with 'workplace suffering'. Widely used in the CGT to identify situations of malaise as well as to refer to the psychodynamic approach (Jean-Claude Valette in this respect playing the intermediary for this union confederation; see Delmas 2012; Valette 2002), the term 'workplace suffering' is also common in the union Solidaires. SUD Solidaire in the Nord-Pas de Calais region founded the Union Workplace Suffering Observatory (Observatoire Syndical de la Souffrance au Travail – OSAT 59–62), for instance, modelled on France Télécom Orange's Stress and Forced Mobility Observatory. Union publications use this term to speak of working conditions and health; the magazine *l'Aiguillon*, for members of SUD who work for the administrative department le Nord, devoted four pages of its March 2013 issue to these themes, using the term suffering nine times, alongside stress (2), stressed (1), mistreatment (3) and mistreating (1). The observations of several meetings as well as an interview with the person in charge of health and working conditions confirm this salience.

During the national labour conference organized by Solidaires in Montreuil, March 9–10 2010, numerous activists evoked 'workplace suffering', 'people who suffer', and 'a total ignorance of the fact that one may suffer at work' in certain professional milieu. This vocabulary of suffering is not to be taken for granted, however, within a union that prefers collective action, as attest several calls to order on the importance of "clarifying what is within the province of the union and what is not [. . .], not mix[ing] union action and actions that could be the actions of a therapist". This resistance joins that of leaders in other organisations concerned about keeping their distance from a victimising position (Delmas 2009). One activist remarked, "When we talk about workplace suffering it's an effect, maybe we should talk about workplace violence – now that is a cause". A philosopher and analyst of work emphasized the limitations of suffering as an approach to work and the harm it can do: "We still tackle work issues by talking around them a bit; workplace suffering, it's not the work [. . .], it's an entry point that doesn't let me say what I am for [. . .] [We should be] building on what is it to be a teacher together". These comments are evidence of the contemporary preoccupation with focusing on work while not eclipsing other aspects of health.

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[8]Presentation of a certified CHSCT expert with a doctorate in sociology at a day-long conference of the professional relations network of the French Sociological Association, Cachan, 12 April 2013.

Mental issues may furthermore appear to be inseparable from other dimensions of health at work. For instance, denunciation of the working conditions of certain kinds of job-insecure employees (especially those working in the nuclear industry through a temporary employment agency) is closely connected to activism against occupational suicides. In addition, the same people are involved in multiple mobilisations: figures such as Alain Carré and Dominique Huez (key figures in the anti-asbestos movement) and Annie Thébaut-Mony (founder of the anti-asbestos association Ban Asbestos) regularly speak out about mental health in the workplace.

Mobilisations may help dynamics emerge in union organisations. The Health and Working Conditions commission, formed following the June 2008 Solidaires conference, is presented as "a tool for activist groups to develop a local activism that puts work and its effects back into the heart of union action in companies", the aim being the construction of an "inter-professional workplace health network".[9] The person in charge of it specified that she had worked "quite a bit on the issues of pressure, workplace suffering at first, and then with time we expanded our activities to the full range of working condition health issues".[10] Taking note of contributions from the Stress and Forced Mobility Observatory at France Télécom Orange that contributed to "making workplace suffering visible", without taking the place "of a specific union activity",[11] the objective of organizing national meetings on work and its transformation is clear: producing demands. In an interview, the person in charge of this commission further stated that meetings are about "creating mobilisations, and employees think that we still have our chances on that".

Despite such resistance to the notion of PSR – a "bosses' term" according to an activist at the annual meeting of France Télécom's Stress and Forced Mobility Observatory in Paris on 22 January 2014 – the vocabulary's imposition has perceptible effects. One of the Observatory's co-founders, an activist from the union SUD PTT, explained: "Back then, you've got to remember that the word was 'stress'. We were the ones that added 'forced mobility' [. . .] indicating that there was a policy behind it, but it's true that if we were to set up an observatory today, I imagine the word stress would be thrown out. At the same time, well, it's true that we tend to replace the word stress with the words psychosocial risks, workplace suffering. The most suitable term is psychosocial risks, but, well, it's a little complicated . . . it isn't very audible [. . .] At the time, I remember that we didn't talk much in terms of [. . .] workplace suffering, there wasn't agreement on it [. . .] I think it was ergonomists who talked about psychosocial risks, not unionists".[12] Growing use of the term PSR is probably partly a result of the development of employer-union negotiations on stress instigated by the Ministry of Labour since October 2009, which urged businesses of over 1000 employees to negotiate on the subject; several accords 'on methods' defining the methodological framework of

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[9]"Conditions de vie et santé au travail", Resolution 3, Congrès Solidaires 2011, pp. 8–9.

[10]Previously cited interview, 4 December 2013.

[11]"Conditions de vie . . . ", op. cit., p. 8.

[12]Interview, Paris, 10 April 2010.

evaluation and prevention procedures were concluded under a "rushed plan devoid of any obligation for results or particular sanctions, appearing in reaction to the waves of suicides" (Valléry and Leduc 2012, p. 7). ANACT promotes this kind of agreement due to the complexity of stress and the difficulties in evaluating its causes and effects. Such agreements set objectives emphasising risk assessment and prevention, and may plan actions such as informational and consciousness-raising campaigns, observation and quantification programs, and training in prevention for upper management.

This routinisation can also be read in the proliferation of the word in a variety of organizations and services (in consulting, training, and expertise) that intervene on these issues, going so far as to position themselves as PSR specialists. Some firms offering their services to businesses joined together in 2010 to form the Federation of Psychosocial Risk Specialists (Fédération des intervenants en risques psychosociaux - FIRP) as part of a professionalization strategy for firms specializing in the booming psychosocial risk market.

Today this specialization may very well break down the boundaries between these PSR specialists' expertise and that of another category of experts known in France by a term borrowed from English, 'consulting' (Henry 2012a), which in the French context specifically designates management consulting. This is because CGSCT expertise has become an attractive market for management consultants. Several developments tend to work in favour of these management consulting firms, especially the tighter deadlines for expert opinions that gives an advantage to "a more technical and abstract perspective on workplace health" (Henry 2012b, p. 68), the liberalization of the sector exacerbated by European directives, and the promotion of an insurance approach, as the success of the expression 'psychosocial risks' attests. Today, largely in the possession of the political and union milieus and spread by experts and consultants who see it as a new market, 'psychosocial risks' have become the reference for ANACT and nearly every European institute for workplace safety and health. The expression is now flooding studies in the European Union: the European Risk Observatory at the European Agency for Safety and Health at Work (EU-OSHA) thus uses the notions of PSR, 'psychosocial risks at work' (European Agency for Safety and Health at Work 2012) or 'psychosocial risks related to occupational safety and health' (European Agency for Safety and Health at Work 2007).

3.4   Conclusion

The term psychosocial risks is appropriated in contrasting ways in the field encompassing business and unions, and is the topic of infinite academic debates, a situation highlighting the lack of a precise definition as the boundaries fluctuate with its object or the primacy of employee subjectivity.

Part of a veritable "psychosocial cacophony" that mixes expert and everyday discourse (Zawieja and Guarnieri 2014, p. 3), the term PSR has not entirely

replaced 'workplace suffering' or 'stress', which remain in wide if ambivalent use by lower and middle managers. The persistent lability of this vocabulary reveals how unstable these issues remain and the variety of theoretical options underlying them. Attesting to the variability of the representations, descriptions, and classifications of workplace psychosocial health according to the positions and disciplinary backgrounds of the actors concerned, it is also proof of persistent tensions between analysis and action, individual and collective prevention and care, individualizing and organizational approaches, and psychosocial and physical risks.

This cacophony seems to make France distinctive. The emergence of the term PSR in France, later than in Northern European and English-speaking countries largely because it was imported, was not really accompanied by the implementation of restrictive systems. Although these specificities are connected to the particularities of the French academic, political, social, and union contexts, they certainly raise questions on the future of workplace health.

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Chapter 4
How French Bus Drivers, Managers and Unions Talk About Incivility and Physical and Verbal Assaults at Work

Cathel Kornig, Cécile Chanut-Guieu, Lauriane Domette, Nathalie Louit-Martinod, and Philippe Méhaut

Abstract This chapter offer to analyse a part of psychosocial risks of bus drivers in France. A qualitative study carried out with workplace bus drivers in the urban transport shows that in the companies investigated, there are clearly identified cases of physical assaults on drivers by passengers, individuals outside the bus and other road users. There is also the feeling that the drivers have to endure a growing number of various incivilities, rude, impolite behaviours. However, bus drivers have difficulties to objectify and evaluate this kind of risks. These risks are difficult to define exactly for bus drivers, for hierarchy, for unions too and there is no consensus about what's constitutes an act of incivility and/or aggression. The instance of rudeness (spitting, swearing, etc.) affects some drivers more than others. It generates stress and fear and causes them to question their professional identity. The lack of common definitions, for the drivers, between them, unions and hierarchy could explain the difficulty to implement efficient policies within the firms.

When it comes to occupational health, France differs from other countries in that employers are under an obligation to achieving certain results (Lerouge 2014). Consequently, unlike in other European countries, the focus is more on prevention (adapting work to workers and not workers to work) than on the reparation of any

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damage caused or the use of litigation as the preferred method of resolving labour disputes. However, there is no legal definition of what constitutes a psychosocial risk. This concept is not used in international law, European law or community law (Lerouge 2009). In 2010, the Minister of Labour set up a committee of experts to monitor psychosocial risks. The report from this committee, known as the Gollac Report, proposed a definition of psychosocial risks, understood as "risks to mental, physical and social health caused by working conditions and organisational and relational factors that may interact with mental functioning". However, it is emphasised in the report that the concept is operationalised differently by different disciplines according to their own concepts and theories.

Incivility and physical and verbal assaults, which are the primary focus of this chapter, constitute a specific aspect of psychosocial risk (as symptoms of a deteriorating situation) that is commonly encountered by all bus drivers.[1] This chapter analyses how bus drivers and their superiors experience and define aggression and incivility. This latter term denotes behaviours that are focused on society (Stébé 2014), while aggression is more directed towards people (Chopin 2014). Frédérique Chopin identifies two types of aggressive behaviour. The first is physical assault, which is defined as deliberate damage to an individual's physical integrity that may have consequences for physical and mental health. The second is verbal assault, which is defined as any action, incident or behaviour that departs from reasonable conduct in which a person displays excessive anger and insults or verbally abuses another.

As we will see later in this chapter, the boundaries between incivility and aggression are not very clear and perceptions and definitions vary from one driver to another and from one company to another. What is perceived as rudeness or aggression can take very different forms. Why are these behaviours difficult to define for bus drivers, for management and for unions and what are the reasons of the lack of consensus about what constitutes an act of incivility and/or aggression?

In the first part, we describe the French occupational health context and the urban transport sector. In the second part, we go on to analyse the various perceptions of aggression and incivility and the effects of the lack of consensus.

4.1 Occupational Health and Urban Transport: The French Context

Incivility and aggressive behaviour are assaults on workers' mental and/or physical health. Consequently, they fall within the sphere of employers' responsibility. However, despite the legal obligation to protect employees' physical and mental

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[1]See Chap. 3 for the analysis regarding the telecommunication sector in France (Editors' note).

health, there is no legal definition of what constitutes aggression or incivility. Nevertheless, they are frequent occurrences on urban transport, which has led the social partners to give consideration to these questions, at least to some degree.

4.1.1 Delay in Taking Psycho-social Risks into Account

Although the World Health organisation declared as early as 1946 that 'health is a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity', in France, it was not until 2002 and the enactment of legislation rendering bullying at work illegal that workers' mental health was protected in the same way as their physical health. Interest then began to develop in what are now called psycho-social risks,[2] which is a difficult notion to define since it encompasses various distressing work-related situations, including harassment, violence, stress, depression and burn-out. Faced with an increase in such situations, and spurred on by the social partners at European level (2004 and 2007 framework agreements), French trade unions and employers' associations seized on this question and negotiated two national intersectoral agreements, one on workplace stress (2008) and the other on harassment and violence (2010). However, these agreements cannot achieve their full effect unless they are incorporated into company agreements that put in place concrete risk prevention measures. To that end, and following several suicides among workers in a large, formerly state-owned telecommunications company, the Ministry of Labour in 2009 encouraged companies with more than 100 employees to start negotiations on workplace stress or risk being included in a list to be published on the Internet. Under pressure from the 'bad boys', this 'blacklist' remained in the public domain for just one day. It was replaced by a list of companies that had signed agreements or at least put in place action plans. Thus one of the companies investigated (TramBus)[3] drew up an action plan in consultation with the workforce representative bodies and the trade union delegates (we were not informed of this plan but it is mentioned on the Ministry of Labour website). For all that, it would seem that, in general, the social partners have not really taken up these issues. At the same time, the prevention of psycho-social risks was declared a priority by the government in its Health in the Workplace Plan 2010–2014, while various reports on the question have been produced by researchers (Nasse and Légeron 2008; Lachmann et al. 2010; Gollac 2011) and parliamentarians (Lefrand 2011; Dériot 2010).

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[2]See Chap. 3 for a focus on this point (Editors' note).

[3]The names of companies have been changed for confidentially reasons.

4.1.2 In this Context, What Obligations Do Employers Have?

The principle governing health and safety at work has shifted from the reparation of damage (compensating employees who suffer accidents at work or an occupational disease) to the prevention of damage. After all, the transposition into French law of Framework Directive 89/391/CE of 12 June 1989 on the implementation of measures intended to promote improvements in workers' health and safety led the legislature to impose an obligation on employers to put in place risk prevention policies in the workplace. However, while employers in many other European countries are obliged to provide the means to ensure employees' health and safety (Lerouge 2014), French case law has turned the obligation on employers to put in place preventive measures into an obligation to achieve certain results. Thus in the event of an accident at work, an employer might be found to be without defence, which opens the way to increased compensation for the employee in question if it is found that the employer has not taken the necessary preventive measures. Moreover, the general principles of prevention are laid down in the legislation (art. L. 4121–2 of the Labour Code). They include an obligation on employers to compile a single risk assessment document that takes account, in particular, of psychosocial risks and to plan appropriate preventive measures. All risks must be taken into account, including those external to the firm. The difficulty is, of course, that these risks are not always well defined.

4.1.3 Incivility, and Verbal and Physical Aggression: What Are the Definitions?

Incivility and verbal and physical aggression suffered at work are commonly understood as part of the broader notion of work-related violence which, according to the ILO (International Labour Organisation), is "any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work". More specifically, the 2010 agreement on harassment and violence states that "work-related violence [. . .] ranges from a lack of respect to manifestations of a desire to harm or to destroy, from incivility to physical aggression. Work-related violence may take the form of verbal aggression, behavioural aggression, particularly sexist behaviour, or physical aggression, [. . .]". This violence may be internal, i.e. taking place between employees, or external, i.e. 'committed by third parties from outside the organisation" (Guyot 2014).

We are concerned in this chapter solely with external violence committed by passengers or road users and described by drivers as 'incivilities' or 'rudeness', 'verbal assaults' and 'physical assaults'. In fact, according to the European Agency for Health and Safety at Work, "the concept of violence 'external' to the workplace generally encompasses the insults, threats and physical or psychological aggres-

sion directed against an individual at their place of work by people outside the organisation, including customers, and which endanger their health, safety or well-being". It remains the case, however, that there is no legal definition for each of these acts of violence. Not all of them are criminal offences, which limits the scope for a consensual approach on the ground. Nevertheless, it can be assumed from the drivers' statements that there is a sort of gradation of violence, even though perceptions and consequences may vary from one individual to the next. Thus it can be agreed that 'the term incivilities denotes a failure to observe the social conventions and norms that govern life in society and are synonymous with propriety, politeness and, more broadly, respect' (Guyot 2014). Consequently, '[they] are a factor in the degradation of working conditions, particularly for workers in daily contact with the public, and make life in society difficult' (2010 agreement on harassment and violence). Verbal assaults, which are generally regarded as more serious, are very diverse, ranging from shouting to threats via insults (Chopin 2014). Physical assaults, finally, 'can be defined as deliberate attacks [. . .] directed against an individual's physical integrity and entailing variable consequences for their physical and/or mental health' (Chopin 2014). They are usually perceived as the most serious offences.

While most workers may potentially fall victim to such external violence, certain sectors, including urban transport, are more affected than others.

4.1.4 Some Sectors More Affected than Others: The Case of Urban Transport

As is stated in the 2010 agreement on harassment and violence at work, '[. . .] certain categories of worker and certain activities are more exposed than others, particularly, as far as external acts of violence are concerned, workers who are in contact with the public'. Furthermore, the 2010 SUMER survey of working conditions revealed an increase in hostile behaviour by members of the public. Thus 15 % of employees covered by the compulsory general social security scheme and 24 % of those in the public services stated that they had been the victims of at least one verbal assault from a customer, user or patient in the previous 12 months (Guyot 2014). The trend in the urban transport sector is similar: work-related violence is on the increase and the main groups affected are drivers and ticket inspectors (Moreau et al. 2010). The psychosocial risks and other difficulties associated with the occupation of bus driver have long been objects of investigation in many countries (Netterstrøm and Juel 1988; Szeto and Lam 2007; Alperovitch-Najenson et al. 2010; Glasø et al. 2011). Stress and malaise may result from new forms of work intensification associated with jobs involving customer contact and, more broadly, from working in urban areas (Louit-Martinod et al. 2016). Thus while the drivers we interviewed, particularly the older ones, were agreed that the material conditions of their work (ergonomics of driver's cab, vehicle suspension, etc.)

had improved, absence rates are rising and new types of workplace accidents are emerging involving physical and verbal assaults that have an adverse impact on workers' physical and/or mental health.

Faced with this increase in external violence, the social partners have sought to put in place preventive measures.

4.1.5 Many Things Are Negotiated at Company Level

In contrast to other sectors, the question of putting in place a prevention policy has been discussed for a fairly long time in urban transport companies because of the physical assaults suffered by drivers. Such policies had been incorporated into agreements in several of the companies investigated, but they only rarely take account of the psychological aspect of the risks. Nevertheless, occupational risk prevention agreements have been concluded. At TramBus, a 2002 agreement includes a clause committing management to guarantee higher levels of safety, particularly with regard to the psychological aspect of assaults. In 2010, although an agreement could not be concluded, an action plan on psychosocial risks was adopted in consultation with the workforce representatives and the trade union delegates. Similarly, an agreement concluded in 2011 at SouthBus cites the legal provisions relating to the committee for health, safety and working conditions (CHSCT in French) while at the same time providing for the establishment of a committee for monitoring issues relating to safety, the right to notification, the right to leave one's post and employee safety training and announcing the adoption of a policy for preventing psychosocial risk and stress at work. The same agreement also contains a definition of an assault that would lead to a declaration of unfitness to drive. The following conditions must all be met:

- it must be a sudden violent attack not preceded by any challenge to an individual's bodily integrity;
- it must result in a declaration of unfitness to drive issued by a doctor;
- it must have been the subject of a formal complaint;
- it must have occurred in the course of the victim's work;
- it must have been committed by a third party unknown to the victim.

As is clear from this list of criteria, psycho-social risks are considered only in the context of a physical assault. And even though the focus here is more on reparation than prevention, agreements on physical unfitness to drive have also been concluded that offer the victims of assaults more protection than the law does. The legislation obliges employers to try to redeploy employees declared unfit to drive by an occupational health physician but permits them to dismiss such employees if there is no alternative job available or if those available do not match the doctor's stipulations. An agreement concluded at TramBus in 1996 goes beyond the legislation and provides for employees declared unfit to drive by the occupational health physician to be redeployed without loss of pay.

4.1.6   Methodology

This article draws on the findings of a research project (Askenazy et al. 2014) carried out between 2011 and 2014[4] by a multidisciplinary team of researchers (economists, management specialists, industrial sociologists, lawyers, ethnologists and ergonomists) in a large French group, one division of which provides public transport services, mainly bus services in urban areas. Five companies in the division were analysed in depth (cf. Table 4.1). They vary in size (from around 40 to more than 1000 employees) and operate in large urban areas and medium-sized towns. In each of the five companies, the main documents reporting on their economic situation, the management and characteristics of their human resources (*bilan social* or social audit) and their health and safety at work policies (CHSCT reports, industrial accident record, etc.) were analysed.

A total of 73 interviews were conducted, 34 of them with drivers. These interviews lasted approximately 1 h each and focused on the various aspects of the job, on health issues and on relations with colleagues and with managements. The interviews all followed the same semi-structured protocol.

Twenty-three of the 34 drivers were observed while carrying out all or part of their duties. Positioned behind the driver, the observer(s) systematically compiled a register of the constituent elements of the drivers' work: exchanges with passengers and incidents with passengers as well as with other road users. The interviews were conducted after this analysis of the drivers' work in the case of those who had agreed to this procedure.

Thirty interviews were also conducted with managerial and supervisory staff (directors, HR managers, service quality managers and the drivers' immediate supervisors). These interviews were of variable duration (1 h minimum, sometimes 2 or 3) and focused on the various facets of human resource management and health and safety policy.

In the two largest companies, a total of nine interviews were also conducted with trade union representatives (secretary of the works council, secretary of the CHSCT) and healthcare personnel (nurses).

4.2   Assaults and Incivilities: A Vague, Unstable Terminology that Poses Problems

Bus drivers require a number of different skills and those skills are constantly evolving (if we take as our reference point tram drivers, who had only to drive and did not sell tickets or provide information). In recent decades, furthermore,

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[4]This research was sponsored by the Paris School of Economics, through a research agreement with LEST, the Institute of Labour Economics and Industrial Sociology.

Table 4.1 Characteristics of the companies studied

Company	LittleBus	TramBus	CarBus	MediumBus	SouthBus
Transport	Urban	Urban	Intercity	Urban	Urban
No. of employees (approx.)	40	1100	600	140	700
No. of drivers (approx.)	40	650	500	120	550
Presence of a committee for health, safety and working conditions (CHSCT)	NO	YES	YES	NO	YES
Employee characteristics in 2011					
Employees > 40 years of age	50 %	67 %	80 %	61 %	68 %
Job tenure < 10 years	77 %	50 %	66 %[a]	56 %	57 %
Share of women	3 %	NA[b]	30 %	16 %	15 %
Share of employees on open-ended (permanent) contracts	97.5 %	99 %	98 %	97 %	96 %
Social indicators in 2011					
No. of days' absence per employee in 2011 (national average 14 days in 2011)	17.3	31.5	32.2	32.6	20.8
Share of days off sick in total number of days' absence in 2011	13.3 %	73.7 %	85.5 %	71.5 %	69.3 %
Share of long-term sick leave in days off for sickness in 2011	0 % (> 3 months)	42.5 % (> 3 months)	Approx. 50 % (> 6 months)	40.7 % (> 3 months)	52.5 % (> 3 months)
Shares of absences due to accidents at work in total number of days' absence in 2011	12.1 % (work)	20.3 % (work)	10.6 % (work or journey)	19.3 % (work)	17.8 % (work)
Turnover rate	21 %	4 %	17 %	5 %	4.5 %

[a]Less than 8 years' job tenure
[b]NA = information not provided

the occupation of bus driver has been evolving within a changing context in which public transport networks have become ever denser. Routes are increasing in both number and length, which means that drivers have a greater number of more complex journeys to memorise. Passenger density is also on the rise: more and more people are using public transport, which means the buses are fuller and bus stops full of people, even to saturation point, to which drivers have to pay constant attention. There has also been an increase in road traffic, which has made it more difficult for buses to circulate (all the more so since car drivers can be rude). Finally, there are

serious concerns about safety, as is shown by the 13th annual report on safety on public transport published in 2009 (UTP 2009):

• sick leave due to assaults accounted for 28.5 % of all leave in 2009 and the average number of consecutive days off for this type of leave was 45 days;
• assaults on passengers (by other bus or road users) are more likely to be reported today than 10 years ago (which requires particular attentiveness on drivers' part and the ability to manage this type of risky situation calmly);
• damage to vehicles caused by vandalism is on the rise (repairs cost 14.6 million euros in 2009, compared with 11.3 million in 1997).

For all that, the way in which the actors in the companies talk about assaults and incivilities shows that individual attitudes and concerns vary widely, even within the same company and in a sector that, regrettably, has been almost inured to these problems for several decades. Several previous studies have shown the degree to which the perception of stress is socially constructed (Loriol 2007) and the extent to which cultural factors shed light on the differences in perceptions of aggression (European Agency for Safety and Health at Work 2008). However, what we are highlighting here goes even further. Firstly, we show that perceptions vary considerably among the various actors in the same company and among the drivers themselves, even though they are all employed in occupations acknowledged to be difficult. Secondly, we show that there is a 'hierarchy' of violence and, as a result, this violence has come to be accepted as commonplace. Thirdly and finally, we show that there is no debate within the urban transport companies that might lead to a collective definition of what constitutes aggression, assault and incivility, which poses serious problems for the workforce as a whole and for the company.

4.2.1   Many Different Perceptions in the Same Firm

Not all the actors in the various companies share the same definition of aggression and incivility. 'The diversity of terms does indeed reflect a diversity of positions' (Gollac 2012). We did not note any consensus around what constitutes an assault or an incivility in the five companies investigated, whether between the various companies or within them.

The actors in the occupational health and human resources departments are themselves not always in agreement about the place and extent of assaults and incivilities.

> When you say 'assault', there are people who haven't necessarily been assaulted physically. There are people who've just been assaulted verbally and who found themselves unfit to drive for good after a verbal assault . . . (HR manager, Trambus)

At Littlebus, the director emphasises the difficulty of dealing with the incidents of aggression that are factors in the most frequent absences:

The largest share of absences are due to falls and assaults' (. . .) 'Next come problems caused by physical or non-physical aggression, which are real enough and fairly complicated absences to deal with. (Littlebus)

In the other companies investigated, the HR managers initially underplayed the situation in their companies in respect of assaults and incivilities, comparing themselves to others where things were supposedly much worse:

I came from E., and for me this is a network where safety is pretty good. At E., there were many more assaults, a lot more incivility, and at X it's even worse, I think here it's not too bad at all. (HR manager Trambus)

D. is a relatively quiet town crime-wise; the buses don't get stones thrown at them very often and our drivers really don't get assaulted very much, compared with cities like Paris and elsewhere we're actually very fortunate. (HR manager Southbus)

A little later in the interview, however, the same DHR emphasised the extent to which:

For drivers, it's essentially a problem of having to work outside normal hours, with the consequent exposure to the risk of accidents and to aggressive behaviour from passengers; we've identified certain black spots, we can identify them for each part of our business, for each department. What we've been unable to do with the social partners is put forward an action plan to counter these risks. (DHR Southbus)

Thus when the actors at company level emphasise the complexity of preventing assaults and incivilities, or when they attempt to put in place measures to reduce assaults, they have to begin by working on the very definition of what constitutes an assault, as this trade union representative observed:

It's a very fraught subject at Littlebus. So we're bringing into play whole batteries of tools that are summarised in a health and safety agreement that describes what constitutes an assault and attempts to quantify, to determine levels of assaults and then to develop responses depending on the level of aggression, to get a more or less substantive response from the company. (Director, Littlebus)

There's the rub – what exactly is incivility? (HR manager, Mediumbus)

Incident prevention officers themselves, who of course have specialist knowledge of these issues, do not necessarily share this approach:

A verbal assault is when someone has spoken rudely to our driver, who has taken it badly and asked to be relieved. And afterwards, he's been to see his doctor and been signed off. (incident prevention officer, Southbus)

Incivility, 'depending on the drivers concerned [. . .], it might begin with a failure to say hello, with others it'll be an attempt to avoid paying the fare . . . Some drivers will ignore it, while others will stop people who refuse to pay from getting on. So incivility varies depending on the driver concerned. And for me, incivility isn't listening to an MP3 player, it's a lack of respect, in all its forms. *And for example, is a failure to say hello an incivility?* I think so, yes, on inter-city services, but not on local buses. On inter-city services, there are people you see every day . . . a kid who's just starting secondary school and who doesn't say hello, he'll be with you for several years. But on local services, there are so many people

on the bus every day, if you start to pull people up at that point, it's not possible, in my view. *And assaults? Where do you put the threshold, for you and your drivers?* For me, as soon as it's verbal abuse. (incident prevention officer, Mediumbus)

Furthermore, there are differences among drivers as to what the difference is between incivility and verbal assault:

Incivility is people who get on and rebuke you for not being on time or are verbally aggressive. I think that's incivility. (driver, Carbus)

Others identify different acts of incivility:

There are people who get on and say 'a ticket, please', fine. Then there are others who get on and throw some coins on to the ticket machine or take a bank note out of their pocket and scrunch it up . . . (driver, Southbus)

Several drivers differentiate incivility directed against the system from aggression, which in their view is directed against individuals:

Aggression, that's aimed directly at me. Incivility is directed at the system. Someone who smokes in the bus, that's incivility, it's not aggression against me. *Right. Are you all agreed on that? Or does everyone have their own ideas?* Frankly, I don't know, we don't talk about it. (driver, Southbus)

Differences in drivers' sensitivity is regularly advanced in explanation of these differences in perception and to emphasise the impossibility of establishing a collective definition, as Loriol (2007) showed in respect of the stress suffered by bus drivers:

The most serious risk is aggression in our view. However, two people may react differently to the same situation. (trade unionist, Trambus)

The organisational aspects of bus drivers' work, for example, are seldom cited in attempts to explain possible differences in perceptions. In fact, it is only during breaks or downtimes that drivers are able to exchange views about their experiences by being able both to speak and be heard, to feel themselves part of a work group and to exchange views on strategies for managing conflictual situations, maintaining their health and improving service quality. Nevertheless, apart from these breaks or periods of training, drivers, who work alone, have few opportunities to share their experiences or talk with each other about their work-related difficulties. After all, depending on the type of driver (relief or regular), of duty (morning, evening, relief) and possible changes in schedules, the temporal and spatial dimensions of their work scarcely allow for the establishment of a collective space in which to be sociable and spend time together and in which the question of what constitutes assault or incivility can be discussed. This is particularly true for long-distance drivers, some of whom only very rarely go to the main depot. Bourachot et al. (2002) speak of a general weakening of group loyalty in this occupation concomitant with deterioration in relations with the travelling public.

4.2.2 *Violence Hierarchized and Made Commonplace*

Incivility and assaults seem to be part of the risks of the job. The accounts of aggressive behaviour that the Southbus psychologist hears range from situations of impoliteness or incivility to very serious situations involving physical assault (spitting, blows, even shootings). According to her, there is a hierarchy of such incidents for drivers, for whom spitting and even blows have become the 'usual bloody stupidities', as commonplace as verbal abuse. Incivility is said to be less serious than verbal aggression, which itself is said to be less serious than physical assault. This has not been explicitly defined by the actors in the firm but it is what emerges from the interviews and analyses of the workplace accident reports. All this suggests that violence has to some extent become commonplace. Schwartz (2011) speaks of the 'tolerance constraint' in order to characterise this obligation to 'take it on the chin', 'not to let it get to you' and not to react, even though one might be furious.

It is only when they have 'marks on the body' (bruises, teeth marks, scratches etc.) that drivers and manager start to pay attention, the underlying idea being that, in the absence of such marks, they would not be believed. In other words, an assault has to be clearly objectified if victims are to be given a hearing by management. Analysis of the detailed lists of accidents reveals this tendency both to hierarchize violence and make it commonplace. For several years, only assaults that leave 'marks' have been recorded in the group's statistics.

Reports to the police and the courts further compound this problem: if there is no evidence when a complaint is lodged, this may lead, more or less explicitly, to it being removed from the assault category.

Attitudes to and feelings about assaults vary and each driver compares and assesses incidents in the light of the information they possess and their preconceived ideas, which increases the diversity of points of view yet further. This is the case, for example, with the differences in attitude that are found on the different types of bus routes (depending on whether they are affected by rush-hour traffic, go through potentially troublesome neighbourhoods, residential districts, etc.).

> Then it depends on the districts, on the routes, it depends on … you go through neighbourhoods where there's a lot of poverty, well it seems the people there are much more aggressive than in the town centres where there are more middle-class people, quite simply. (driver, Southbus)
>
> It's not necessarily in the more deprived areas that there are more assaults, strangely, but well despite everything it's all part of a big housing estate, so it's not easy, there's the usual rudeness and all that, but there are routes that are worse. (driver, Trambus)
>
> The discontent just keeps on increasing. And the drivers who are a bit less robust than others and who are on the major routes with lots of buses per hour and phenomenally high passenger loads, such as numbers 1, 3 and 8, they go to see their supervisor and ask if they can unwind for a few days on another route. (trade unionist, Southbus).

The idea that the problems are concentrated in the more deprived neighbourhoods is not necessarily shared by all. Some also highlight problems with rudeness that can be encountered in more affluent areas:

> In the posher areas, passengers generally don't say hello, they really look down on you. (driver, Trambus)

In the absence of any discussion about the bus drivers' daily experiences, they tend to express those experiences differently depending on their employment status (and the precariousness of that status) or their relationship to work. They might suggest a link between these factors without it being possible to verify such a suggestion (verbal abuse and incidents of rudeness are seldom recorded, if at all, which leaves room for each of the actors to exercise their free will). Those drivers on permanent contracts and assigned to a single route which they drive every day manifest the highest levels of distress (according to the evaluation of the preliminary safety reports carried out in the company in question before our investigation), while those not permanently assigned to a particular route and who therefore change routes regularly seem to be less affected, as in the case of this driver:

> That is to say that when you're not assigned to a particular route, some people, they don't refuse to drive through the potentially troublesome areas. I love doing that personally. (driver, Trambus)

The bus drivers sometimes give voice to a feeling of insecurity. This feeling is compounded by the fact of being alone on board the bus, delays in getting assistance (particularly for inter-city services) and the impression of not being able to defend themselves because of orders not to intervene, as well as the fact that they are sitting down while their aggressors are standing up:

> 'If someone gets on the bus who's a bit agitated, he's standing up, we're sitting down, we can't even defend ourselves'. (driver)

Nevertheless, most of the drivers say they do not experience real fear. They are aware of the risk of assault but try to dismiss the thought from their minds so that it is not always hanging over them as they work. What would seem to be at work here is a defensive occupational ideology that manifests itself in the adoption of collective behaviours whose purpose is to distance the drivers from situations that might potentially endanger their mental or even physical health. Similar behaviours can be observed among police officers, for example, another very masculine occupation in which any manifestation of stress may be experienced as a failure on the part of an individual (not strong enough) and the group (which was unable to anticipate and detect the problems) (Loriol 2007).

As a result, the risk of assault is sometimes minimised, as a sort of protection in order to be able to deal more easily with the daily routine:

> *And how do you experience them, how do you feel . . . do they affect you these incidents of aggression?* They just go over my head (laughing)! There are more serious things than that, that's all. (driver)
>
> I think that now, if we had to report everything, it still wouldn't stop... Now it's become a daily occurrence. (trade unionist, Trambus)

This defensive ideology manifests itself in the following ways:

- incivilities are regarded as commonplace and not reported as a matter of course;
- drivers avoid thinking of the risk of assault;
- drivers conceal their fear: '*Sometimes I am afraid but I mustn't show it.*' (female driver);
- drivers conceal the fact that they have been to see the nurse who treats drivers outside the company: '*They don't want anyone to know that they've spent an hour with the nurse*' (nurse);
- drivers refuse to consult a psychologist: '*There are people who say to you "I don't want to see a psychologist", because "If I go to see a psychologist, that means I must be mad"*' (incident prevention officer);
- drivers avoid taking sick leave after an incident: '*Drivers are reluctant to take sick leave because it makes them seem weak to their colleagues, wives and children*' (maintenance worker).

Such behaviours seem to be encouraged by the predominantly masculine work environment and culture. They enable drivers to 'keep things under control' psychologically and collectively by concealing difficult working conditions (Schwartz 2011). It is nonetheless the case that 'keeping things under control' exacts its own toll on employees' health and may therefore serve to weaken them and then to distance them from their work, thereby fuelling absenteeism.

4.2.3 Differences in Attitude and the Absence of Discussion Affect Work Organisation and Group Loyalty

The absence of any debate on what constitutes assault and incivility in an occupation in which they are everyday occurrences may cause problems for work organisation (absenteeism, unfitness for work) and group loyalty (suspicion between colleagues).

Aggressive behaviour and incivility are experienced and assimilated in totally different ways depending on the individual in question, as has already been noted. Furthermore, they leave their marks which, over time, may partly explain the need drivers feel to 'have a breather' by taking a few days off in order not to lose their foothold in their jobs. However, this need is neither discussed nor recognised. What is more, 'taking a breather', whether for just a few days or for a longer period, may be interpreted as an abuse of the company's leave arrangements or as weakness, as in the case of police officers mentioned above, because of the behaviour of some employees, described as 'skivers' or 'shirkers', who exploit or even abuse the company's leave of absence arrangements:

> Is it true or is it not? There are some people who have boasted, who are supposed to have said: 'Did you see? You've only got to do what I did... I was assaulted and the doctor managed to declare me unfit for work and that was that.' (nurse, Trambus)
>
> They tell me he's a skiver, that he does this, he does that and he's going to fool me. But I just take people as I find them. (nurse, Southbus)

> In the case of those who are often absent, after a while people start taking the mickey and at that point I think we have to start improving things because people are going to get fed up with the whole situation. (team leader, Southbus)

Everybody is agreed that a short period of absence is possible for all employees because of the vagaries of the job and that such a break can sometimes provide a driver with a breathing space and some respite from the difficult working conditions. Such a period of absence functions as a 'safety valve', making it possible to prevent accidents or the accumulated fatigue likely to tip a driver into a spiral of long-term absences.

There is considerable suspicion about the workplace accident reports as well as about the declarations of unfitness to work because of assaults etc., among both management and drivers:

> I've been here for 33 years, and it's true there are cases that we didn't fight over because we knew very well that the individual in question was playing the system... And as the boss said to us, given the obligation to redeploy, tomorrow we'll be in the same position as N., we'll have more than half the workforce to redeploy, to put through the wash, and we won't have any more drivers. (trade unionist, Trambus)
>
> We also knew there were people who joined us through the driving route because it was the main recruitment channel but who didn't have any interest in driving and so after a couple of years they staged an assault and got themselves redeployed to an easier job. (HR manager, Trambus)

The absence of any consensus within the company on what constitutes incivility and assault may give rise to this type of tension among drivers because of a lack of any collective discussion, particularly between drivers and management:

> When we say 'assault', there are people who haven't necessarily been assaulted physically... there are people who've just been abused verbally and have been declared permanently unfit to drive after being verbally abused. So there's a mismatch between what actually happened and the way it was dealt with in the company. (HR manager Trambus)

Why do some employees want to escape from their work? What is it in their working conditions that cause them to make that choice, namely to leave the occupation they are engaged in? Our hypothesis is the following: in the absence of support or the possibility of discussion, bus drivers take these short 'breathers' in order to keep things under control but without 'admitting' it to the organisation since they do not wish to appear weak or be 'skiving off' from work, even though they need a break. Ultimately, the mutual suspicion among drivers, the occupation's defensive ideology and the acceptance of violence as an inevitable part of their work are all major reasons why the violence suffered by bus drivers goes to a large extent unrecognised.

4.3 Conclusion

The issue of assault clearly illustrates the absence of a common language. Because no such language exists, assaults are regarded variously as psycho-social risks (because of the psychological burden they impose), a physical risk (because of

the blows and injuries they entail) or simply as 'occupational hazards' (because of injurement). As a consequence, biased information is passed up along the management hierarchy. Nevertheless, a number of tools are used in attempts to prevent assaults and incivilities in the companies investigated (single risk assessment document, active training policy, training courses on psycho-social risks, post-assault support etc.), albeit in the absence of any real debate or ad hoc definition of what constitutes an assault or incivility. In most of the companies, even so, incivility prevention plans have been put in place.

Furthermore, analysis of the workplace accident reports (whether or not they gave rise to absence from work) shows that, in many cases, only physical assaults are mentioned. This tendency to report 'physical' assaults only may exclude all verbal abuse and incivility from the statistics, giving the impression that incidents of aggressive behaviour and rudeness are declining (the more physical assaults are reported, as it were, the less verbal abuse is recorded). Acceptance of violence as being simply part of the job leads to an underestimation of aggressive behaviour and rudeness. According to a study carried out on another network, one driver in three believes that information is not always passed on to management and one in two takes the view that managers are not listening (Moreau et al. 2010).

The multiplicity of definitions and attitudes raises questions about the dynamics of social dialogue and regulation of work in the companies investigated. They seem to lack the kinds of spaces that would not only enable the actors to express their views and share ideas but also facilitate collective regulation of the kinds of outbursts of violent behaviour described above, taking as a starting point detailed analysis of the work drivers actually do and the strategies they adopt. This is the purpose of the 'discussion spaces' defined by the National Agency for the Improvement of Working Conditions as 'collective spaces that facilitate discussion of employees' experience of work and its challenges, the rules governing occupations, the meaning of an activity, resources and constraints'.[5]

Managers and employers should benefit from organizing this kind of spaces of discussion between employees. Unions, managers and employers have already the CHSCTs or works council to do that. Incivility, physical and verbal assaults at work could be discussed here, much better than today, in order to recognize them.

In the absence of any such opportunities to exchange experiences, it will be difficult to implement effective preventive measures and any tools that are put in place may well be misused by individuals seeking to deal with difficulties on their own (as we have already seen in the case of declarations of unfitness to drive, for example). This serves only to undermine group loyalty in an already complex context characterised by the increasing individualisation of work, economic crisis, the weakening of trade unions and unemployment.

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[5]This approach is offered by ANACT at the following url:
  http://www.anact.fr/web/actualite/essentiel?p_thingIdToShow=42643682

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Chapter 5
Alternative Classifications of Psychosocial Health at Work: Gifted People at Work

Noks Nauta

Abstract Why would we look at gifted people at work as a special group? Their characteristics may lead to specific unsatisfactory or difficult situations at work. Gifted people are here defined according Kooijman-van Thiel (Hoogbegaafd. Dat zie je zó! Over zelfbeeld en imago van hoogbegaafden. Gifted, obvious! On identity and self-image of Gifted Persons. OYA Productions, Ede, 2008): they are quick and intelligent thinkers, who can handle complex cases, are autonomous, curious and passionate by nature, are sensitive and emotional persons, intensely alive and enjoy being creative. Studying this group is a challenge, as there is no representative sample. The analysis relies here on qualitative analysis of various sources, notably case studies collected from gifted adults. In working environments attention for the following topics is important: making choices; communication with co-workers; communication with supervisors; psychosocial problems; how to tell about giftedness. Finally, insights from Positive Psychology help to cope more effectively with the characteristics of giftedness in all domains of life of the gifted, including psychosocial health at work.

Gifted people have a lot of potential but sometimes their talents do not show. Knowing about giftedness and looking for the most fitting way to deal with its characteristics and its pitfalls are necessary to have happy and healthy workers, who use their talents as much as possible. Unfortunately the scientific data on this group are very scarce. Indeed there is no systematic test in order to identify and follow this group using an arbitrary chosen cut-off point, which select a group with a very high score. Thus, first, there is usually no representative sample of gifted people. Second, we observe that many people discover their giftedness because they have experienced problems, we could assume that studies in gifted people have more negative outcomes than what we would find when studying gifted people in general. However, such an assumption is not valid as we cannot situate these cases regarding a whole representative sample of gifted people. For the same reason, we cannot underline which percentage of gifted are healthy, happy, and successful.

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As quantitative research is methodologically very difficult in studying this specific group, we focus on qualitative analysis. The analyses presented in this chapter about the classifications of psychosocial health at work of gifted adults rely on different sources. First, we use many stories told to us personally by gifted people individually and during training and workshop sessions. Indeed, as occupational physician and psychologist, notably specialized in the area of giftedness, we had the opportunity to collect gifted adults discourses about their work. Also, we use many stories which were also told to us by colleagues, which faced similar situations to collect gifted adults discourses: doctors in occupational health, psychologists, and coaches for the gifted. Second, we rely on qualitative and quantitative research we dedicated to specific aspect of giftedness or of giftedness at work. This includes a qualitative study among Mensa members in the Netherlands[1]; 130 gifted adults answered about their relationship with their supervisor at work. Third, we also use here the results found in the literature (Brackmann 2007; Fiedler 2012; Freeman 2010; Führlich 2008; Jacobsen 2000; Nauta and Corten 2002; Nauta and Ronner 2008 and 2016; Nauta and Sijderius 2014; Streznewski 1999), but not analyzed yet from the point of view chosen for this chapter. Finally, our analysis is also informed by our own giftedness.

Beyond the lack of a representative sample of gifted people, the definition of giftedness is not robust. Thus, the first section is dedicated to a description of giftedness in order to underline and situate which definition we use throughout this chapter. Then, we focus on the reasons why attention for giftedness is necessary regarding their psychosocial health at work. In the third section we elaborate on classifications in five domains in which we often hear experiences and of which we have some evidence from literature. These domains are overlapping and chosen based on stories, not on any existing classification. This analysis of how gifted workers categorize their difficulties and needs at work using positive psychology is very useful to give suggestions to gifted people and their supervisors at work; this will be the focus in the fourth section.

5.1 What Is Giftedness?

We first present what we mean by 'giftedness' for which we have two reasons. First, giftedness is not systematically considered while studying psychosocial health at work. Second, there are a lot of definitions, descriptions or models of giftedness and we think it is necessary to situate the model used in this chapter.

Giftedness is connected to the concept of intelligence, which is written about since the first intelligence tests, that where developed in the beginning of the

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[1]Mensa is a worldwide association of people, who score in the upper 2 % of a valid intelligence test.

twentieth century. However, giftedness is not identical with having a high score on an intelligence test,[2] even if in many definitions of giftedness this high intelligence is an important part.

The first definition of 'giftedness' is thought to be the one from the so-called Marland Report (1972). We note that this definition is about gifted *children*:

> Gifted and talented children are those identified by professionally qualified persons who by virtue of outstanding abilities are capable of high performance. These are children who require differentiated educational programs and services beyond those normally provided by a regular school program in order to realize their contribution to self and society. Children capable of high performance include those with demonstrated achievement and/or potential ability in any of the following areas:
>
> (1) General intellectual ability;
> (2) Specific academic aptitude;
> (3) Creative or productive thinking;
> (4) Leadership ability;
> (5) Visual and performing arts;
> (6) Psychomotor ability. (Marland Report 1972)

At the moment there are very many definitions and models of giftedness. They mainly come from academic groups, working on giftedness in children. A classification of definitions was made by Mönks and Mason (2000), who found that the models that were the base for the definitions came from different paradigms: biological, cognitive, psychological, educational, pedagogical, sociological, anthropological, systemic, comparing, and aimed at achievement, among other. These definitions are used all over the world and we do not see a preference for some definitions in national contexts.

In people working with gifted children we see that the three ring model of Renzulli (1978), later modified by others like Mönks and the model of Gagné (first version 1985) are among the still frequently used. A well-known concept of giftedness is the model of multiple intelligences by Gardner (first publication 1983) although the scientific evidence for such a model is not robust. Sternberg (2003) uses a combination of intelligence, creativity and wisdom to describe giftedness.

Many other definitions and descriptions of giftedness can be found. One of the theories on giftedness that is often used by the gifted themselves is the theory of the positive disintegration by Dabrowski (Mendaglio 2008), in which gifted people are characterized by levels of so called overexcitabilities, meaning potentials for growth and development. This theory helps to give giftedness a positive label.

In The Netherlands in 2006 within a group of gifted adults who were also professionally involved with gifted people we were not very satisfied with the existing definitions and models as we did not recognize ourselves in these. So we developed a consensus model that was created by means of a Delphi method (a way to reach consensus in a group of experts). In this model the gifted person is described as:

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[2]There are many intelligence tests that measure IQ, validated and not validated. One of the well-known validated tests for adults is the WAIS, Wechsler Adult Intelligence test.

> A quick and intelligent thinker who can handle complex cases, autonomous, curious and passionate by nature, a sensitive and emotional person, intensely alive, he or she enjoys being creative. (Kooijman-van Thiel 2008, p. 69)

In this Delphi model of giftedness a very high IQ is one of the characteristics, but not the only one and not the main one. It is a combination of characteristics. This descriptive model (it is not a definition neither an instrument for measurement) helps the gifted to become more conscious of their talents, of their strengths and weaknesses and of the pitfalls they can get into. Coaches and counselors use it in their work with gifted adults.

In this chapter, we focus on gifted adults at work from the perspective of this Delphi model. Also, giftedness in our opinion is inborn, as we see that gifted children show their giftedness already very young. This can be confusing when the parents are not gifted, not aware of their own giftedness or not able to cope with their giftedness themselves.

5.2 Why Is Special Attention for Gifted People at Work Necessary Regarding Their Psychosocial Health?

As far as this was studied, gifted people report a high subjective well-being (Wirthwein and Rost 2011). We do not know what the factor giftedness means in this as these studies often focus on highly intelligent people instead of a multidimensional definition like in the Delphi model. On the one hand, we do know that a high intelligence can help in finishing higher education and in getting interesting jobs. On the other hand, this is not the case in all gifted people though. Because gifted adults did not become gifted during the adulthood, they carry their experiences of having been gifted children too. Giftedness shows in every domain of one's life, so certainly at work too. The characteristics in which gifted people are different from non-gifted workers and in which they are also more intense, may thus explain psychosocial health issues if they arise.

Although giftedness in children is not the focus here, we tell a little bit about them, in order to underline the development of a gifted person during life. Gifted children may not understand their own high sensitivity and get overwhelmed. Their autonomy may lead to conflicts early in life already. Or they become very shy and drawn back. During puberty (or earlier in life) some gifted young people get depressed feelings because they think about the big problems in life very deeply. Parents and teachers (and youngsters from their own age too) may not understand this and tell them they are too serious. This reinforces the negative feelings they already have about themselves. We hear from some gifted adults that when they have problems, these problems started very early in life. Some have been traumatized because their characteristics were labelled as negative from an early age. Some of them feel precisely how they should behave to make their parents happy and as a result of this they cipher themselves away (Miller 1997). They show pleasing

behavior and have problems in making choices. Disappointment is a frequent feeling in the gifted, which is based on not finding the meaning of their life (Webb 2013). Gifted development is also often characterized by asynchrony (Neville et al. 2013). This means that the gifted child can be functioning on very differently levels in different domains (physical, cognitive, social, and emotional). This makes it difficult for parents and teachers to see on which level the child as a whole is functioning.

When gifted children do not learn to cope effectively and positively with their characteristics of giftedness during youth and certainly when they have been traumatized, we see they become gifted adults with a big risk of psychosocial health problems. These problems often show at the workplace, which is the place where a big amount of time of one's life is spent. Some gifted adults have no work; they have a disability pension or another type of social security. Some have a partner who earns money and they do not go to work. Personality plays a role in this too. Optimism and flexibility for instance are traits that have a positive influence. These traits are for a large part inborn but one can also train and develop them. Psychologists and coaches can help in developing these ways of coping, which should start as early in life as possible. For that it is necessary to be aware of the giftedness, as early in life as possible.

We still hear that gifted people discover only late in life that they are gifted. The reason to perform an IQ test sometimes during life is often that they have mental health problems and often these problems are related to work. Of course there are many gifted people who are happy, healthy and successful. Only we do not know which part of the group of the gifted this is.

Among the gifted people who are informed about their giftedness, many never tell that they are gifted, or still not think about themselves as being gifted. We see that people who discover their (possible) giftedness and are looking for information on giftedness in adults often find it difficult to accept and cope with the characteristics of giftedness. Sometimes they even feel very dumb . . . Reading about it helps as does talking with other gifted adults. Some of them have psychosocial problems.

Some of these people look for professional help in mental health. When they do ask for professional help, their giftedness is often not recognized neither acknowledged as an important part of their person and of their need for professional help. We see that misdiagnoses occur and double diagnoses also exist (Webb et al. 2005).

Sometimes we hear that people with a high IQ often have a low Emotional Quotient (EQ). We do not support this idea. IQ and EQ are quite different concepts. Studies by Derksen et al. (2002) support this: they show that there is no correlation at all between scores on IQ and EQ.

There are also some preconceived ideas about the link between giftedness and mental health, but these are also called a hoax (Schlesinger 2012). Only very creative gifted people seem to have a higher risk for depression and suicide (Andreasen 2006). Although it is often suggested that depression is a risk in general for gifted people, our opinion is that depressed feelings may be frequent in the gifted, but these can also be seen as a kind of disappointment in life and are not necessarily the same as a clinical depression. Depressed feelings and depression, if they are existent

in gifted people, are in our opinion always colored by the giftedness, which means that there is a challenge for treating doctors and psychologists to take the giftedness into account.[3] This is sadly often not the case. Later in this chapter we will focus on psychosocial problems of the gifted related to work.

5.3 Classifications to Shed Light on Gifted People at Work

The way the gifted themselves and the professional care givers classify the difficulties at work informs about specific classifications of psychosocial health at work for gifted people at work. Based on all the gathered material (clinical expertise, dedicated research, and secondary analysis of the existing literature), we identify five domains regarding the theme of gifted people at work: making choices, communication with co-workers, communication with supervisors, psychosocial problems, and how to tell about giftedness.

5.3.1 Making Choices

Here, we rely mainly on stories of the gifted and we use some general theories on making choices as there is no specific study in this theme in gifted people done yet. The key question is: What kinds of jobs or workplaces are suitable for gifted adults?

In general gifted adults are able to do many kinds of work and they are often talented in many fields: they are multipotentials. Some ages ago especially during Renaissance, multipotential persons were seen as positive, as ideal persons, like Leonardo da Vinci. Nowadays many people suggest that specializing is better and should be the norm, which is often confusing for gifted people.

Indeed, we see that having to choose among their talents can be stressful for gifted people. Moreover, when they have to make a choice they have a lot of thoughts, which are on different levels at the same time: all kind of positive and negative thoughts, thoughts about what the risks are, etc. All these thoughts may be overwhelming and lead to a situation in which some gifted people block because they think: "there is not one and the only right choice".

It may help the gifted to be aware of the process with which choices are and can be made. In an article around a case study we showed these different ways of choosing as an example (Nauta et al. 2009).

For difficult choices by gifted people, taking into account the values of all the options is an important aspect. Our advice is to look at values when a gifted person stands before an important choice. We can also look at values when a gifted person has problems at work. The reason to do this is that when the important values of a

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[3]See also Chap. 7 regarding depression (Editors' note).

person are violated, it influences directly the psychosocial health. Gifted people live very intensely, their feelings can be very profound and in these situations they may get very upset, resulting in for instance (based on personality or coping style) anger, conflicts, depressed feelings. Being aware of this process helps to understand why the emotions are so intense in the gifted (in this case because values are violated) and this awareness will help to look for solutions for that situation.

The values that are often mentioned by the gifted as important for them are: fairness, justice, openness, integrity, self-development, quality, and equality (non-hierarchy). Fairness is a value that has to do with comparing situations: why is one person in one situation treated like this and another person in the same situation in a different way? Gifted children observe this very well at a young are and they can be shocked when another child is treated in an unfair way by the teacher for instance. Justice is a related value; only it has more to do with official situations. People have to live according to the law or according to official norms. Gifted people often know the norms and the rules and tell others when they do not act according to these. In conflicts at work fairness and justice are values at stake. Openness is very important for the gifted. They want to be treated in an equal way and they do not want people to hide information from them. Integrity is a value that is at stake in many professional situations. Our experience is that gifted people have a well-developed sense for workers who are not showing integrity. That is why many whistle-blowers on organizations are gifted people. Self-development is a basic need for the gifted; they are very curious and have a need for knowledge, not always useful but mainly for their own pleasure. Even when they are old, they still have that need (Bouwman and Geertsma 2015). Quality is a value that in the gifted has to do with the fact that they, often from a young age, see how something can be when it is perfect. They often aim to do things very well, driven by their inner motivation. At work this can get them into conflicts when they tell others (also their boss) how they can do things better, which is not always appreciated. Equality is important, because gifted people do not support hierarchy in organisations; they want to communicate with other people without taking into account a difference in status.

While focusing on values is helpful, why making choices? Refusing to choose (Sher 2006) can be seen as a positive way to deal with choices. Sher calls people with difficulty in choosing 'seekers'. We read it as if these are gifted people. Sher has coached many of these people and her examples of how to deal with problems in choosing are very positive and creative.

Making a fitting choice is very important for the psychosocial health of gifted adults. We see that the gifted are often unhappy when they are not challenged, when the work is not interesting for them, when they work in bureaucratic, rigid cultures. Some gifted people go from job to job, often changing every 2–3 years. When they are not aware of their talents or their needs, this pattern wears them out and they do not find accomplishment. Some need professional help to find out which talents are most important for them to fulfil. A Belgian method 'Core Talents' seems promising for gifted people (www.coretalents.be).

5.3.2 Communication with Co-workers

The difference in speed of working and thinking of the gifted may be very different from their co-workers. This high thinking speed of the gifted goes together with associations, with a broad vision and with innovative ideas. This is not always recognized by others in a positive way. Some gifted people have difficulty in explaining their thoughts in a way that is understood by others. Irritation may arise from both sides. In this way good and innovative ideas of the gifted may not be heard and/or not accepted.

Gifted persons also see that they often have a different way of performing their work. And should they do this according to the norm or are they allowed doing it in their own way?

Collaboration with co-workers may be hindered too by gifted people's thoughts, their speed of thinking, their different ways of thinking and reacting and by the way they work. Also there is often high sensitivity. High sensitivity is in itself a positive characteristic. It can lead to excellent achievements in art for instance. Some gifted have not learned how to cope with their high sensitivity and for them it may be a burden at work. Many have problems with sounds, like voices and music in the background. When they ask for a workplace with fewer stimuli, they are thought to be difficult and demanding people.

5.3.3 Communication with Supervisors

A lot of aspects in the communication with co-workers are also seen in the communication with the supervisor. We found that a good supervisor for gifted workers is a person who sees the talents of the workers and gives the gifted workers enough trust and space for their own way of working without controlling them (Nauta et al. 2012). Gifted adults need space to do their work in their own ways. They are happier when they have an autonomous position.

We often advice gifted adults to tell their supervisors openly about their specific needs to perform better (that is possible without telling that they are gifted). This may help to improve the communication and will help to make better achievements.

We hear from gifted people that they often experience that their supervisors do not think so fast as they do. They also find it difficult to accept something from a person in a higher position, while they do not agree on the content of what the supervisor says. It is not that they want to undermine the position of the supervisor. They are really thinking about the quality of the work, about the clients and about how to improve the work. They have ideas about innovation, about how to do the work more efficiently and/or more effectively. When they do not offer their ideas in a way that is accepted, conflicts arise. Some supervisors do not hear the idea, but they feel threatened by the speed and sometimes the tone in which the gifted worker

Table 5.1 Perspectives of colleagues and supervisor versus perspective of the gifted worker

	What the working environment notices	What the employee states
1	Many conflicts with management and authorities	I have a great sense of justice
2	Cannot listen to what others say	My ideas are not understood, but I'm usually right
3	Difficult to place motives. What's behind it all?	Apparently I'm a threat to my colleagues
4	Bad timekeeping, for example in meetings	I'm being held back all the time, it all goes so slowly
5	Strongly fluctuating performance, without any clear cause	I have no idea what I want, I find almost everything interesting
6	Not clear where the employee's optimal work position is; concerns him/herself with all kinds of things	I get too little appreciation, people don't see what I'm capable of
7	Lack of perseverance and discipline	I'm easily distracted
8	Is difficult to approach, not social	I dislike social talk
9	Makes all kinds of demands concerning work environment factors	I can't understand how other people can work in that noise

Source: Nauta and Corten (2002, p. 334)
Nota bene: in this table, the "working environment" refers to co-workers and supervisors, while "employee" refers to the gifted person

talks. The pattern we see in which these conflicts develop seems to be quite specific for the gifted workers (Van der Waal et al. 2013).

Regarding a same situation, a gifted worker and his/her co-worker or supervisor will have a completely different interpretation of it.[4] The different perspectives of the working environment and the gifted person are shown in Table 5.1, first published in an article for occupational and insurance medicine (Nauta and Corten 2002). The publication of this table resulted in many reactions. Gifted people and their supervisors and co-workers were very happy with this and it helped them to get into talks about concrete behaviour.

It is important that supervisors and managers know more about gifted people at work, how to discover them and how to use their talents more effectively for the organization. Many gifted people do not show their talents at all. DeLong and DeLong (2011) call this the 'paradox of excellence': "Why is it that so many smart, ambitious professionals are less productive and satisfied than they should or could be?" The authors offer some explanations which we recognize in many gifted people too when they do not function well at work.

Logan (2012), who uses the word geniuses, which may overlap with gifted, gives an interesting argumentation why they do not have jobs. We recognize a lot of it in the stories we hear from gifted people who have no jobs.

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[4]See Chap. 1 regarding the subjectivity toward situations (Editors' note).

Publications for supervisors and managers are already available (Corten et al. 2006; Lackner 2012; Rasmussen 2010). In practice we hear from gifted workers that not many managers and supervisors know about giftedness and the gifted workers do not want to talk about it themselves.

5.3.4 Psychosocial Problems

When psychosocial problems at work occur in gifted workers, we see that the problems are often related to the giftedness in the way they develop and that they are also colored by the giftedness in the way they show. We often see that the gifted do not realize this, nor do their supervisors, human resources managers or professionals like psychologists or medical doctors.

Table 5.2 illustrates this with some frequently occurring diagnoses that people with psychosocial problems at work receive (gifted and non-gifted). We compare some characteristics of these diagnoses with the positive and negative characteristics we see in gifted people at work.

We also want to point to the fact that for DSM diagnoses a certain diagnosis can only be stated when there is no other factor that can explain these symptoms. Which means that in order to make a diagnosis in an accurate way for some patients/clients an IQ test should be performed. Because giftedness that is not well coped with can give similar symptoms (this is also the case when someone may be on the lower part of the IQ specter).

Many mental problems arise from stress, which is a general concept. We see it as a too strong reaction in a certain situation. When someone experiences that reaction more often it becomes a chronic feeling of being stressed, with symptoms in several domains: physical, mental, behavioral, and thinking. Gifted people may get into (chronic) stress at work for instance because they are not in the right job, they are having conflicts, among other.

Bodzin (2014) found in a group of German members of Mensa (having paid work) that they experienced significantly more stress than working people on average. They experienced more stress in these areas: working pressure (intrinsic and extrinsic), pressure to do the work well, unhappiness with their work, too high burden of work, lack of social recognition, social tensions, social isolation, and chronic worrying. The highest score was found on unhappiness with their work.

On the basis of Table 5.1, we elaborate on some of the diagnoses and the way they show in gifted people. We choose the ones about which we have some case stories, and which are not published yet.[5] We give our ideas about how these diagnoses may be given to gifted people.

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[5]Regarding ASD, see Nauta & Ronner (2016).

Table 5.2 Diagnoses of some psychosocial problems at work from the perspective of giftedness[a]

Diagnosis	Some characteristics (based on the DSM IV,[b] summarized)	Characteristics giftedness positive	Characteristics giftedness negative
ADHD	Decreased attention	Full of energy	No concentration
	Hyperactivity	Enthusiastic	No focus
	Impulsiveness	Creative	Over-associative
		Associative	
ASD	Problems in non-verbal and in verbal communication	Deep interest in facts	Too much focus on content
		Lot of knowledge	Not interested in relationships
	Stereotypical movements	Sometimes very focused in one theme	Cannot get into connection
Bore out	(No DSM diagnosis)	Learns very fast	Loses motivation
	Exhaustion	Broad interest	Does not use strong CoreTalents[c]
	Depressive mood	Need for development	
	Uninterested		
Burnout	Exhaustion	Wants to do work very well, perfect	Crosses own boundaries Uses too much of small CoreTalents[d]
	Cynicism		
	Low self-esteem	Highly motivated	
	Physical complaints		
Depression	Depressed mood	Thinks very deeply	Disappointed
		Looks for meaning	Disillusioned
		Busy with important issues	
	Decreased interest, concentration and activity		
	Change in activity, weight, sleep, appetite		
	Fatigue, loss of energy		
	Feels worthless/guilty		
	Suicidality		
Narcissistic personality disorder	Grandiose sense of self-importance	Big knowledge on many things	Overconfident
			Shows knowledge too much
	Great need for admiration	Self-confident	Arrogant, overcritical
	Lacks empathy	Highly alert	Feels different and alienated from others
	Believes to be special		
	Exploits others		Asks for attention because was not acknowledged in achievements as a child

(continued)

Table 5.2 (continued)

Diagnosis	Some characteristics (based on the DSM IV,[b] summarized)	Characteristics giftedness positive	Characteristics giftedness negative
Obsessive compulsive disorder	Preoccupied with details, rules, etc.	Deeply interested also in details	Too much focused on one theme
			Pursuing fairness becomes an obsession
	Extremely perfectionistic	Wants to do work very well, perfect	Has experienced that others do not do their work well enough
	Over conscientious and inflexible in f.i. moral matters	Thinks about consequences of many things	
	Reluctant to delegate tasks	Values 'fairness' and 'justice' are important	
	Unable to discard useless things	Likes to collect things	
PTSD	Disturbing recurring flashbacks	Highly sensitive	Oversensitive
		Alert	
	Avoidance or numbing of memories of the event	Deep emotions	Cannot easily forget memories
	Hyperarousal		

Sources: table done by the author on the basis of: APA (2000), Jacobsen (2000), Nauta and Corten (2002), Nauta and Ronner (2016), Streznewski (1999) Van de Ven (2015), and Webb et al. (2005)
[a]This table is meant to be an illustration. Readers should not use this table for diagnostic purposes. A diagnosis like the ones in this list can only be given by a professional like a psychologist, psychotherapist or psychiatrist. Diagnoses often go together or overlap
[b]DSM: Diagnostic and Statistical Manual of Mental Disorders, a worldwide consensus classification of mental disorders
[c]See www.coretalents.be
[d]Ibid

5.3.4.1   AD(H)D

We often hear of gifted people who get the diagnosis AD(H)D, sometimes early in life, sometimes as an adult (Webb et al. 2005). The reason is that they may be so energetic that their parents, teachers or supervisors think something is wrong. Being 'different' does not necessarily mean that something is 'wrong'. A combination of giftedness and AD(H)D is also possible.

Depending on the work, the energetic traits of the gifted may be accepted and also used effectively, for instance when one is a sportsperson, or has to move a lot during work. Sitting for a longer time at work may be a problem. There may also be problems when one has to work together in a room with co-workers and

the co-workers get irritated by the movements of the gifted energetic person. Some gifted people talk a lot, because they have much to tell about.

When the gifted person with a lot of energy has no problems with that, it is OK of course. When the gifted person feels that his or her behaviour is bothering in the sense that he or she becomes very tired and is not focused at all, or when there is a problem in the controlling of impulses, a professional may be asked to find out if there is also a possibility of AD(H)D. AD(H)D is a difficult diagnosis and other reasons for the complaints should be ruled out. A specialized professional (preferably in AD(H)D and in giftedness) should be consulted in these cases.

The combination of giftedness and AD(H)D can be treated by medication (this can also be used for a certain period, accompanied by a medical doctor), if necessary combined by psychotherapy and/or cognitive therapy and coaching in behaviour. Actively connecting with the workplace is also important in the coaching. When a gifted person has also AD(H)D, the giftedness should also be cared for. It is not helpful when the diagnosis AD(H)D is seen as an explanation of everything that is bothering.

5.3.4.2 Bore-out

Bore-out can be seen as a situation of longer lasting boredom, leading to loss of motivation, apathy and tiredness (Rothlin and Werder 2008). The symptoms overlap with those of burn-out. We can question whether they are very different. It is important to look for the cause of the symptoms as for bore-out the solutions and the way of coaching may be different from those of burn-out. Measuring of bore-out can be done in the Netherlands by the Dutch Bore-out Scale (DUBS), consisting of 8 questions and validated in a study by Reijseger et al. (2013a, b). Boredom is a psychosocial risk for gifted workers, perhaps more than for workers in general. In a quantitative study of a group of 1263 gifted workers their score on the DUBS was not very high, but significantly higher than the score of the benchmark (ibid.).

Bore-out is a serious situation and when the diagnosis is missed, people tend to get diagnoses like depression, burnout, chronic fatigue syndrome, somatisation etc. The cure cannot be effective when this happens and the giftedness is not taken into account.

5.3.4.3 Burnout[6]

We think the risk on developing burnout in gifted people may be somewhat bigger than for the average workers. The studies by Reijseger et al. (2013a, b and 2014) give some indications for this as gifted employees score significantly higher than the average workers on cynicism and fatigue. We do not exactly know the mechanism

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[6]See also Chap. 6 regarding this category (Editors' note).

yet. We can speculate on this. We think for instance that burnout may develop in the gifted because they are very motivated and their standards of performing are very high. They go on and on and do not feel tiredness, so they cross their own boundaries. Another idea of a mechanism is that they use too many of their small CoreTalents at work instead of their strong CoreTalents (Van de Ven 2015).

We know from practice that gifted people with a burnout often have depressed feelings. Maybe these are more severe and more existential than in people with an average intelligence. We need more scientific research for that to find out if this is the case.

5.3.4.4   Depression

Depression is a serious condition and a person with a clinical depression needs professional help. We already underlined that the link between giftedness and depression is a preconceived idea. Additionally, in relation to work, we see that many problems at work for the gifted may lead to depressed feelings. Also conflicts may lead to depressed feelings and the feeling of having failed. Work is an important means of fulfilling the needs of everyone and especially of gifted people as they want to offer so much to society. When the work does not fulfill these needs, they develop mental problems which often have a depressed color.

We need more studies done in this field to know exactly the mechanism and find ways to prevent and treat this condition. For professional caregivers it is very important that they know this and take the giftedness into account in their treatment and therapy. We often hear that the depression is treated as any depression without looking at the giftedness.

5.3.5   How to Tell About Giftedness?

Many gifted people do not dare to talk openly about their giftedness at work (also not in private). They feel this message will not be well received. Often they have told one or more people and got negative reactions. There still are many preconceived ideas about giftedness, which do not help to create an effective communication. We hear for instance these reactions:

– Do not think you are better than we are!
– Maybe you are smart, but .... (and then they tell you what you are not good at).
– Gifted = arrogant ...
– So you know all.
– Gifted are lazy.
– All people have talents.

We think gifted people should start by accepting their own giftedness and think about it in a positive way. When they think it may be helpful they could describe

some of their characteristics in a concrete way and add their specific needs in order to perform better at work. We have heard of gifted people who ask for a quiet workplace, for more interesting work, for a study etc. The first message we want to give to gifted workers is: work hard to build a good relationship with your supervisor first and do your work as good as possible. When that is established, you may tell about your needs. Do not think your supervisor is a Santa Claus. Think practically about the possibilities and do not ask too much at the time.

5.4 Classifications and Practical Suggestions Using Insights from Positive Psychology

Positive psychology offers a lot to set in motion a more realistic balance between negative and positive experiences. In the scope of this chapter we can only make some short comments.

We think that gifted people can benefit a lot from insights from positive psychology. When they ask for help it is too often that they are looked at as having problems. When the positive sides of the giftedness would get more attention, the positive emotions will follow fast! Many gifted people do not use their talents enough and talking about their talents and finding ways to use them are ways to go into a positive mood.

In several workshops for gifted adults we talked about this and used it to elaborate on a case. We saw that the participants were positively surprised and told us this really gave them new insights. Here are some insights that are especially helpful for gifted adults:

– Knowledge about giftedness and how that shows in daily life, especially in adults, leads to recognition and acceptance instead of feeling different, isolated or weird;
– Looking for talents instead of complaints and problems gives a positive feeling;
– Looking for situations of flow helps in finding situations in which you can flourish;
– Being aware of the idea that you can do something yourself to improve the situation is helpful! You are not a victim.

5.5 Conclusion

Giftedness is a set of characteristics that may in origin lead to a happy and successful life. Being different from the average may for some people lead to problems in adaptation, feeling lonely, getting mental health problems, and sometimes getting a psychiatric illness. Also misdiagnoses exist because ineffective coping with the characteristics of giftedness may sometimes show as a psychiatric symptom. Taking

into account giftedness is relevant in order to understand better what is specifically at stake regarding the psychosocial health at work of gifted people.

Knowledge about giftedness and using insights from positive psychology lead to more effective coping and a more happy and successful life as a gifted person. Gifts and talents should be used in order to expand them and enjoy them. Society benefits from them too.

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Part II
Subjective Narratives as a Motivation to Act

Chapter 6
Appropriation and Acculturation in the French Debate on Mental Health at Work of Anglo-Saxon Clinical Categories (Stress, Burnout and Mobbing)

Marc Loriol

Abstract There has been renewed interest in France in the concepts of suffering at work since the late 1990s. A rising number of claims have been filed in this area. The media have often reported on people committing suicide at their workplace, on new legal mechanisms in this field, and on related issues. Many terms and names of clinical categories used when discussing suffering and ill-being at work are in fact foreign terms (mainly from North America) taken over into French. This chapter contains three case studies on stress, burnout and the concepts of psychological harassment, mobbing and bullying, and will look at the way French researchers and social actors took hold of, translated, and adapted these terms for the purposes of French national concerns. On each occasion, these terms and concepts were "sneaked in" by actors, organisations or mediation forums which acted as vectors or supported the new terminology. They acted as "moral entrepreneurs", by popularizing and supporting the idea of a new pathology.

There has been renewed interest in France in the concepts of suffering and ill-being at work since the late 1990s. A rising number of claims have been filed in this area. The media have often reported on people committing suicide at their workplace, on new legal mechanisms in this field, and on related issues. Many terms and names of clinical categories used when discussing suffering and ill-being at work are in fact foreign terms (mainly from North America) taken over into French (for instance "stress", "burnout", and the Japanese "karochi"[1]). This phenomenon is far from new! In the nineteenth century, France had been subject to the "spleen", that Isidore Bricheteau, a doctor at Necker hospital in Paris, described in 1930 in the

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[1]See Chap. 10 for a focus on the Japanese context (Editors' note).

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Encyclopédie Méthodique as an "English word used in our language, francized in a manner of speaking, to describe some sort of melancholy or hypochondria from which the English suffer a lot" (quoted in Hersant 2005, p. 732–33). Neurasthenia was described by American doctor George Beard in 1869, and immediately attracted his French peers' attention. Charcot presented neurasthenia to the students he taught at the Salpetrière hospital by defining it as "a state of irritable weakness of the nervous system", and much interest was shown in it by other doctors, such as Adrien Proust (author Marcel Proust's father) and Gilbert Ballet, who published *"L'hygiène du neurasthénique"* in 1987. The word "neurasthenia" also became common parlance, and the patients, often artists, used it to describe their illnesses. Writer Octave Mirbeau mentioned it in a letter written in 1894: "Picture a total breakdown of the human being, complete inability to work – not only inability to work, but inability to link two ideas, even trivial ideas" (Quoted in the *Dictionnaire Mirbeau*).

Importing foreign words is neither automatic, nor a simple "copy/paste". Some categories such as the American "chronic fatigue syndrome" or the Japanese *karoshi* are regarded as exotic labels which seldom concern the French. Other labels, such as stress or burnout, became popular much later than in Anglo-Saxon countries. When smuggling in these "illnesses" defined in other countries, French researchers sometimes tried to leave their own mark on nosography, especially by suggesting a new name they thought would be more appropriate. For example, Pierre Jannet (1903) turned neurasthenia into psychasthenia, and more recently the French rheumatologist Marcel Francis Kahn (1988) replaced fibromyalgia[2] with the Diffuse Idiopathic Polyalgic Syndrome (DIPS, SPID in French).[3] Dr. Kahn clarified the matter in an interview he granted me in May 1995: "Fibromyalgia is the international term, but in France, SPID has worked well. Why? Because fibromyalgia indicates a location in the fibrous tissue of the muscular tissue, which is probably not the location of a characteristic injury. This is a mistaken precision! But the success of words does not depend on their accuracy, so it is called SPID in France because it is easy to remember."

This chapter contains three case studies on stress, burnout and the concepts of psychological harassment, mobbing and bullying, and will look at the way French researchers and social actors took hold of, translated, and adapted for the purposes of French national concerns,[4] terms and concepts which were coined in other countries. On each occasion, these terms and concepts were "sneaked in" by actors, organisations or mediation forums which acted as vectors or supported the new terminology. They sometimes acted as veritable "moral entrepreneurs" in

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[2]In 1977, two Canadians, Smythe and Moldofsky, suggested the term "fibromyalgia" (formerly Fibrosotis) to describe a clinical entity characterized by the existence of sore spots when pressing, and the coexistence of strain and sleep disorders.

[3]Spleen, stress, SPID: one can only be struck by the similar soundings of these three words, which is probably no coincidence.

[4]These three categories were chosen because they correspond to the foreign clinical categories mentioned the most in the French debate on mental health at work.

Becker's sense of the term (1973), by popularizing and supporting the idea of a new pathology, even that of a new social ill, whether in symposiums, conferences, articles in scientific journals or popular science articles, and when advising and training social actors and policy-makers. However, for a term or a clinical category to be successful, doctors, psychologists, patients, managers or workers should be able to identify with it or recognize the illnesses of the people they are to deal with. The terminology and the implicit or explicit theories conveyed by it must be meaningful to these various actors. Its meaning, and the interests underlying it, may be heterogeneous or may even diverge. Relatively implicit or vague compromises, and an evolving balance of power will reflect the success and outcome of the different terms. The acclimatisation of these terms to the French context, their legitimization by various players (unions, the media, politicians, the scientific community), and their linguistic and social translation, lie at the heart of this chapter.

I have been working since 1991 on the different forms of ill-being at work in different professional environments (in factories, hospitals, social work, public transport, the police force, the cultural creation environment[5]). This has enabled me to synthesize not only developments in this area but also the main vectors for negotiation and change, in addition to the political and social balance of power concerning the issue of rules and regulations (see Loriol 2012). This work has been supplemented by research and archival work based on the multi-university library catalogue, on the mainstream media, on union publications, and on the few studies concerning the recent history of stress, burnout and psychological harassment in France.

6.1 The Belated But Dazzling Success of Stress

The word "stress" is part of everyday language today, especially when it comes to conversations about work. According to a study conducted in July 2007 by pollster TNS Sofres for the French magazine *Pèlerin*, three quarters of the French population (75 %) believe that the word "stress" is the most accurate one to describe the way many people view their work (whereas only 16 % prefer the word "suffering"). This has not always been the case.

During a series of lectures he gave in France in 1945, Hans Selye endeavoured to promote the use of the word "stress"[6] in medical vocabulary alongside his theory of the general adaptation syndrome (alarm reaction, stage of resistance, stage of

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[5]The research work here is mainly qualitative (notes, archives and interviews), but concerning hospitals, it is quantitative also (see footnote n°10).

[6]The word "stress" was included in the two main French dictionaries (Le Robert and the Larousse) in 1950, with a definition which has since remained highly influenced by Selye's approach. Some say the word "stress" was not imported and that its etymology is indeed French – from the old French workd "estrece", which means tightness or oppression, stemming itself from the latin word "stringere" which means "to be tense" (Gonthier et al. 2005). However, this etymology does not

exhaustion). It was not until the late 1990s[7] however that the concept of stress became popular and was to enter everyday language. If one takes as a benchmark the number of scientific articles and popular science articles on stress, the word "stress" became a household word in the United States as early as the mid-1970s (Abbott 1990; Barley and Knight 1992). In Great Britain, the term only became commonly used in the mid-1980s (Wainwright and Calnan 2011). According to Nathalie Robatel's count in 2009, the number of articles concerning "work-related stress" in the French mainstream press consistently remained below ten per year until the late 1990s. In 2000, 13 articles were written on the matter after which the number increased very fast, rising to 169 articles in 2007 and 326 in 2008! The few books available in French before 1990 on stress were stress management manuals or personal development handbooks first published in North America (either in Quebec or translated from English). The first French book explicitly mentioning in its title the word "stress" related to work was most likely Nicole Aubert's book (Aubert and Pages 1989). The number of French books on stress increased exponentially after 1995.

It would thus appear that French society first resisted the use of the word "stress", and then largely gave into it. This can be explained by two main intellectual and social forces which were of major importance in France after World War II: psychoanalysis and Marxism. They criticised the psychologizing and individualizing ideology of the theories of stress and suggested alternative interpretations and terminologies of suffering at work. Selye's biological approach to stress (that is, the body's response to various aggressions) and the cognitive-behavioural and transactional approaches to stress[8] overlook the unconscious, the constitution of the subject, and the symbolic aspect. This is why these theories were at first of only minor interest to those intellectuals and psychiatrists influenced by psychoanalysis, according to which a subject's relationship to work is always linked to his personal history (both psychological and social), and should not be reduced to a category or generic symptom such as stress.

In Marxist terms, suffering at work (alienation) is one of the consequences of the capitalist exploitation of labour. Psychiatrist Louis Le Guillant pointed out the drudgery of some modern activities, especially a fast pace of work.[9] The fact that the same symptom can be found in almost all the workers of a given trade is evidence that some aspects of work are detrimental to health. Le Guillant's most famous

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really show that the word "stress" has entered contemporary French vocabulary as an English-language word.

[7]In the principal studies concerning social representations of health in France, conducted between the 1960s and the 1980s by Luc Boltanski (1968), Claudine Herzlich (1969) and Atwood Gaines (1992), the word "stress" is inexistent, whereas the word "fatigue" is frequently used.

[8]According to these approaches, the individual assesses both the difficulties he must overcome, and the means available to do so. If he thinks that what is required is beyond his reach, the result will be stress. This approach assumes that an individual's capabilities of adaptation and perception are stable characteristics.

[9]For a history of the psychopathology of work in France, see Billiard (2011).

study, undertaken in 1956, concerned "telephone operators' neurosis". Employees working in post, cable and telephone offices had to answer telephone customers, connect them manually, and bear the anger of those who could not get through to the person they wanted to call. All this had to be done as fast as possible and all day long. The conditioning of workers to such infernal rates of work led to pathological consequences, such as insomnia, headaches, exhaustion, nervousness, inability to relax, automatic body and speech reactions, to name a few. The CGT (General Confederation of Labour, one of the main French trade unions close to communist party) at the time argued for a "nervous syndrome linked to repetitive work under time constraints" to be included in the list of occupational diseases recognized by the law, but was unsuccessful. Trade union experts pointed out that the concept of stress was too subjective, that it hid organisational considerations, and that it was too closely linked to the petty bourgeoisie's view and experience of work as opposed to that of the workers (health as fulfilment as opposed to health as capital).

The psychodynamics of work were developed in the late 1970s by Christophe Dejours.[10] Thanks to this concept, France has long had at its disposal an alternative conceptualisation of suffering at work to stress, based on psychoanalysis and on the Marxian psychopathology of work. Yves Clot's activity clinic followed in the footsteps of Soviet psychologist Lev Vygotski's work and of the work done by Louis Le Guillant. Instead of viewing stress as a risk looming like a poisonous cloud over people, Clot (2010) preferred to focus the analysis on the resources employers provide to empower workers and to enable them to discuss and update their collective view of work well-done.

The term "stress" was increasingly used in France because the two main ideologies declined. Psychoanalysis became less influential in the 1990s and was replaced by cognitive-behavioural approaches,[11] and the influence of the communist party and of unions declined significantly as a result of the recession. Unions and left-wing parties lost members (especially their working-class base), and became "followers", leaving behind their critical stance towards stress. Workers' complaints and the question of health at work became ways of renewing their claims and of regaining some legitimacy. At the same time, cohesive and interdependent working groups (in public services and worker bastions) started to break up, while the number of people working in the tertiary sector increased, especially in the care professions. Workers in this sector tend to take their work more personally and the concept of stress makes more sense.

These developments opened the way for increased use of the term "stress", but they are not a sufficient explanation for this trend. Some social categories (such as senior executives or people whose jobs involve interaction with the public) played

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[10]According to Dejours (1980), in order to cope with the gap between the work actually done and the work prescribed, which was the root of their suffering, workers set up individual and collective defence strategies specific to each working environment.

[11]For a history of the golden age of psychoanalysis in France (1960–1980) and of the decline of its intellectual and political influence, especially as a critical way of thinking, see: Lézé (2010) or Dupont (2014).

a major role in the recognition of stress. The success enjoyed by the subject of executives' stress may be explained by awareness-raising campaigns the CFE-CGC (the French executives and engineers union) has been conducting since the 1990s. This was the union's response to the feeling that the situation of executives was getting worse (their fear of losing their status or their job, their growing distance from decision-making centres, and the 35 h working week – which not only revealed for all to see what distinguishes them from other workers in terms of hours worked but also resulted in pressure on job goals). The scientific, quantifiable, and "responsibility-giving" dimension (one can learn to "deal with" one's stress) also reflects this union's stance concerning company problems (Delmas 2008). There was broad coverage of this campaign in the specialized press aimed at managers.

More generally, by the late 1990s, the major worker unions were weakened by the loss of militants and the divisions and rivalries between unions. Their views on stress and on mental health at work changed. These issues became their guidelines for renewing their actions and attracting new members (although this implied getting these new members to move from an individual interpretation to a more organizational interpretation of their problem). The question of their representativeness in professional elections can also lead struggling unions to develop their industrial and judicial actions in the area of "stress", as a way of gathering around a unifying theme.

Another major actor disseminating knowledge on stress and stress-management skills are international organizations. The main ones in this regard are the WHO (World Health Organization) and the ILO (International Labour Office) on the one side, and the European Union (formerly the European Community) on the other. Since 1974, the ILO, working with the WHO, has made the study of stress and psychosocial constraints at work one of its priorities. For some jobs, such as those of nurses and bus drivers,[12] there has long been interest in these subjects. The WHO published a major article in 1983 by Thomas Fraser in several languages; entitled "Human Stress, Work and Job Satisfaction". In 1993, another study conducted by the ILO, entitled "Stress at Work" had a major impact. The authors of this study (extrapolating from an American study) estimated that the cost of stress in developed countries was as high as 10% of GDP (Gross Domestic Product). This figure was frequently quoted in France and was used as an argument to have the problem recognized.

The European Community has also showed interest in the matter. On November 9 and 10, 1993, a conference on stress and stress prevention (*European Conference on Stress at Work – A Call for Action*) was held in Brussels. The conference was organized by the European Foundation for the Improvement of Living and Working Conditions. It was decided at this conference to distribute information brochures to employers in an attempt to heighten their awareness of the matter. Subsequently, in 1996, the European Foundation for the Improvement of Living and Working Conditions published a brochure entitled "Stress at Work: Causes, Effects and

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[12]See Chap. 4 (Editors' note).

Prevention – a Guide for Small and Medium-sized Enterprises". 48 % of European workers are quoted in this brochure as saying stress at work has an impact on their health. A European framework agreement on stress at work was signed by the European social partners in 2004. It was transposed into French law in July 2008 via the national inter-professional agreement on stress at work. Under this agreement, employers employing over 1000 workers have an obligation to negotiate stress prevention plans with trade unions and workers' representatives.

In the meantime, two events occurred which were to consolidate interest in stress: in October 2006 and February 2007, three employees of the Renault Technocentre in Guyancourt (near Paris) took their own life at their workplace. This was followed by 35 employees of the French company France Télécom committing suicide in 2008 and 2009. There was broad media coverage of these two "waves of suicides" which observers noted at the time were due to stress resulting from management methods and organizational changes. At France Telecom, two apparently politically divergent unions (the CFE-CGC Télécoms, which is more on the managerial and technical side, and Sud PTT, whose philosophy is more libertarian) set up an "observatory on stress and forced mobility" with the cooperation of "Technologia", a consulting firm, to identify threats to workers' health which had been denied by the management. Their research, together with the figures and documents they provided, made it possible to capitalize on developments in the law (official agreement on stress, law on "moral harassment") and on the strong emotional reaction caused by these suicides. Consequently, stress was placed high on the media agenda for 2008 and 2009. The unions sought to strengthen their legitimacy in the eyes of the employers (see Delmas 2012)[13] with the help of this expertise and with scientific and epidemiological data. The same consulting firm contributed to a renewal of interest in burnout 5 years later, but unions showed less enthusiasm on that occasion.

6.2 The Burnout Syndrome, Initially Limited to Care Professions

The expression "burnout syndrome" was used for the first time by American psychologist Herbert Freudenberger in an article published in 1974. The article described the health problems affecting young volunteers who were dealing with the medical and social needs of drug addicts in a "free clinic". For Christina Maslach (1978), burnout is defined as "a stress induced problem commonly found amongst human service professionals, which is characterized by emotional exhaustion, a reduced sense of personal accomplishment, and depersonalization" (Pines and Maslach 1978).[14]

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[13]Also see Chap. 3 (Editors' note).

[14]For a description of burnout in Quebec, see the chapter written by L. Kirouac. Some people in France have linked the term "burnout" to the old French expression "faire suer le burnous" from

One of the early studies of importance carried out on the subject in France was that of Noëlle Lidvan-Girault in her doctoral thesis in psychology in 1989. She was the first to translate into French and adapt Maslach's Burnout Inventory (MBI), which was the main test used in studies on burnout (France included). Her research was based on a group of 52 doctors and six nurses working in emergency wards. She found that 41 % of the people in this group suffered from the syndrome as defined in Maslach's Inventory. In her medical thesis (1992), Françoise Franceschi-Chaix studied a group of 95 nurses working in the Esquirol specialized health centre. She found that the exhaustion rate in this group ranged from 15 to 21 %.

The study which is the most frequently cited in France is that carried out from 1990 to 1992 by biostatistician Chantal Rodary and her team of three workplace doctors, a nurse and a psychiatrist. The study involved a comparison of two hospitals in the Paris suburbs – the Gustave Roussy Institute which specializes in the treatment of cancer, and the Bicêtre hospital. The group studied was made up of 520 nurses. The authors found that "25 % of the nurses showed high emotional exhaustion rates, while another 25 % believed their level of personal achievement was too low" (Rodary et al. 1994). These early studies coincided with two nation-wide hospital strikes (in 1988 and 1991) during which the main issues at stake were working conditions and the status of nurses. These events were the beginning of major media exposure of the term burnout.

In the 1990s, burnout was mainly known about in France in the care sector by nurses and social workers. Its popularity in these professions was due to the professional culture of these groups and to the industrial disputes they had been involved in. The aim of hospital management teams was to rationalise management by training nurses to a higher level of proficiency while responding to caregivers' demands as cheaply as possible if a strike broke out. For head nurses and nursing school instructors seeking renewed managerial legitimacy, the recourse to a psychological theory connecting nursing professionalization, self-control and individualized management of working conditions could only be welcomed. Consequently, the relationship between caregivers and patients was to be no longer empirically and intuitively based but be grounded in real nursing science, which would borrow its theory from psychology and the social sciences. The warm welcome given by nurses to research work on burnout should also be kept in mind. This success can above all be ascribed to the need felt by many caregivers to understand why they felt ill at ease, particularly since the burnout discourse benefited from the positive opinion of nurses concerning "psychological" discourse in general. Burnout was also a way of distinguishing between nurses and care assistants, the latter's work being based on non-professional relations with the patient, and between nurses and doctors, the latter being accused of dehumanizing

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the Arab word "burnous", a large fleece coat with a hood, which was initially worn by people from Maghreb. The term was then used in broader terms to refer to the people wearing the coat. This expression appeared in the early twentieth century and comes from the colonial era when the settlers had their indigenous employees work hard or even very hard – being indigenous, they would be wearing a burnous.

patients. Most of all, for the nurses interviewed, officially acknowledging the existence of burnout was a way of recognizing nursing as a profession in which nurses give a lot of themselves and are more personally committed than workers in other professions. So much was at stake for managers, hospital staff and nurses that it was not surprising that research work on burnout benefited from such broad media coverage. Other players in the hospital sector had remained sceptical about burnout and were marginalized. This was the case of unions and some workplace doctors. It could be said that there was an implicit agreement between the main players involved to turn hospital carers' fatigue and stress into the official concept of burnout (Loriol 2012).

The burnout concept also made its way into the field of social work, albeit differently. Truchot and Badré (2003) compared social workers and nurses, showing that these two groups did not view user participation in the same way. Social workers consider that people in care need to take an active part in the care process, whereas nurses expect their patients to accept their medical prescriptions passively. Insufficient effort by the people cared for thus affects social workers more than nurses. Broadly speaking, social workers view burnout as an expression of a "dual constraint": they have been instructed to get the job done, and they really want to do so, but they criticise the lack of resources available to them. They even question whether there is a real political will to "change things as this would mean increasing 'assisted persons'" autonomy, and encouraging them to be more critical. One social worker described the situation in the following words: "we are the recipients of all the woes of the world – the lid on a cooker". Being first in line to witness the damage caused by the recession and the rise of unemployment is deemed morally exhausting, especially since social workers often feel "prevented" from working by factors beyond their control. What is expected from them is perceived to be out of reach and too closely linked to a logic which is foreign to social work. Political imperatives come to mind here: "when the elections get closer, we are told to help the elderly, give people the assistance they need, provide internships, find housing". In addition to the unsatisfying demands placed on them, social workers also complain about the "inertia", the "apathy" and the "lack of motivation" in the people they help. Having to ceaselessly re-motivate the recipients of social assistance ends up wearing away the social workers' motivation itself. However, social workers complain less about conflictual relations with their clients than nurses do when talking about burnout. This type of relation is viewed as being inherent in the social relationship.

In the 2000s, other professions in France took up the concept of burnout to express their exhaustion and strain. This involved in particular overworked executives who were disenchanted with corporate policies they felt were leaving them behind. It also concerned people working in information and communication technologies as well as in the cultural sector. These categories do project work while operating in networks whose boundaries are blurred. They have heavy workloads, experience trouble managing their personal commitment to their job, and end up overworking. So they identify with the term "burnout". However, this expression remains less common than in other countries. According to a study carried out in

June 2012 by the magazine *Paris-Berlin*, only 11 % of French workers suffer from burnout, compared to 20 % of working Germans. In France, the notions of stress (in the most common cases) and the term "nervous breakdown",[15] a more stigmatizing or disabling label, lead to treating workers differently than in Germany where they would be considered as suffering from burnout.[16]

However, to everyone's surprise, in 2012 the consulting firm Technologia launched a major campaign involving some French parliamentarians (from both the left-wing and right-wing parties). The aim of this campaign was to have burnout recognized as an occupational disease. A 1-day conference was organized in September 2012. Jean-Frédéric Poisson, a right-wing member of Parliament representing the Yvelines constituency (near Paris), and former French National Assembly rapporteur for the information mission on occupational stress, stated during this conference that "There is a world of difference between determining a nervous breakdown and determining burnout! Burnout is not the result of one's character but of work organization." He went on to add that "in fact, the only thing that will affect companies will be how the recognition of "burnout" will affect the social contributions paid". According to Technologia and the people taking part in this conference, among whom a number of CFDT unionists (a reformist union) and some CFE-CGC unionists, burnout differs from a nervous breakdown because it is related to work and not to the person. Companies therefore have to pay for it through the occupational risks compensation scheme. Since then, Technologia, particularly its CEO Jean-Claude Delgène, have been acting like veritable moral entrepreneurs to get this project to move forward. In January 2014, the firm launched a "Call for the recognition of the burnout syndrome as an occupational disease" in the following words: "Over the last ten years, the term burnout has dominated everyday language to describe workers' professional fatigue. Over-commitment has been considered virtually normal for jobs which are deemed to be a vocation, such as teaching or being a doctor. When you love your work, you don't bother to count either the hours or nights worked! But today things have got out of control. It is the turn of executives, employees and farmers to be subject to that weariness called work."

At the time, however, the term burnout was less often used than stress or nervous breakdown. So in Delgène's words there is a sort of "self-fulfilling prediction". The more the word burnout is used in the media, the more troubled workers will identify with it! This initiative was followed in May 2015 by a debate on the matter in the

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[15]According to a WHO study, 21 % of French people experienced depressive disorders whereas only 9.9 % of Germans did. This study was carried out between 2000 and 2005 and involved 89,000 people in 18 different countries. Participants were asked to answer a standard set of questions on the symptoms of a nervous breakdown: sadness, sleep cycles, and so on. The comparisons based on the ESEMeD (European Study of the Epidemiology of Mental Disorders), a study carried out between 2001 and 2003 involving people aged above 18 in six different countries, showed over one year twice the number of major depressive episodes in France (6 %) than in Germany (3 %).

[16]Also see Chap. 7 (Editors' note).

French National Assembly.[17] Media coverage was extensive, and burnout quickly became an everyday word, at least in debates and articles on mental health issues in the workplace.

But why did Technologia and its CEO Jean-Claude Delgène take such an initiative, when even some of their trade union colleagues within France Télécom's "observatory on stress" were sceptical? There was indeed a high risk of failure, given the way in which the list of recognized occupational diseases had been drawn up in France. This list requires establishing strong causal links, precise periods of exposure, and strict definitions of dangerous jobs, whereas burnout is a complex process closely connected to the settings in which it develops. In fact, Technologia's definition is particularly broad as it comprises various types of overwork and of overcommitment to work. The cost of such a broad recognition of burnout led employers and their experts to mobilize against the creation of a new list. They pointed out the complexity of the phenomenon[18] and the absence of any consensual and stable definition. That is why the Minister of Labour opposed MP Benoît Hamon's suggestion.

The significance of such an initiative probably lies elsewhere. First of all, it could be seen as a relaunch of the debate on stress and occupational stress, by reintroducing in France a term which has not only a scientific and technical connotation but also a suggestive[19] one. This term had been less frequently used in France than in other countries. It could also be seen as an attempt to reduce the psychologization and individualization of suffering at work, which belong to the cognitive-behavioural approach to stress and to make less frequent use of the clinical category of depression. But the outcome of this is ambiguous, as the dominant approaches to burnout, like Freudenberger's or Maslach's, are also psychologizing. At the heart of the analysis is the worker's personal relationship to the purpose of his work, and not his social relationship. Contemporary France continues to psychologize social problems, as illustrated by the issue of "moral harassment".

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[17]On this occasion, French MP Benoît Hamon (from the French Socialist Party) introduced an amendment to the draft law on social dialogue, advocating that burnout be recognized by law as an occupational disease. This reflects the ongoing conflict between the left-wing of the socialist party, which claims to be anti-establishment and favourable to workers, and the right-wing, to which the Prime Minister belongs. He is accused of being too much in favour of business interests.

[18]According to Philippe Zawieja (2015), the author of an important work in this area: "now the star of psychosocial risks, the word burnout is used indiscriminately, just like the word stress was a few years back".

[19]This English word not only has a scientific connotation, but also sounds like something bursting or collapsing. It refers directly to professional fatigue and exhaustion; both popular issues in France (see Loriol 2000 and notes 6 and 13).

6.3 Mobbing, Bullying and Moral Harassment

The English words "stress" and "burnout" quickly became everyday language in France. But the concept of "mobbing", which had been developed in the Scandinavian countries, and of "bullying", of British origin,[20] did not become known in France until the concept of "moral harassment" (*harcèlement moral* in French) was introduced by Marie-France Hirigoyen in 1998.

Swedish workplace psychologist Hans Leymann was the first to use the word "mobbing" in a book published in 1990. He wrote, "It occurs as schisms, where the victim is subjected to a systematic stigmatizing through, inter alia, injustices (encroachment of a person's rights), which after a few years can mean that the person in question is unable to find employment in his/her specific trade. Those responsible for this tragic destiny can either be workmates or management".

In her book published in 1998, Marie-France Hirigoyen explained that the terms mobbing, bullying and moral harassment are synonymous although their conceptual definitions are different. This is because they correspond to the same phenomenon. However, Marie-France Hirigoyen's approach is closer to a psychologizing approach than Leymann's. Her work starts with a number of examples based on families and couples. The business environment is not addressed until later in her book. The term "moral harassment" is derived from the word "sexual harassment"[21] and likewise refers to the offender's abnormality and perversity. The parallel drawn between them relates to the sexist, saucy jokes targeted at working women. However, the examples provided by Marie-France Hirigoyen seem to blame women for behaving in a way that gives the harassers cause to harass them: "a harsh, envious person" (p. 61), a manageress who was the mistress of the victim's ex-husband (p. 62), secretaries refusing to be supervised by a former colleague, and so on. The harasser's motivations are primarily psychological ones: "compensating for their lack of identity"; "need to dominate" (p. 71); "great enjoyment in using the other as an object" (p. 77); "this hate, projected on the other, is a way for a narcissistic pervert to ward off more serious troubles, such as psychosis" (p. 119). Although Marie-Françoise Hirigoyen argues that she does not hold the victim responsible for what is happening to him or her, she nonetheless explains that victims have a specific psychological profile. They are perfectionists, over-scrupulous, and have low self-confidence. She wrote about one case "that like many victims of moral harassment, it took Lucie time to react. She had unconsciously put her boss into the position of a father." (p. 79). What is even more pathological is the moment when the persecutor and the victim meet: "the process resembles a reciprocal phobia. Seeing

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[20]In 1994, The British Manufacturing, Science and Finance Union defined workplace bullying as: "Persistent, offensive, abusive, intimidating or insulting behaviour, abuse of power or unfair penal sanctions which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause them to suffer stress."

[21]This expression stems from the concept of "sexual harassment", coined by American feminist academics at Cornell university in the mid-1970s (Salah-Eddine 2010).

the hated person infuriates the pervert, and seeing the offender scares the victim [...]. Once the circular process is triggered, it is self-perpetuating because each person's pathology increases" (pp. 121–122).

Compared to research on mobbing, the economic, organizational, strategic and political aspects in the moral harassment approach are only secondary elements. However, the term "moral harassment" underscores the interpersonal and psychopathological reading of the situation. During a study on working conditions in hospitals in which I participated in 2002,[22] nurses were complaining about "moral harassment". This occurred when their head nurse called them during their time off, and asked them to replace absent colleagues. They viewed this as harassment as they received repeated calls at home during their days off, and were made to feel guilty by appeals to their "work ethic". The nurses felt this harassment also contained a moral element. They called their superiors "heartless spinsters with no family life" while their superiors accused the nurses of being insufficiently committed to their work and not thorough enough. In point of fact, the head nurses' demands were essentially an organizational issue and a funding one (insufficient permanent staff, insufficient replacement staff). It was not a psychological or a moral issue!

Marie-France Hirigoyen's book was an immediate success despite its psychologizing tendency. The publisher had expected to sell no more than 10,000 copies, but 500,000 copies were sold by 2002 and the book was translated into twenty-six languages around the world (Le Goff 2003). As Laïla Salah-Eddine pointed out (2010, p.4): "When Marie-France Hirigoyen's book came out, it was not only a publishing success, but it also attracted huge media coverage. The subject of harassment was on the television news (on France 2 channel, on March 24th, 1999). It was the subject of the two most popular news TV shows at that time: "Ça *se discute*" (on March 24th, 1999), and "*Envoyé Spécial*" (on February 24th, 2000). The media coverage brought the concept to the general public and was instrumental in popularizing it. It is difficult to gauge accurately the depth of the media impact, but it was undeniable. One example will illustrate this. Issue n°1785 of the magazine *Le Nouvel Observateur*, on January 21, 1999 provided the contact details of a voluntary organization "*Mots pour maux*" ["Words for ill", which assists victims of harassment]. This resulted in the organization being bombarded with phone calls overnight. From ten a day, the number of calls soared to 40 a day, not to mention the 1500 letters received each month".

Despite the limits of the concept (vagueness, psychologization, pathologization), how can the book's success be explained? Why did so many workers identify with what Marie-France Hirigoyen wrote or said? Jean-Pierre Le Goff noted that "despite the outpouring of feelings it sparked, moral harassment is nevertheless symptomatic of the deterioration of workplace relations. It tells us something about the way people see their relationships with others, about authority, and about our social

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[22]PRESST study ("Health and satisfaction of Healthcare Workers in France and in Europe – Prevention of Early Exit"), French wing of the European scientific study NEXT (*Nurses' Early Exit Study*), conducted in 2002 with 5400 nurses and healthcarers in France.

institutions" (2003, p.142). Two major trends in society should be mentioned here. First, there is less a sense of collective solidarity today and of sharing the same destiny and interests. This results in victims of moral harassment being left isolated. In the 1970s, numerous industrial disputes broke out in protest at the abusive behaviour of some bosses. Nowadays however, the colleagues of harassed people generally do not run the risk of getting involved in collective protest movements through fear of retaliation (of losing their job). This is because they no longer have the same status as the victim or no longer work with them. It may also be because they have interiorized the ideas of competition and performance. As a consequence, victims are left to themselves and tend to view the situation as a personal issue. They may think that their boss is perverse or that they themselves are incompetent. From 1970 to 2000, France shifted quickly from "family" or "industrial" capitalism, in which the boss could be clearly identified, to financial or shareholder capitalism, in which workers were subjected to an increasing number of constraints (Windolf 1999; Plihon 2009). The pace of work became more intense, quantitative assessments of the employees' work and performance were no longer carried out according to the local criterion of a "job well-done", companies restructured, undertook mergers and acquisitions, and imposed compulsory worker mobility, and so on. These constraints were imposed by a complex and impersonal system, and by stakeholders who were hard to identify (shareholders could change quickly, as could clients and contractors). In the meantime, the Marxist ideology, which had provided a clear view of social classes and of the capitalist exploitation of workers, became less influential. When a worker's immediate supervisor was bossy or too far removed owing to the double-constraint he himself had to handle (having to implement orders from above disconnected from the reality of the situation), he personified and crystallised resentments for which he became the sole outlet. "In this sense, moral harassment is the result of a new semantic configuration where psychology, morals and victimisation prevail over social issues" (Salah-Eddine 2010, p. 7).

The term also became popular because a number of different interest groups and workers' unions took action to popularize it. Among these groups were the ANVHPT (the "National Association of Victims of Moral Harassment") or Harcèlement Moral Stop ("Stop Moral Harassment"). Laïla Salah-Eddine explained that "these organizations were often set up by previously harassed workers. [...] Working in an organization, based on a subjective experience which triggered and legitimised the person's involvement, becomes a form of self-care activism and a way of being recognized". Unions also helped popularize the concept, even though they had lost influence and disagreed amongst themselves: "Unions organized a number of one-day conferences on moral harassment at work, the CGT (Confédération Générale du Travail, or General Confederation of Labour) addressed the subject in an issue of its monthly newspaper in May 2000, and the Confédération Française Démocratique du Travail (French Democratic Confederation of Labour) published a guide on the matter for workplace delegates in 2001" (Salah-Eddine 2010, p. 5).

Senior politicians eventually took up the concept in a bid to endow it with some form of legal status. This was the case of Georges Hage, a communist MP in one of the northern constituencies of France. According to Jean-Pierre Le Goff (2003):

> The communist party got particularly involved. It had been going through a crisis for a number of years and was doing its best to save bits and pieces of its doctrine. It was also losing voters. It was being criticised by its own left because it was participating in the government at the time and was not managing to "make its voice heard". Moral harassment was an opportunity[23] to do so. The draft law introduced by the party came at a time when the government of the day was preparing its own draft law on social modernisation and needed support from its parliamentary majority to get it passed. The communist party had at the time repeatedly threatened not to vote in its favour. Moral harassment became an issue the government had to negotiate. The law on social modernisation was passed by Parliament after much debate and a lot of dithering.

Being recognized as a victim of moral harassment and obtaining some compensation was thus enshrined in the Law of January 17th, 2002, known as the "law on social modernisation". According to this law, harassment is a criminal offence if it violates a person's dignity, and/or damages their mental or physical health: "Harassing another person, by repeated words or acts aimed at worsening their working conditions or causing them to worsen, resulting in a situation likely to affect a person's rights, dignity, physical or mental health or hurt his career, is punishable by two years imprisonment and a 30 000€ fine" (article 222–33-2 of the French Criminal Code). The courts have since given a broad interpretation to employer liability in this area. An employer who forced a female employee to repeatedly carry out heavy handling operations when the workplace doctor required her to stop work for medical reasons was considered to be harassing the employee morally (see Social Chamber of the French Court of Cassation, January 28th, 2010, decision n°08–42.616). The dismissal in this case was deemed unfair. In another case, the court ruled that the employer was to be held liable for moral harassment committed by a third party (Social Chamber of the Court of Cassation, 2011, decision°09–68,272). A victim of moral harassment may obtain specific compensation for unjustified sanctions (Social Chamber of the Court of Cassation, November 30th, 2011, decision n°11–10.527 and 11–10.528). If a case of moral harassment arises, the employer must take action against the offending employee in the shortest possible time (Social Chamber of the Court of Cassation, June 29th, 2011, decision n°09–70.902). Finally, if an employee is dismissed due to incapacity for work and if it can be shown that this incapacity for work is due to the sexual or moral harassment of which the employee was a victim, then the dismissal can be declared void (Social Chamber of the Court of Cassation, March 3rd, 2009, decision n°07–44.082).

Moral harassment has become a central issue of legal actions in employment law, even though the concept is a tricky one. In 2004, 85 % of claims brought before the Paris Prud'Hommes tribunal (court dealing with employment law issues

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[23]This is comparable to the political situation in which Benoît Hamon was encouraged to take action on the issue of burnout (see note 15).

in France) alleged moral harassment, but the employer was found guilty of moral harassment in only 5% of these cases (see Hirigoyen & Bonafons, 2005, cited in Salah-Eddine 2010). The law is being used increasingly to settle labour disputes that social partners are no longer able to handle themselves. Although Marie-France Hirigoyen was not the founder of the movement involving the individualization and psychologization of the workplace, she has nonetheless accompanied it, popularized it, and ultimately reinforced it in a circular fashion. She has played a role in developing a more personalised view of workplace violence than the one that is current in the Scandinavian and Nordic countries.

6.4   Conclusion

France developed an original theoretical and conceptual system of thought, linking mental health at work to working conditions and to the organization (psychopathology of work, psychodynamics of work, activity clinic). The Anglo-Saxon terminology and approach however were more individualizing and psychologizing and were to grow in influence in the late 1990s. On the issue of workplace violence, the French seem to have gone even further in that direction, by considering "moral harassment" rather in psychological and in medical terms than in terms of mobbing. New concepts and new topics have emerged more recently, such as that of "psychosocial risks"[24] and that of "quality of life at work".[25] However, they have not replaced the concepts of stress, burnout and moral harassment.

Even though these terms are deemed to refer to specific situations and to varying phenomena, they are nonetheless all part of the same debate on ill-being at work. There is indeed a degree of competition among them in the scientific literature and in popular science articles.[26] However, each new topic ends up arousing renewed public interest and media interest in the previous ones. Burnout and harassment are generally defined in broad and comprehensive terms and are presented by the media as causes of stress. These concepts nonetheless permit suffering at work to be generally recognized as part of modern life. Moral entrepreneurs take advantage of this to further their own interest. Thus, in January 2015, the "*Great Place To Work*" Institute (an organization which ranks European companies) published a survey of 1000 French workers in which "48 % of the employees interviewed said knew about burnout, either because it had affected them directly, or because it had affected someone close to them. Technically, burnout occurs when an employee has to stop work for a relatively long period of time, because he/she is exhausted due to stress, working conditions, or other." The word stress has also become

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[24] Inspired by the American "psychosocial factors of stress".

[25] In keeping with the trend in Anglo-Saxon research on well-being (Wainwright and Calnan 2011).

[26] In the course of my research on ill-being at work in French hospitals from the 1990s to the present day, I observed that the concept of stress was replaced for a short period by that of burnout between 1991 and 1996. Burnout was then replaced by the concept of harassment between 1999 and 2002. These three concepts, along with psychosocial risks, are nowadays used almost indiscriminately.

part of the vocabulary of human resources. A survey carried out by Sysman in 2012 (a consultancy firm) and Tissot (a French publisher) involving 634 human resources professionals working in the private and the public sector, reported that 87.2 % of the people interviewed "have had to deal with employees facing stress problems in the previous 12 months". This approach remains individualizing and psychologizing. Another survey was conducted in September 2008 by IFOP (a pollster) for Médéric (an insurance company) and PsyA (a firm specialized in stress management). This survey concerned 604 human resources managers. According to 52 % of those interviewed, the "accumulation of problems in their personal life" was the primary cause of stress. A study conducted by the French Ministry of Labour and Employment concerning company agreements on stress and psychosocial risks,[27] highlighted the fact that any diagnosis is usually the result of a compromise (between a cognitive-behavioural approach to stress, and the inclusion of general organizational factors not specific to each company). The researchers also found that the solutions chosen are frequently based on training and individual coaching and this is illustrated by a "typical example" taken from a major computer company: "Well-being at work solely depends on an employee's personal life and behaviour which is why the company has set up awareness-raising and prevention actions on sleep and smoking. Improving working conditions also depends on the workers, which is why the company has introduced a "charter of good use of the email inbox" and a "charter of good conduct in open spaces". The company is also considering opening an infirmary."

The psychologizing approach also remains very influential in the academic sphere, despite the concept of work psychodynamics put forward by Dejours, and Clot's activity clinic. This was illustrated by a recent book on psychosocial risks, published by Valléry and Leduc in 2014 in a very prestigious collection (*Que-sais-je?*). These authors argue that the explanation for stress, burnout and harassment lies only in the personality and adaptability of the workers concerned.

These approaches in cultural sociology of stress and suffering at work highlight the circular relations between social construction of clinical labels (stress, burnout, mobbing, moral harassment, etc.), definition of the situation and collective coping. Stress management in multinational firms should take into account national differences in the expression and labeling of difficulties in order to adapt their prevention techniques and organizations (Lansisalmi et al. 2000).[28] In each country, such studies show that phenomenon usually considered as natural is partly culturally oriented. Medicalization and psychologization of stress are not a fatality, but may be seen as a societal choice: more democracy and debates about work and organization in enterprise, more latitude given to workers and teams may result in another way of managing difficulties.

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[27]See "La négociation collective d'entreprise sur les risques psychosociaux en Île-de-France : du stress au harcèlement et à la violence au travail", *BREF Thématique*, n° 55, March 2015.

[28]See Chap. 1 for a similar recommendation on the basis of questionnaires elaboration (Editors' note).

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Chapter 7
Talking About Job Burnout in Germany: The Disappearance and Reemergence of Conflicts in Subjective Narrations

Stefanie Graefe

Abstract Since the end of the last century, new types of work, employment and management have caused substantial changes in contemporary subjectivity. In the meantime, an increasing social consciousness may be observed with regard to psychosocial problems caused by working stress. At the same time, the "psychomedicalization of the social" is gaining in significance in almost every area of social reality. In a German context, the chapter proposes (a) a perspective to theorise the complex relation between these socio-discursive interpretation schemes and the subjective knowledge of psychosocial working stress developed under contemporary working conditions and (b) an exemplary analysis of two interviews from a qualitative narrative-based study with persons from different working areas who severely suffered from psychosocial working stress (e.g. burnout, depression). The analysis shows how and to what extent stressful working experiences are framed by medicalized interpretation schemes, but also how these are used in multifaceted and often creative ways, in order to re-establish and/or maintain personal and biographical agency.

7.1   Introduction: Burnout – A Controversial Concept

"Burnout – the disease of our civilization": for a number of years now, German newspapers, weeklies, special issues have carried headlines like this. Obviously, the exhaustion theme promises to boost sales. It may even boost prominence, given the growing number of public burnout confessions, in books, interviews, or articles, of soccer coaches, journalists or politicians (Titton 2013). In contrast, the everyday working conditions that are at the root of many people's sufferings feature much less prominently in German media. And while, on the one hand, staff councils deplore

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that mental health problems are still a taboo subject in many organizations, there are, on the other hand, those who claim that the supposed burnout epidemic is nothing but a professionally staged media event.

Health insurance companies in Germany have registered a continuous increase in mental health issues in recent years. Stress-induced mental disorders are not only more and more often diagnosed but are also the cause of particularly extended sick leaves (BPtK,[1] 2012). In 2012, in Germany, one woman in seventeen and one man in thirty were on sick leave due to a mental health issue (DAK 2013). According to the relevant literature, the following factors hold a particularly high risk of job burnout: strong commitment in caring and communication-intensive professions, precarious future outlooks, steadily increasing pressure to perform, unemployment, age, female gender, and flexibility -and production-oriented management systems. Information Technology Workers, for instance, have a high risk of suffering from psychosocial stress due to a sector-specific blurring of the temporal, social, and spatial boundaries of work (Latniak and Gerlmaier 2006). But also childcare workers, call center agents, care givers and, last but not least, the unemployed are particularly at risk.

In Germany, the diagnosis of a general increase in psychosocial workplace-related stress has been controversially discussed in recent times.[2] The first to raise the alarm on the rising number of cases were the big health insurance companies. Meanwhile, they have taken to pointing out that the increase in mental disorders is also due to changes in how these disorders are perceived, diagnosed and treated (DAK 2013). Critical public debate has primarily focused on what this so-called "burnout" – which has a rather prominent place in German media – might actually mean. Here, too, the diagnosis rates have substantially increased in recent years. On the other hand, burnout diagnoses as such are a rather recent phenomenon, the first ones dating back no farther than 2004.

The term was coined by Herbert Freudenberger (1974) to account for the phenomenon of a gradual decrease in motivation and increase in cynicism regarding the content as well as the clientele of social and educational work. Meanwhile, burnout has long since ceased to be seen as a condition typically found in teachers and social workers but, rather, as a "perceived epidemic" (Pawelzik 2011)[3] that may affect anyone.

The ICD-10, the WHO Classification of Diseases, first accounted for burnout as a so-called supplementary diagnosis (Z73) in 2004. Burnout is not defined as a separate disease but as "problems related to life-management difficulty".[4] The medical definition and its demarcation from other, similar diagnoses are far

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[1]Federal Chamber of Psychotherapists in Germany.

[2]The German debate and the findings on workplace-related psycho-social stress that are relevant for Germany have been presented and discussed in detail elsewhere (in collaboration with Christian Gahntz), cf. Gahntz and Graefe (2016).

[3]All quotations from German sources translated by Hella Beister for the present text.

[4]Retrieved October 13, from
http://www.dimdi.de/static/de/klassi/icd-10-who/kodesuche/onlinefassungen/htmlamtl2013/block-z70-z76.htm

from unambiguous (Kaschka et al. 2011, for a more detailed medical discussion): emotional exhaustion – the very essence of the typical definition of burnout – is also a major symptom of the "depressive episode". When the job has become a source of malaise, the concomitant symptoms may well be described as "adjustment disorder". Furthermore, high performance requirements, strict hierarchies, precarious working conditions or mobbing may also lead to "anxiety disorders", with panic reactions causing avoidance behavior that, in turn, is conducive to emotional exhaustion. Ultimately, many "somatoform disorders", but also various somatic conditions lead to the fatigue and exhaustion that is typically associated with burnout (Gahntz and Graefe 2016). Referring to "burnout" in the following, I will therefore not rely on some medical diagnosis that is supposed to be "objective" but on a socio-discursive construction which, as set out above, cannot be unequivocally distinguished from other, similar concepts (stress, exhaustion) in the medical discourse, let alone in everyday communication. Nevertheless, these are powerful categories that do not just describe but actually form social reality, as the following discussion will show.

From the perspective of ergonomics and human factors, e.g. the *Federal Institute for Occupational Safety and Health* (BAuA), there is little doubt anymore that the increase in mental health issues is largely due to rising workplace requirements (Lohmann-Haisla 2012). That depression and burnout are the "signature diseases of a subjectivized world of work whose traditional boundaries have been eroded" (Voss and Weiss 2013; Moldaschl and Voß 2002) is more than obvious also from a perspective of the sociology of work – even though "We are still hard put to precisely determine the correlation between novel risk factors and any one given disorder" (p. 43). The distinction between burnout and depression is itself a highly controversial issue in Germany. While depression is unanimously seen as a "real" mental illness, some experts call into question the very existence of such a thing as burnout. Thus, Ulrich Hegerl, chairman of the *Stiftung Deutsche Depressionshilfe* (German Depression Aid Foundation) affirms that there is no job burnout but only depressive individuals in need of expert treatment, and that singling out work as the cause of mental stress only detracts from this fact (Hegerl 2011). From this point of view, the relation of working conditions and psychosocial stress is seen with explicit skepticism.

The argument obviously accommodates the perspective of employers' associations. Thus, while the BDA (*Bundesvereinigung der deutschen Arbeitgeberverbände*, the central federation of German employers' associations) maintains, on the one hand, that physical and mental health requires systematic prevention and screening measures, it insists, on the other hand, that "mental health conditions are in most cases mainly due to circumstances outside the workplace" (BDA n.d.). Similarly, the *Arbeitgeberverband des privaten Bankgewerbes* (AGV *Banken*, the employers' association for the private banking industry) had stated as early as in 2008 that "mental stress is by no means always due to workplace-related causes" (Rogge-Strang 2008, p. 74) – at the very time when the banking industry was being massively criticized not only for its distribution and speculation practices but also for its management and leadership styles. The alleged increase in mental health

issues, they said, was mainly due to greater societal acceptance, a shift in diagnosis codes, and the Psychotherapy Act of 1999 that made it considerably easier for patients to access psychotherapy.

A superficial reading of this line of argumentation may well take it to be an attempt to reframe objectively increasing workloads as personal problems of employees. But that would mean considering them from too narrow a perspective. As it is, similar criticism of psychosocial exhaustion being an "invention" (of the media, biomedicine, psychology, the pharmaceuticals industry) is also found in the social science literature. From a perspective drawing on Michel Foucault's (1994) concept of governmentality, the way the society is dealing with psychosocial health, i.e. the perception that there is a dramatic increase in mental illnesses, has been described as an effect of three parallel processes: the redefining of diagnostic boundaries (Viehöfer and Wehling 2011), the proliferation of (psycho-) therapeutic technologies and interpretive schemes in all realms of society (Rau 2010; Illouz 2009) as well as the practice of disease mongering and a tendency to medicalize normal human experiences (Jurk 2008; Ingenkamp 2012).

Here again, the burnout syndrome whose "in-vogue" character seems particularly evident is the primary target of criticism. From this point of view, one thing seems certain: the burnout syndrome has long since made it from the "point of no return" to the "point of sale" (Liebl 2003, p. 113) – not to mention the "point of medical attention". It has further produced a regime of preventative behavior that leaves no sphere of life untouched: be a competent manager of your own resources, anticipate your breaking points, engage in regular exercising, take in fresh and wholesome food, nurture relationships, engage in civic life, but moderately and in line with your own values, in short: allow an appropriate scope in everyday life for all parts of your life. Thus, the retroactive coping with or proactive prevention of exhaustion has become part and parcel of the "institutionalized/capitalist demands for self-realization" (Petersen 2009, p. 56) in today's capitalist societies.

One researcher to propose a social science-informed analysis of this complex situation as well as an attempt at integrating the different and controversial perspectives is the French sociologist Alain Ehrenberg. In two works of his, Ehrenberg analyzes the "weariness of the self" as a corollary of comprehensive societal change, primarily on a normative level (Ehrenberg 2004, 2011). This, he says in his 2011 book, is definitely not about "psychologization but about the implementation of practices that aim to develop the skills that allow you to be the actor of your own change" (Ehrenberg 2011, p. 492). From a historical perspective, this process goes along with a comprehensive "de-conflictualization of the social – rivalry between groups is being supplanted by competition between individuals" (Ehrenberg 2004, p. 267). Even though Ehrenberg does not explicitly refer to the conflict between capital and work in this context, his argumentation may well be read as saying that this conflict, too, is currently losing in importance and is being supplanted by the individual's struggle for autonomy and self-fulfilment.

Psychosocial exhaustion is, here, seen as a side effect – ultimately inevitable, if problematic for the individual – of the transition from Fordist disciplinary society to flexible capitalism. From Ehrenberg's point of view, flexible organizational management systems are unavoidable under conditions of globalized competition.

He categorically rejects the nostalgic reminiscences of the "ancient world of the penal colony of industrialism as a world of vanishing collective solidarities" (p. 386) indulged in by large parts of the sociology of work and industrial sociology. What Ehrenberg calls for is a good-bye to the criticism of the political system and a stronger focus (also in sociology) on the opportunities offered by new forms of organizational and societal governance based on autonomy, personal responsibility, self-regulation, and self-change.

7.2 Issue and Method

The increase in psychosocial stress and especially the widespread social attention the burnout syndrome (as a synonym for job-related psychosocial stress) is drawing have been discussed, as set out above, in extremely controversial terms in both science and the media in Germany. Surprisingly, the concrete experiences of those suffering from it do not play a very important role in this. Qualitative studies that take account of these experiences have to date either failed to materialize or have focused on distinct occupational groups and the specific stress factors for these groups (cf. e.g. Haubl and Voß 2011). In contrast, my aim in this chapter is to explore the experiences of people who have themselves lived through a burnout condition. My discussion will be based on my own qualitative research, which I will set forth in more detail below.

Ehrenberg's theory-of-society approach to the transition from a disciplinary society to an autonomy-geared society provides a good theoretical basis to this end, offering as it does a perspective that goes beyond the confrontation, typical of the German debate, between functionalist approaches (putting down the increase in mental illnesses to an objective intensification of work requirements) and approaches in terms of discourse theory (putting down the increase in mental illnesses to changing hegemonial narratives). From a theoretical perspective, this is entirely plausible. What is arguable, however, is whether this analysis still holds if the level of *subjective experience* of work-related psycho-social problems is taken into account, as well. With the aim, among others, of ascertaining whether this might indeed be the case, I conducted a small qualitative study consisting of interviews with 12 employees from various sectors and occupations who had a history of extended sickness leave due to a diagnosis of burnout. My main concern in this was with the descriptions the respondents themselves offered of their experience: To what extent did they rely on what can be described as a "therapeutic discourse"? Did their narrations reflect the controversial social interpretation of burnout? And, finally: Did their descriptions reflect the "demise of conflict" as diagnosed by Ehrenberg? Since Ehrenberg's analysis offers the most comprehensive sociological analysis of the current increase in psychosocial exhaustion, his key assumption being that there is a decrease, resp. an internalization of conflicts also, if not primarily, in the world of work, my focus will in the following also be on this aspect. I propose to show that what the burnout experience indicates is a change in rather than a "demise" of typical labor conflicts. Actually, problems

concerning work requirements, work content, conditions of employment and lack of validation of people's work performance have increasingly been framed in psychosocial terms, an observation that is borne out by the findings of my study. But reliance on this form of dealing with conflict does not necessarily imply that employees cease to articulate their interests or refrain from criticizing certain conditions of employment or management styles. Precisely *because* it is medically and psychologically "authorized" the individualizing language of psychosocial suffering offers specific opportunities for subjects to demarcate themselves from and criticize performance requirements. Whether individualizing forms of talking about job-related psychosocial suffering will lead to an enhancement or a restriction of a subject's capacity to act and to criticize, however, depends on a range of specific conditions.

In terms of methodology, my approach was oriented to Andreas Witzel's (2000) "problem-centered interview", i.e. a semi-structured procedure that combines elements of narrative analysis (Schütze 1983) and grounded theory (Glaser and Strauss 1998). Relying on open, narrative-generating questions of the interviewer, the method aims to obtain a detailed description of the interviewees' subjective way of looking at their problem and, at the same time, to develop problem-centered analytical categories that are continuously refined in the course of the research process.

In the following, I propose to give an overview of a partial result of my research in its present state. I will present two cases that seem particularly suited for analysis because they are quite similar, on the one hand, and significantly different, on the other. Both interviewees are women engaged in work "with people" (social services and health services, respectively). They are about the same age and of similar socioeconomic status and educational background. In comparing these two cases, I propose to show that in the subjective narrations of individuals who have experienced long periods of disability due to psychosocial exhaustion, the "in-vogue diagnosis" of burnout is a potential narrative resource which, while it does involve the subjects in the discourse of therapeutism and, thus, of individualization, also generates (potentially critical) agency.[5]

7.3 Subjective Narrations About Job Burnout

7.3.1 Maria: "You Kind of Feel Unkaputtbar"

Maria,[6] 42, who has always had a "social streak" is the mother of an adult daughter. Some months before our interview, her family doctor had diagnosed her with burnout. A social pedagogue, she was at the time working, on top of her fulltime job

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[5]A shorter version of the following analysis has been published in Graefe (2014).

[6]Not her real name.

in a psycho-social consulting center, as a 10-hours-per-week contract worker in an out-patient youth care facility: "one of these 'can do' things, you know." At the time, Maria has good reasons to have, and want, two jobs: on the one hand, one job alone is hardly enough to cover expenses; on the other hand, her long-standing marriage is in a crisis – and Maria is glad for each hour spent away from home. Moreover, the double load confirms her in what for many years she knew about herself: "You feel kind of *unkaputtbar*, you think, why, of course I can do that, the job and everything, there's so many folks to support me, it's all just fine." The adjective "unkaputtbar" that so blatantly defies German grammar rules (and is more or less untranslatable, the signal effect being lost in something like "undestroyable") was first used as a catch phrase for bicycle tyres in an advertisement promoting some material that resists massive everyday endurance stress and never tears or breaks. So, people who feel "unkaputtbar" have quite unrealistic ideas of their own endurance which, on the other hand, they can only describe *ex negativo*. The focus, in this kind of self-description, is on stress resistance – not on the quality, content, or objectives of their work.

Eventually, Maria realizes that she finds it increasingly hard to relax and is more and more stressed out by her work. At the same time, her marriage keeps going "down the drain". She "tacitly assents", yet feels the strain. Finally, an argument with a friend and colleague triggers a kind of nervous breakdown accompanied by a loss of her sense of self. Maria quite vividly describes an intensive feeling of having lost control: "I watched myself, thinking, this is a movie, there's a camera somewhere. Something that is going on and you know you can't intervene." Her self-perception as an "unkaputtbar" top performer veers into a feeling of utter incapacity: her life becomes a movie but the directress is gone. In the weeks that follow, Maria is like stuck in a nightmare. Every time she comes close to the workplace, she breaks into perspiration and her hands begin to tremble. Her family doctor, to whom she eventually refers, tells her she is suffering from burnout.

Maria is glad that it is "only" burnout – the "word depression" would have felt "so much worse". For while depression describes a state of otherness that is probably innate and at any rate personality-based and therefore stigmatized, burnout is seen as the disease of the strongly committed, the particularly capable, and the highly motivated. The doctor tells Maria that she imperatively needs to reduce her working hours. Maria scales down her workload, quits the full-time job in the psycho-social consulting center and instead accepts an offer to work as a state-insured full-time employee in a youth care facility. With a regular 40-hour workweek instead of her former 50 hours, the stress is somewhat reduced.

Maria's new employer is a trans-regional private provider that pays its staffers far below tariff, not least a major factor for it to prevail in the competition for government funding. Asked which of the various private and occupational stresses and strains worries her most, Maria is unequivocal: it's the money, which is not nearly enough in spite of the full-time job and the voluntary extra-activities – the money needed to pay for the mortgage on the house, the imminent separation, and the child who is still receiving education. She is critical, as well, but her criticism is aimed, rather than at her employer, at her clientel, "people who come along

brandishing their demands on the state, going 'why, we are entitled to this, we are entitled, so give us a job as a shop assistant', that sort of thing." She frets about the fact that as a university graduate and a professional who carries responsibility for other people she earns a mere 1.400 €, which is little more than what these shop assistants get. But at the same time she explicitly comes to the defense of her employer. The "familial" working atmosphere – deliberately encouraged by the management and explicitly addressed as such – is more important for her than the pay: "Small tokens of appreciation that make life worth living. So, when they ask you, could you do this, could you do that, we do it."

Maria's main ambition for the future is to avoid becoming "depressed" after all. Every now and then, she deliberately takes time off now. She self-critically revises her former self-image. Her health problems, she says, were also due to the fact "that I didn't allow enough time for myself (. . .), was too much focused on others and hardly on myself at all (. . .) because I thought I mustn't do that".

In Maria's case, work ethic and self-concept tend to merge. This is the very attitude, as Maria well knows, that made her overstep and lapse into burnout. At the time of the interview, she still lingers at the borderline, as it were, between affirmation and self-critical revision of her self-imposed high standards. At the same time, not least due to her private family breakdown, the "corporate family" gains in importance far beyond work and pay. In return, Maria is ready to accept low pay and unpaid voluntary extra work.

7.3.2   Angela: "I Can't Do More Than Work"

Right at the beginning of our interview Angela,[7] 48, a physiotherapist at a South German university clinic, warns that she might become "a bit emotional". At the time of the interview, almost 2 years have passed since her burnout condition, but for Angela, it is far from being past and forgotten. In retrospect, she identifies two developments that she thinks have set off her breakdown. On the one hand, she had been charged, about 2 years before and on top of her normal therapeutic work, with additional conceptual tasks at the ward, to be compensated for by a reduction of the number of treatments given to patients. Angela does not object to her enlarged scope of duties: she loves her job and the challenges that go along with it. But the promised compensation never comes to be realized for at the same time, rationalization measures are implemented that result in staff reductions and a redistribution of the workload among the remaining colleagues. Eventually, Angela says, "I realized that I felt more and more stressed." Today she also knows why: "The number of workers keeps reducing, so obviously, the workload for the individual worker keeps growing, that's just logical." At the time, however, she does not see it like that but rather believes that her growing exhaustion is due to her getting older. She sometimes

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[7]Not her real name.

goes to sleep right after work at 5 p.m., sleeping till the next morning, only to go on being tired. At the same time, staff reductions continue while the number of patients remains the same, and the work pressure keeps increasing. Angela is more and more often required to fill in for someone in other wards, even at the intensive care unit, a task for which she has not been trained. One day, this sparks a heated dispute with her supervisor who normally used to back her. After this, Angela lives in something like shock: "(. . .) even a week later I was still so down, so deeply hurt (. . .), I was so furious, I cried and cried, every morning." She feels "destroyed" and "wounded deep down" – the criticism leveled at her work performance affects her in her very personality, her "innermost being", in short: her subjectivity.

Some weeks later, as her condition keeps deteriorating, her companion makes her see the family doctor. The latter gives her a sick note, diagnosing her with a burnout. Angela, too, insists that she is by no means depressed. She agrees to be hospitalized in a psychiatric clinic, to be followed by several weeks in a day-care facility and, finally, a rehabilitation center. All in all, she is incapacitated for almost a year, after which she returns to her job on a step-by-step reintegration scheme. In retrospect, she explicitly expresses the need to take care of herself: "In the psychiatric clinic, a nurse once said that I had sort of an obligation to stay healthy, that only a healthy person could be of use to the employer and to the patients (. . .), so, first thing, I need to take care of myself, only then will I also be able to give." Which means that she can admit self-care as an option only via her "obligation" to employers and patients. Still, the rethinking process, once initiated, has significant effects. After 6 months back at work, she is once more confronted with an assignment to a stand-in task in the intensive care unit. But now, backed by the company doctor and the staff council, she resists, and succeeds. She reads up on labor law, insists on having personnel interviews only in the presence of a member of the staff council and prevails against her supervisors when it comes to realizing the leave entitlements that have accumulated during her illness. When she is eventually offered a transfer to a less work-intensive ward, she is glad to accept. She also reduces her working hours by a quarter – and quite deliberately does not do more in her job than what is strictly necessary. In this, she is backed in many ways by her professional and social networks. It is not for nothing that Angela is a long-standing union member.

The experience of burnout, Angela says, made her realize that work had taken up far too much space in her life. With her final résumé of her situation – "I can't do more than work, I know that much now" – she dismisses her identification, previously so strongly rooted in her "innermost self", with her work and her employer. That leaves her with free space, which she has started to re-furnish: with private contacts, new hobbies, or simply with doing nothing.

7.3.3 Comparison: Burnout as a Critical Turning Point

Maria's case seems the very textbook example of the phenomenon called "interested self-endangerment", i.e., a behavior "where you watch yourself putting your health

in jeopardy by your own working behavior – and being impotent not to do so even if you want to" (Krause et al. 2009, p. 3f). This paradoxical situation is a consequence of "the dynamics (. . .) initiated by the output-oriented approach of the new productivity-boosting management concepts" (ibid.). In other words: while output orientation, agreement on targets, trust-based working time or teamwork seem to reflect something like a new *valuation* of subjective manpower, the approach is actually a highly ambiguous one. In fact, it not only helps to maximize the *added value* realized from the working subject's (emotional, social, intellectual) resources but also plunges him or her into a kind of inner conflict: the boundaries between self-interest and company interest become blurred – at the (potential) expense of the worker's health. In this respect, social work can be seen as a precedent of "management by objectives" (Glißmann and Peters 2001).

Maria, at any rate, draws deep emotional satisfaction from work and from her workplace contacts. It is no coincidence that her breakdown was triggered by a conflict with a colleague. Her endangering of her own health may indeed be out-weighed by her interest in feeling socially secure and appreciated. Only when both her body and the family doctor tell her that she has reached a limit is she ready to make a first tentative effort to rethink her frame of mind. Even so, her modest future scenario, namely to be a little more "narcissistic", as she calls it, does not imply a de-identification with the company targets and practices, on the contrary. This, however, is not a necessary outcome, as Angela's case shows. She, too, has experienced the blurring of boundaries between her own work-oriented ambitions and the intensifying work requirements. And she, too, has for many years identified with her job much more strongly than what her labor contract demands. But in her case, the burnout experience marked a definite break. In an extended and painful process, and relying on therapeutic support, Angela has increasingly let go of her strong identification with the content and objectives of her job. At the time of the interview, she explicitly and critically kept her distance from the demands put on her by her employer.

On the other hand, Maria's and Angela's narrations are similar in many respects: both of them find it easier to accept the term of "burnout" than that of "depression", which they both see as more strongly associated with illness and a certain kind of personality. So, the "in-vogue term" of burnout helps them to construe their condition as something that ultimately refers to a positive trait in themselves. Both retrospectively describe their burnout as a slow process of increasing exhaustion, on the one hand, and plain shock, on the other hand, triggered by a concrete communications situation where the feeling of being degraded and humiliated became overpowering. The appreciation they thought they could rely on – on the part of the colleague, the supervisor – is suddenly reversed into its opposite. Significant Others who used to be supportive in their stressful everyday work suddenly and apparently without warning renounce what they thought of as their common ground. The result, for both Maria and Angela, is not just a temporary incapacity to go on working as before but a veritable physical repulsion for and phobia of the workplace.

In both narrations, the concept of – at least partial – self-fulfillment through work is a key factor. Both Maria and Angela strive for being appreciated as a person, both want to be "high performers" as well as "givers" in their work. Work, for them, is a means of economic *and* psychosocial reproduction. The "interested self-endangerment" that both interviewees implicitly, if not critically, describe results from a mutually reinforcing confluence of work ethic and self-concept. However, given that for both Angela and Maria, the satisfaction gained from work is inextricably linked to the value assigned to it (by others and by themselves), it could be argued that this is not so much a rational "interest" in their work but, rather, a kind of "passionate attachment" (Butler 1997). Following Jacques Lacan's theory of the subject, Judith Butler writes: "No subject emerges without a 'passionate attachment' to those on whom he or she is fundamentally dependent" (ibid., p. 7). In this, Butler refers to the primal processes of (gendered) socialization. However, the intensity of the emotional attachment, obvious in all of my interviews, to the content and objectives of their job as well as to colleagues and clients rather suggests that under post-Fordist conditions, with the boundaries of work being blurred and work itself being flexibilized and subjectivated, the adult subject transformed in "self-intrapreneurial workforce" (Pongratz and Voß 1999) may indeed form a "passionate attachment" also to gainful employment. The case studies of Maria and Angela show this quite clearly.

The potential of self-endangerment inherent to this kind of attachment is due to the fact that both Maria and Angela are unable – and maybe even unwilling – to clearly distinguish their own interests (or ambitions, desires, emotions) from those of their colleagues, clients, patients, and supervisors. In this respect, the burnout diagnosis marks a definite break since it is the beginning of a reflection, similar in both cases, if different in intensity, about this very "attachment", their working behavior, their general attitude towards work, their self-concept. Unsurprisingly, the retrospective narration of this biographical experience tends to hesitate between impotence and (new) agency.

At the same time, this also highlights the difference between the two narrations: although Maria is quite self-critical in her description of her boundless commitment to work and the emotional walling-off that goes along with it, she does not principally question her work ethic. She even reaffirms it, demarcating herself from the "black sheep" among her colleagues who refuse to think of themselves as part of the "corporate family". Angela, on the other hand, eventually lowers her standards for work, switches from voluntary over-commitment to "work to rule" and quite deliberately ceases to feel responsible for what she sees as shortcomings in patient care. While Maria holds on to her identity as an ideal social worker, Angela almost cheerfully relinquishes the high demands she used to place on herself and her work. At the same time, as the process of regeneration advances, she is increasingly able to distinguish between her own interests and those of her employer. Maria, in contrast, still insists that these are one and the same – and demarcates herself from those of her colleagues who live by different standards.

Not the least difference between these two narrations is whether, and how, they reveal dimensions of a "criticism of the political system". For Maria, her

comparatively precarious conditions of employment (due, in the final analysis, to the economization and privatization of social work) are fully compensated for by the positive, as she sees it, "personal" dimension of her work. Angela, in contrast, develops a more and more critical view, as her recovery advances, of those rationalization measures which, for her, are the cause of her sliding into vital exhaustion, and seeks and finds people who help her resist. In the first narration, "the system" is as firmly taken to be irreversible as it is being critically challenged and subverted in the second one.

7.4   Conclusion: The End of Conflict?

Comparing the two narrations shows that while exhausted subjects *may* rely on a burnout diagnosis to re-discover the category of conflict – supposed, by Ehrenberg, to have disappeared – and, in doing so, to de-identify with the work regime and work ethic that controls them, this is not a necessary outcome. The medical diagnosis works as a specific performative speech act (Austin 1975) in this since it not only reflects but (re-)creates reality. The medical statement "it's burnout" creates a situation that makes it possible for the subjects concerned to rethink their emotional attachment to work. The very fact that in Germany burnout, unlike depression, is rather seen as a typical illness of so-called "high performers" (Neckel and Wagner 2013, p. 8) enables the persons concerned to critically question their own performance demands as well as the demands put on them at the workplace. They frequently respond by questioning, for the very first time, the alleged immutability of work conditions and start to see them as potentially reversible. As a consequence, they may change or restructure jobs, reduce their working hours or at least scale down their personal commitment to and identification with the work contents and/or the employer. From this point of view, burnout as a phenomenon could even be assimilated to those forms of below-strike-level industrial action that are ambiguous, but no less real for all that: passive resistance, mental dismissal, work to rule. This, however, as shown by the above comparative cases, is only one side of the coin. The burnout experience may also intensify a person's readiness to accept bad work conditions. This primarily happens when there is no social network for them to rely on for support, no previously established "critical feedback routines", and no awareness of their own rights as employees. In a constellation like this, any discourse that defines their condition as a case for individual therapy primarily serves to individualize problematic organizational conditions and to obscure its very nature as a social conflict.

The analysis of subjective narrations of burnout thus clearly shows that both the hegemonial therapeutic discourse and the media debate on burnout and depression affect subjective illness experiences. But it also shows, firstly, that this is not just a case of societal metanarratives being individually assimilated. Subjects will assimilate societal discourses in active and creative ways – and change them in the process. If and how this will happen, however, is dependent not only on the

concrete speech context but first of all on the social and narrative resources available to the speaking subject. Secondly, studying subjective narrations about psychosocial stress not only can bring to light that, and to what extent, work experiences under post-Fordist conditions may indeed affect a subject's identity and, thus, put his or her psychosocial health at risk. Burnout – as shown before – is experienced as a biographical turning point or critical life event (Fillip and Aymann 2009) that enforces a narrative revision of previous selfconcepts and action orientations. In some cases, this leads to a growing willingness to engage critically with working conditions and job requirements. In those cases, work is no longer seen as a key issue of personal identity but as a problematic, if unevitable condition of life over which control has to be regained. Thus, thirdly and primarily, the analysis shows that the increase in mental illnesses cannot be taken as indicating a general trend for typical labor conflicts to disappear. On the contrary, the respective diagnosis (e.g. burnout) *may* – albeit under specific conditions – give rise to and promote the ability to deal with conflict. As it is, my empirical findings do not allow for an unequivocal answer to the question, so readily seized upon by German media in recent times, whether burnout is a "hard" medical fact or a kind of fictional narrative. But my interviews do show that burnout is experienced and re-articulated as a drastic biographic break that enables the persons concerned to problematize previous self-concepts *and* work requirements. Remarkably enough, and unlike what some current analyses suggest, the "changeable self" – a key concept of both the therapeutic discourse and the neo-liberal policies of activation and privatization – does not invariably undermine the development of critical agency in subjectivized and (tendentially) unbounded employment relationships. It may, on the contrary, favor it, at least under certain circumstances. Especially under given conditions of subjectivized, flexible, and tendentially unbounded work, "self-change" and "criticism of the political system", or "individualism" and "collectivism", are not categorically exclusive of each other (as Ehrenberg's analysis suggests) but may, at least in some cases, be mutually reinforcing. The diagnosis of "burnout" may act as an important triggering event in this context: Especially so-called "in-vogue diagnoses" may turn out to be highly productive on the narrative level and even have an emancipatory effect.

And this is true not only on the level of individuals. Work-related mental stress is also relevant when it comes to the collective organization of work, presenting a challenge that employers as well as trade unions need to meet. In Germany, efforts to this end have as yet been rudimentary, at best. Occupational health and safety prevention measures still tend to address so-called behavioral rather than organizational stress: health days and yoga classes are offered while target agreements or management structures remain untouched. Although the German Occupational Safety and Health Act requires every employer to carry out a "risk assessment" that (since 2013) explicitly includes mental stress hazards, this has as yet seldom been put into practice. The reasons are twofold: on the one hand, staff councils have to be proactive and assert their rights of co-determination to impose risk assessment procedures; on the other hand, many employers seek to prevent or delay them. As a result, what are needed are staff councils with a highly developed ability to deal with conflict in this respect (Becker et al. 2011, p. 22), which is often not the case.

However, the problem of work-related mental stress will not be solved by legal means alone, even though they are an important step towards reducing stress situations: fair pay, regular working hours and protection by employment contracts are no doubt essential for ensuring psychosocial health at the workplace. But there is more to it, as the empirical cases discussed in this chapter also show: what are at stake in the context of work-related exhaustion is also, and even primarily, the subjective ambitions of employees in the age of late modernity, i.e. a meaningful life, self-fulfillment, appreciation and personal development. Therefore, the issue of work-induced mental stress presents considerable challenges especially for trade unions since it touches on the question of how to frame work-based identity, co-determination and solidarity under twenty-first century conditions.

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Chapter 8
Unequal in Sickness: Construction and Uses of the Differential of Legitimacy and Social Acceptability of Diagnostic Labels

Laurie Kirouac

Abstract In Quebec, an increasing number of workers are on sick leave because of mental disorders (burnout, depression, stress, etc.). The objective of this chapter is to shed light on the way these workers choose the category to describe their illness, above the diagnosis done by doctors. Using a qualitative dedicated survey, we focus on burnout. It appears that this category is more associated to see working conditions as the cause of the sick leave, while the category of depression is strongly linked to individual internal characteristics, i.e. outside of working conditions.

According to the World Health Organization (WHO), depression alone accounts for 4.3% of the global morbidity rate and is one of the leading causes of incapability and workplace absenteeism (OMS 2013). In Quebec a growing number of workers take leave from work due to a mental health disorder diagnosis (Vézina et al. 2011; Vézina and Bourbonnais 2001). Studies show that 'common mental disorders' are at the source of this growing phenomenon, rather than severe ones (Sanderson and Andrews 2006; Henderson et al. 2005). In Quebec, about 18% of workers manifested a high level of psychological distress (Vézina et al. 2011, p. 15) which forced some of them to consult a doctor and take leave from the workplace for varying lengths of time so as to regain a better state of health. Whatever their length, these leaves are very costly to society and to Canadian companies. The Mental Health Commission of Canada estimates that 6.7 million Canadian workers are living with mental illness, and the losses associated with leaves of absence in the workplace reach more than $6 billion (Smetanin et al. 2011). Health Canada estimates that mental disorders in the workplace costs Canadian companies the equivalent of about 14% of their annual net profit, nearly $16 billion per year (Sroujian 2003). Most recently, researchers estimate productivity loss due to mental disorders in Canada at $17.7 billion a year (Lim et al. 2008). Absenteeism,

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decrease in work performance, loss of career advancement opportunities, inability to work overtime, part-time rather than full-time work, presenteeism, early retirement and long-term disability, are phenomena linked to the consequences of mental health problems in the workspace, as well as to factors underlying these large-scale productivity losses (Bender & Farvolden 2008; Dewa et al. 2003). Although somewhat lesser known in the literature, other factors which are nonetheless equally economically and socially harmful, such as long-term unemployment, job losses, impoverishment, social exclusion, discrimination and stigmatization add to these phenomena (Levinson and Lerner 2009; Tolman et al. 2009; Cohidon et al. 2009; Dorvil et al. 2015).

While the issue of mental health at work and related phenomena is well documented, a quantitative reading is most often suggested, as it provides measures of their extent through various indicators.[1] Also such studies do not question the reasons behind the "success" of these categories, which nowadays constitute the dominant ways of conceiving and collectively formulating these workplace difficulties.[2] Hence, most of the recent literature appears to portray psychosocial risks as "objective" risk factors, inasmuch as it attends only minimally to the cultural and social dimensions of workplace difficulties on the one hand, and to interactionist and constructivist approaches on the other. Over time, this tends to increase the visibility of certain workplace difficulties at the expense of others, in particular those which are not taken into account by the instruments of measure. On the one hand we concur with Vézina et al. (2006) that these instruments have the ability to isolate and measure certain scientifically-recognized psychosocial dimensions of the workplace. However, this should not, on the other hand, be taken to mean that one should forget that these psychosocial dimensions, far from constituting basic human needs, are on the contrary inextricably linked to the context of their emergence, with its standards, social representations, and particular power struggles. These quantitative approaches are limited, since they hardly shed light on the experience of workers who are dealing with common mental health issues, nor does it reveal the social mechanisms, on intersubjective and structural scales, that constitute and enable these issues to be maintained over time.

The sociological view rather invites one to view them as social, cultural, and complex medical processes; they are always the result of a social operation which consists in interpreting or encoding some behaviour as non-standard, problematic, or non-compliant, and for some of them, in turning them into indicators and symptoms of mental disorders (Otero 2012). It also urges one to recognize that in the process of this social operation some individuals dispose of greater material and symbolic

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[1]For a detailed inventory of the tools related to the prevalence of discomfort at work, consult Allard-Poesi and Hollet-Haudebert (2014). Editors' note: See Chap. 1 for the language effect regarding these tools.

[2]Workers' difficulties, including physical or muscular endurance, are often depicted in terms of distress and suffering rather than in an exploitation language and through the use of the body: psychological knowledge is put forward to depict, legitimize, and give answers to the difficulties experienced by individuals in the workplace.

resources than others, and therefore of greater power to ensure that their point of view, definition of the situation, or interpretation of the reality, will prevail over that of others (O'Brien and Kollock 1997). Simultaneously, this codification of certain behaviors as non-standard or pathological also has 'loop effects' (Hacking 2001) or 'circular effects' (Loriol 2012) on individual and social life. Thus the issue of diagnostic labeling cannot be viewed as a "simple vocabulary issue which would in no way change the nature of the designated situations" (our translation) (Loriol 2012). For the concerned individuals, each label may carry serious consequences, which tend to depend on the resources which are at one's disposal, and on the (more or less conscious and realized) strategies which are implemented to endorse or contradict it.[3] Thus the sociological view conceives the "pathological mind" and related phenomena as indissociable from the cultural and social dimensions of microsociological and macrosociological processes which construct the social reality.

Some studies conducted in recent years in Quebec are more or less closely in line with the perspective offered in this chapter, or at least enter in dialogue with it (St- Arnaud et al. 2004; St- Arnaud et al. 2009; Kirouac and Dorvil 2014). Notably, beyond certain material conditions, the manner in which a worker's return to the workplace occurs also depends on cultural and social dimensions (St- Arnaud et al. 2009). Also, the workers who are most justified in taking a leave in the eyes of their colleagues and superiors are usually those who also receive more support when they return to work (ibid.). As for those whose leave of absence is perceived to be less legitimate in the eyes of others, they are more likely to apprehend the moment of their return and to be shelved (id.). All these observations have led St-Arnaud, St-Jean and Damasse to conclude that when it comes to absence as a result of mental health problems, "(. . .) the view of others is not without consequence on the way one perceives oneself, behaves, and copes with the [mental] disease" (St- Arnaud et al. 2004, p. 90). The objective of this chapter is to revisit and complement some of the phenomena studied by St-Arnaud et al. (2004, 2009).

8.1   Framework and Method

We use a survey[4] conducted with 36 workers in Quebec (22 women, 14 men) who have undergone a temporary leave of absence from work after having been diagnosed with a common mental disorder.[5] Their sick leave lasted between 2 weeks

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[3]See Chap. 5 for an example about gifted people at work (Editors' note).

[4]The survey is described in details in Dorvil et al. (2015).

[5]These results are extracted from the research program " La stigmatisation des personnes atteintes de troubles mentaux dans les domaines du logement, de l'emploi et des médias de masse", edited by H. Dorvil, P. Morin et G. Dupuis (CRSH 2009–2012, no 410–2009-1712).

and 12 months, except for one, for whom it was longer.[6] At the time of their participation in the research, they had all completed their sick leave and returned to work (either at their initial workplace or another one) for usually almost 2 years.[7] These workers come from various socio-professional fields in the public sector. They cover diverse occupations, from prison officer to specialized teacher, or administrative assistant.

Each of them was invited to participate in a semi-structured interview. For various reasons (lack of time, technical problems, personal choice, etc.), not all the sampled workers completed this interview.[8] Finally, 29 workers were interviewed during 60 minutes in average. They were structured to analyze several stages and dimensions of the leave, of the recovery, and of the return to the workplace. The meetings took place between March 2010 and June 2012 and were held at their convenience, either in the offices of the University of Quebec in Montreal, at their home, or workplace.[9]

8.2 Origins of Mental Disorder: Between Intrapsychic Tensions and Workplace Tensions

For some workers, the stressful events in their personal lives constitute the main stress factor or trigger of a mental disorder (St-Arnaud et al. 2003). In recent years, however, a growing number of studies recognize the decisive role played by the work environment in bringing about these disorders (Vézina et al. 2011; Cohidon et al. 2009; Bonde 2008; Vézina et al. 2006; St-Arnaud et al. 2007; Bourbonnais et al. 2006; Marchand et al. 2006; Siegrist and Marmot 2004; Vinet 2004; Marchand 2004; Vahtera et al. 2000; Karasek and Theorell 1990). It may take different forms, from work overload to lack of recognition, or difficult relationships with colleagues and superiors among others (St-Arnaud et al. 2004, 2009; Johnson and Hall 1988; Karasek 1979; Siegrist 1996).[10] Their particular nature therefore confirms the links between the increasing phenomenon of mental health disorders in the

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[6]It lasted between 12 and 24 months.

[7]A respondent was currently on sick leave due to physical problems (back ache).

[8]Some chose to only complete the two questionnaires which accompanied the interview: one on psychological distress, the *Psychiatric symptoms index* (Ilfeld 1976), and a second on quality of life, the systematic inventory of the quality of life (www.qualitedevie.ca), but which had been slightly modified for the purposes of the survey. On a total of 36 workers, 29 participated in the semi-directive interview, 32 to the questionnaire on psychological distress and 29 on the quality of life questionnaire on personal and professional quality of life. This chapter is based solely on the results of the semi-structured interviews.

[9]Respondents were met only once to answer the questionnaires and to participate in the research interview. A compensation of $25 was given to each worker after their participation in the survey.

[10]See the Introduction and Chap. 1 regarding the questionnaires built on the basis of the main models (Editors' note).

workplace and the organizational transformations and constraints that characterize these workplaces, notably since 1990. These changes produce socioeconomic and psychosocial conditions which are conducive to fatigue, psychological distress, burnout, and stress (Vézina et al. 2006; Blackmore et al. 2007).

Without minimizing the importance of the psychological dispositions of each person and difficulties relative to personal and family life, it therefore appears that a significant part of the origins of mental illness at work should be sought on the side of the work environment. Hence the favorable reception in the past few years of the notion of "psychosocial risks" to identify this dimension.[11] In our data, workers often evoked workplace difficulties when asked about the reasons and circumstances surrounding the onset of their common mental disorder diagnosis. Some did so explicitly, while others emphasized their personal and family history, or specific psychological dispositions. The distinction between the two was often a matter of diagnostic labeling.[12]

Regarding the workers who were surveyed have indeed evoked the painful circumstances of their family or personal life to discuss the origin of the difficulties and discomforts they experienced. A difficult period of mourning, a separation or painful divorce, a serious illness, pregnancy with complications, a troubled child, are all difficult personal and family events which, compounded or occurring within a short period of time, eventually undermined their mental health. Whether gradually or suddenly, such events prevented them from sleeping well, undermined their well-being, caused discouragement, sadness, and helplessness, until they brought about a state of distress which severely disrupted the normal course of their daily personal and professional lives. The example of Colette is a good illustration of the experience reported by several of the surveyed workers:

> It took a long time before I realized that it was because I was undergoing menopause at the same time. I had a lot of insomnia. Also one of my son had been into drugs and delinquency for a long time. I think it had been accumulating for years. I am a single mother too. I've always been single. The signs were that I was lacking sleep, I was always crying. As soon as I was alone I was crying. I used to go the bathroom at the office and cry. (Colette) (our translation)

This series of difficult personal or family events characterizes mainly the experience of people who were diagnosed with depression. Workers with a burnout diagnosis tended to focus on the difficult circumstances they experienced in the workplace. These could result from work overload, sudden changes in workplace conditions, or from a conflict with superiors or colleagues. The examples of Normand and Christian illustrate this second case figure:

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[11]For a definition, see Zawieja and Guarneri (2014).

In Quebec, psychosocial factors which are known to be at risk of harming the workers' mental health state are namely control, the work load, and relationships with others (Vézina et al. 2006).

[12]The first section of this analysis has chosen to exclude some litigious diagnostic cases, that is to say, those meaning for the individuals who questioned or had a serious doubt or disagreed with the choice of diagnostic given by their doctor.

All this resulted from problems I had at work. In my previous position [. . .]. I had some problems of personality conflict with people in a position of authority. Things were going very well, I loved doing that job. Then this personality conflict led me to feel more and more excluded and oppressed by the atmosphere that had become my daily life. I went to work and felt oppressed as soon as I got to work. I felt like they were taking action against me on physical, moral, and professional levels. I felt they were taking action so that I would feel oppressed and decide to leave voluntarily. (Normand) (our translation)

It was in the spring of 2009, two years ago. I had just changed jobs, so I was occupying new functions. The transition did not go very smoothly, and also during this transition I told my employer on numerous occasions that things were not going well and that I always felt I was on a downward spiral. I also remember a discussion I had with him. I said: "Well, I have trouble sleeping and I fall asleep only when I'm exhausted at night, so I don't have many hours of sleep." Moreover, I drink a lot of coffee to try to get through my day, because otherwise I find it difficult. And with my girlfriend, well, it was not going too well at home from that time on, because like it or not, we shouldn't bring work at home, but it follows us there anyway. (Christian) (our translation)

While it is possible in most cases to identify a predominant origin of the difficulties and discomfort that eventually evolved into a mental health disorder diagnosis, the line separating the difficulties of personal and familial life from those that concern work was rarely entirely clear. As reported by Otero (2012), the work is a social register of tensions in the speech of individuals with a depression diagnosis. The majority of the surveyed workers have indeed reported difficulties which threatened, to varying degrees, one or other areas of their lives. However, the area where their stories significantly differ is the greater or lesser tendency of some to involve certain considerations, whether "external" (i.e., events or circumstances external to oneself) or "internal" (i.e., psychological dispositions or personal attributes) to explain the origin of their disorder. In addition to identifying personal and familial origins, workers with a diagnosis of depression were also those who most often referred to supposed psychological "flaws" or "vulnerabilities" related to their childhood or personal history so as to explain the origin of their difficulties and discomforts. Thus, while people who received a burnout diagnosis mainly identified work, that is, external events and circumstances, as the main catalyst of tension, those who received a depression diagnosis explained their personal history through the boundaries of their psyche.[13] The examples of Fernande and Simon, who were both diagnosed with major depression, illustrate this last point well:

For me, it was following, well I think it's from childhood. Initially it is childhood or events that happened in my childhood and adolescence that triggered certain disorders. In short, that's it. (Fernande) (our translation)

To me, this happened over a long period of time. There was a time in my life when I took drugs. I stopped doing drugs about 7 years ago. At the time, you don't realize it right away, but a lot of changes happened that you numbed. There is that. There were the deaths of several people that I knew that shook me. There is the fact that maybe I was not happy at work. Also trying to achieve goals that I think may sometimes be unattainable. Still, we go on living with some hope, but over time we become more realistic and say, "Listen, that's

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[13]See Chap. 10 for an example of the shift in the responsibility attribution (Editors' note).

not for me." [. . .] But I think that, in my life, what triggered my mental health problems may be due to my strong drug use when I was younger. [. . .] All that made me depressed because I did not recognize myself anymore. (Simon) (our translation)

Far from being trivial, this apparent greater propensity of workers with a depression diagnosis to recognize the importance of the role of certain personal and psychological flaws or vulnerabilities in the rise of their difficulties and discomfort does not seem unrelated to the social success of burnout as a diagnostic label.[14]

8.3 The Burnout Diagnostic Label Preferred Over That of Depression

Specialists generally agree to admit the existence of environmental/organizational and individual/psychological factors which may lead to burnout, although the dynamics between the two is rarely put into question in the clinical field. For their part, some studies conducted among people affected by a burnout diagnosis focus mainly on the importance of environmental factors in the dynamics of the appearance of their pathology. In fact, these individuals do not tend to identify burnout as a physiological or biological disorder (Loriol 2000). They "see themselves as breaking down before the difficulties of life, including those originating at work (ibid, p. 56) (our translation)." This is a major difference with other diagnostic categories, such as chronic fatigue syndrome (CFS) and, to a lesser extent, depression. The origins of CFS are more directly linked, especially by those who were given such a diagnosis, to factors which are almost exclusively biological (Cathébras 1991; Loriol 2000). As for those who were given a diagnosis of depression, some studies have shown that even though they themselves often identified work-related circumstances or events as being at the origin of the problem (Otero 2012; Kirouac and Namian 2010), it is nevertheless essentially the psychological language of psychic and biological shortcomings which they use to describe the origins of their diagnosis (Negura et al. 2014; Kirouac and Namian 2010). In the case of burnout, the emphasis on the workplace also meets one of its most characteristic components or clinical specificities, namely, a direct and predominant link to work-related activities. Indeed, in the fields of psychology and psychiatry the differentiation between burnout and depression is not uncommonly based on work, as regards both the stage of the appearance of the first symptoms and of the "healing" of the disorder. Unlike depression, for instance, burnout is listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) as an "adjustment disorder", where work is identified as the cause of tensions or stress symptoms. The importance of work in the dynamics of the appearance/disappearance of the disorder is also recognized by several psychological counseling studies, which have established that people whom suffer from burnout tend, on the one hand, to "idealize the results that are expected

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[14]Also see Chaps. 6 and 7 (Editors' note).

from their work", and on the other, to see their health improve as soon as they are removed from their workplace and detached from their professional activities (Loriol 2000).

The specificity of burnout as an experience of a pathology and as a clinical category probably explains some of the reasons for its social success as a diagnostic label. The emphasis on work indeed seems to shed light on the motivations of workers who would rather use this definition, whether formally or informally, to describe the discomfort and difficulties they undergo, rather than that of depression. This is the case for instance of Arièle, who holds serious doubts as to the advice given by her doctor, according to whom it was clear that the difficulties and discomfort she experienced were linked to a state of major depression. According to her, however, it is rather the burnout diagnostic category which would have been the most consistent, and capable of describing the nature of her difficulties, which she mainly associated to excessively demanding and exhausting professional responsibilities.

> If I could start over, well, I would have consulted long before in order to prevent this relapse. Because when they say that you are suffering from a major depression, I always say that it was a case of burnout. But the diagnosis of major depression remains in the file. It remains in the doctor's file, in the employer's file. But for me it was obviously a burnout. I was doing too much, they asked too much from me . . . . In any case, the burnout diagnosis is not yet official. [. . .] I know it's too bad to say, but I didn't want it . . . . I said, "Oh no, it will be written in my file and they will probably judge me and suddenly see that I am changing jobs, they will see . . . " It was all that. I said to myself: "That's it! I'm finished as an employee. I am worth nothing now." But after all, well, it's not quite like that. But there is always that little part of me that went through this difficult period. (Arièle) (our translation)

Although in an unofficial manner, to use as she does another formal diagnostic label than the one established by her doctor therefore allows her to hold an alternative discourse on the origin of the difficulties and discomfort that necessitated a leave from work. Arièle also suggests that if she continues today to refer to the definition of a burnout to speak of her past difficulties and discomfort, and that she would have much preferred to receive a burnout diagnosis from her doctor, it is notably because its connotation is less pejorative, and has a lesser propensity to harm her professional life. It is as though Arièle knew that, far from being socially neutral, some diagnostic labels were more likely than others to overshadow or jeopardize her professional opportunities in the future.

This differential negative connotation and potential prejudice that distinguishes burnout from depression is also what Zoe's account conveys. The latter relates a conversation she had with a colleague while still on leave from work following a diagnosis of major depression. Knowing Zoe's situation, this colleague then told her that he had also formerly suffered from depression, but that since then he preferred to use the term burnout to speak of it. Not at all surprised by his remark, Zoe feels the same way and notes the existence of a differential of legitimacy and social acceptability among the diagnostic labels of depression and burnout, despite the important similarities that unite them:

> At one point, an executive was there and he saw me. I did not want to see anyone, but I had
> an appointment to meet someone from (name of her employer) (. . .). But here there are
> two executives who walked by and saw me, one who felt uncomfortable and the other
> quite at ease. He said, "How are you? How are you feeling?" I told him: "It isn't going
> away quickly. I'm having a hard time". He said, "You know, I once had a burnout too."
> He talked to me a bit about burnout in relation to work, that he was working too much,
> etc. [. . .] He said: "Burnout, depression, it's the same, but burnout sounds better. But it's
> exactly the same thing." He said: "I say burnout because it sounds better, but it really was
> a depression." Before, we would often hear: "She has a burnout." It is true that there is still
> prejudice, because if you use the real word, depression is more readily associated to mental
> health. If you're speaking of a burnout, it is because the person is overwhelmed by all kinds
> of events and is perceived differently, and there is less prejudice. It's more accepted to have
> a burnout than a depression. (Zoe, 20) (our translation)

8.4 Between Being Victims of an Excessively Demanding Job and Guilty of Not Keeping Up with Life's Ordinary Challenges

The apparent greater ease of workers to speak of "their" burnout rather than "their" depression is related to the important social value ascribed to work.[15] Individuals nowadays invest it with high moral value. In the name of the quest for recognition, personal development, or self-fulfillment, which synthesizes many expressive or postmaterial expectations (Méda 2010) fueled by today's work activity, many consent to devote themselves enormously to their work, by giving their time and themselves, at the expense of other aspects of their life (Kirouac 2015). Other surveys conducted in Quebec and in Europe (Davoine and Méda 2009) also confirm this phenomenon. For instance, while 77% of Quebec workers place marital and family life at the top of their scale of values, 60% nonetheless put work in the first or second place, ahead of leisure, friends, social, political, religious, and community commitments (Mercure and Vultur 2010). Without saying that the moral value of family, leisure, and friendship has declined to the sole benefit of work, these investigations do suggest, however, that it is less valued than in the past. This supports the undeniable comparative advantage that lies nowadays in speaking of "his" burnout rather than of "his" depression. Both diagnostic labels may formalize the manifestation of intense and "pathological" psychological fatigue, but while depression evokes personal weakness and an inability to function and to live up to expectations (Otero 2012), or a "fatigue of being oneself" (Ehrenberg 2000) burnout rather signifies excessive self-investment in work, which admittedly can sometimes result in a pathological state of fatigue, but nevertheless always refers to a noble and "well-regarded" social activity, that is, one which is socially valued. It is in any case what Zoe suggests when she observes that if depression is not as well-perceived in society as burnout is, it is due to the particular nature of the

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[15]See Chap. 2 about work values (Editors' note).

origins we have more or less consciously taken the habit of collectively assigning to them. As she notes, while "having a burnout" commonly means "to be overwhelmed by all kinds of events," "to be depressed" is rather "associated to mental health," and therefore with intrapsychic disorders. The comments of several other workers who were diagnosed with depression also point in that direction. Some regret the degrading and humiliating attributes – really resulting from stigmatization – which a depression diagnosis forced them to endure almost overnight. For example, Luc, who works as agent in a correctional facility, mentions that he is now aware of being seen as someone who is "weak", that is to say, less psychologically fit than others to measure up to the requirements and responsibilities of his job.

> In my workplace, many think that those who take a leave of absence for a mental health prognosis have no morale, no spine, no balls, and so on. Whether men or women. There is an uneasiness. (Luc) (our translation)

This degrading perception on the part of others may also influence a worker's self-perception, as in the case of Fannie, who observed that she now feels devalued and diminished in comparison to her colleagues, who are perceived as being more psychologically "solid", able to live up to expectations, functional, etc.

> I am the first person to hold prejudices against myself. It takes a great toll because you still feel devalued somewhere: "Why can't I function just like someone else?" Without knowing if the person in question experiences anxiety, or feels anything else. The point is that you don't examine them deeply enough to be able to say: "You know, in the end, she is just as anxious as I am, but she hides it better". But no, it doesn't go that far, so we stigmatize ourselves as a result. After that, I think it goes on to affect everything else. (Fannie) (our translation)

This self-devaluation is also sometimes expressed through feelings of shame and guilt in the face of colleagues whom we feel we "have let down", as in the case of Luc.

> After a while, when I had to take a leave of absence from my workplace, before I would be made to leave, you don't want to maintain ties with the employer, and especially not with colleagues, because you have a sense of shame and guilt for having let your colleagues down, for not having foreseen the shock. (Luc) (our translation)

Experiences of self-devaluation, shame, and guilt, which incidentally remind of self-stigmatization (Ben-Zeev et al. 2010), confirm the difference in social treatment linked to burnout and depression diagnostic labels. Implicitly, this self-devaluation and feeling of shame and guilt which especially characterize the experience of individuals with a depression diagnosis suggest that society would more readily consider those with a burnout diagnosis as victims of their work, which is socially valued and recognized to be very demanding. And those with a depression diagnosis tend to be considered as guilty of not having been able to keep up with life's ordinary challenges (difficult childhood, separation, divorce, mourning, troubled child, etc.). Society has less difficulty excusing the "most zealous adepts" of work (Loriol 2000), than the "weak" ones who were unable to successfully measure up to life's common challenges.

8.5   Conclusion

As Loriol (2012) reminds us, the success a "social reality" enjoys as a diagnostic category with the scientific community, political leaders, as well as individuals, does not always evolve at the same pace. The same thing could be said of success which differs from one category to another: "socially speaking," diagnostic labels are not all equal. In this chapter, we observed that if, at first, the experience of these workers may appear similar, it in fact conceals significant features which may be attributed to the differential of legitimacy and social acceptability which separates various diagnostic labels as well as the origin of the sickness which they qualify. Burnout receives a greater measure of social support than depression, and this has numerous implications on workers who are affected by such diagnoses. To have a "burnout" seems more socially convenient that to be "depressed". Not only can workers speak more easily of their mental disorder with others, they are also less exposed to the risk of experiencing stigmatization, whether by others or by oneself. On the first hand, this is because burnout especially points to the workplace and to the "external" events and circumstances of an individual's life as the source of the difficulties and discomforts which subsequently evolved into a diagnosed mental disorder. On the other hand, this is due to the fact that work is nowadays a type of activity which is invested with high moral value. Meanwhile, depression is more markedly associated with psychological and personal vulnerabilities and failures, and therefore to "internal" events and circumstances, which appear to be more damaging to one's self-image and professional trajectory. We also observed that this differential is on the one hand inseparable from the dominant social representation of work as a space of recognition and self-fulfillment and, on the other hand, unequally exposes workers to the risk of being themselves perceived as "flawed" and to experience stigmatization as well as self-stigmatization.

These results of our analysis thus shed light on the differential of legitimacy and social acceptability which separates the diagnostic labels of burnout and depression, as well as on some of its implications for workers. It remains to be seen whether this differential also concerns the respective ability of these diagnostic labels to bring about change in the workplace. For we may suspect, given the results of our investigation, that it would be easier and more convenient to convince superiors and colleagues of the necessity, and especially the legitimacy, of possible measures of accommodation when one returns to work after a burnout. As for workers who return to work after a depression, they may feel less comfortable, or even justified in demanding such measures, but may tend more than others to turn to informal measures which solely depend on their personal initiative and capacity for action (such as psychotherapy and medication, for instance). Nevertheless, the employers and managers are responsible for promoting and ensuring equal opportunities and working conditions for all returning employees, irrespective of their previous condition and prior diagnostic. Whether consciously or not, one should refrain from establishing a hierarchy of the possible diagnostics based solely on their apparent

legitimacy, in order to prevent the stigmatization of a subset of those workers, and to ensure that the boundaries between discrimination and stigmatisation do not get blurred, or worst, become indistinguishable.

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Chapter 9
Self-Categorization of Frontline Work Conditions in Belgian Temporary Work Agencies: The "Cooking" Metaphor

Harmony Glinne-Demaret

Abstract This paper aims to analyse metaphorical process of language, as an indicator of both positive and negative effects of work conditions on psychosocial health of first line workers in a specific service work organization: the temporary work agencies (TWA).

A metaphorical analyse of the discourse of the frontline workers of TWA, the so-called "consultants" of TWA, will enable us to describe their work conditions as well as the coping mechanisms they develop in their relationship with customers. We will present how the consultants of TWA use the "cooking" metaphor to describe challenging work conditions, as well as a way to reintroduce some sensuality into a first line relationship on the edge of becoming an impersonal market association between two economic partners without any singularity. In this way, metaphorical process shows both negative and positive aspects of this triangular relationship of service.

Psychosocial health at work is often characterised by its negative side, through its absence or its failure (Lefebvre and Poirot 2015). Indeed, labour studies researchers often focus on stress (Thébaud-Mony and Robatel 2009) or mental harassment (Bilheran 2006; Truchot 2004) as symptoms of the way work conditions impact psychosocial health. Prevention of psychosocial risks at work has even become a priority for Belgian politics, with a new legislation regarding well-being at work in 2014, focusing on the way work conditions may be harmful for psychosocial health of workers.

To be fit and healthy at work, especially – for our purposes – in a psychosocial way, depends at least partly on work conditions, and sometimes seems more an elusive ideal than a reachable reality for workers (Clot 2010). Moreover, risks prevention experts talk about the "psychosocial risks" to refer to the consequences

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of stressful conditions of work on the health of employees, once again pointing out the negative effects of work on psychosocial health.

Therefore, work conditions and psychosocial health are inextricably linked together in labour studies, as one cannot be studied without the other. This chapter links together these two concepts, through an analyse of the metaphorical process of language, which is seen as an indicator of both positive and negative effects of work conditions on psychosocial health of workers.

The metaphor outlines a close link between two objects, by suggesting that some characteristics are shared by these two objects (Bouilloud 2003). By its capability of analogy, metaphor allows the researcher to reach the imaginary context surrounding one's background and work experience (Wallemacq 2000). Furthermore, metaphor is a linguistic process which also offers the ability to identify the categorization process that builds a partly unconscious ranking system in organisations (Enriquez 2003). By the process of association, metaphor highlights some common features between metaphorical object and observed social reality. At the same time, it leaves some other dimensions concealed, and thus separates social reality in two (hidden and revealed, implicit and explicit, imaginary and obvious). Thus, to analyse social reality through metaphorical process is always a "double-entry game", gathering what is said and what is under the actual discourse.

Through the analysis of participants' discourse, identify the metaphors used by the workers allowed us to get a better understanding of their work conditions, through the way the participants built their own representation of their work. By using a metaphor to describe their work environment and the way they felt about it, the participants highlighted some features of their work conditions, leaving others characteristics unrevealed, in the "dark side of organisations" (Linstaed et al. 2014).

This chapter concerns frontline workers in temporary work agencies (TWA) in Belgium, the so-called "consultants" of TWA. These workers select temporary workers for the client firm, and are in touch with both temporary workers and user companies. Despite the growing influence of these TWA on the labor market, very few studies focus on these frontline workers and their representation of job conditions. Analysing work conditions of TWA's consultants enables us to investigate the way these frontline workers apprehend their own psychosocial health inside their very specific relationship of service. Through an analysis of metaphors in their discourse, we will be able to describe their work conditions as well as the coping mechanisms they develop in their relationship with customers. These metaphors came from both free and induced categorization process, i.e. through free speech (interviews) and the building of "narrative medias". Our assumption is that the metaphorical language process expressed in both kinds of speech is a way to designate the work conditions which results from a particular representation of the service relationship. Metaphors thus provide a classification system inside the service organisation, which assigns symbolic roles to each protagonist of the frontline relationship. But metaphors may also be a way to counter the effects of the psychosocial risks at work, developing coping mechanisms among the first

line workers. These categorisations produced by the actors are used in this chapter to describe both positive and negative effects of work conditions on psychosocial health, including coping mechanisms.

After a short description of the Belgian context of TWA and the methodology of this research, this chapter will introduce the use of the "cooking metaphor" as a way to categorize psychosocial health at work, both in its negative and positive components.

9.1 The Belgian Context of Temporary Work Agencies (TWA)

New forms of service work organization were set up in the firms from the seventies (Périlleux 2001), as a way to focus on client's needs while increasing flexibility in the organizational structure. An example of the development of such work organization is the growing use of temporary work. In the early years of 2000, temporary work agencies (TWA) flourished all over Europe. In Belgium, the annual growing rate of temporary work (in worked hours per year) rose from +5.2% in 1999 to +11.6% in 2004 and +8.2% in 2007.[1] The 2008 economic crisis has been the first drop (−3.4%) in its growth since 2002, as a consequence of connection of temporary work to economic market stability. After a few years of up-and-downs, temporary work growing rate has reached +9% in 2014.

This larger presence of TWA in European labour market over the years generated a great amount of research on temporary work. The major part of the studies focused on the insecurity of the "temporary jobs" for the workers (Glaymann 2005; Jourdain 2002; Faure-Guichard 1999; Michon and Ramaux 1992; Bronstein 1991), on the reasons of the choice made by the user firms (Coutrot 2000; Beaujolin-Bellet 1999; Michon and Ramaux 1992; Bronstein 1991), or on the temporary work agencies as intermediaries on the labour market (Glaymann 2005; Lefèvre et al. 2002; Eymard-Duvernay and Marchal 2000; Bessy 1997; Turquet 1997). Very few studies took an interest in the "consultants" of TWA. That is why we intend to depict the working context for these particular professionals of a very specific relationship of service.

In this discussion, we refer to temporary work agencies in Belgium only. In the field of temporary work, regulation widely differs from one country to another. These terms may refer to different realities in different regions. Overall, temporary work agency (TWA) can be defined as "*any natural or legal person who, in compliance with national law, concludes contracts of employment or employment relationships with temporary agency workers in order to assign them to user*

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[1]Source: FEDERGON 2014 economic report, http://www.federgon.be/rapportannuel/fr/rapport/, September 17th, 2015.

undertakings to work there temporarily under their supervision and direction".[2] Therefore, temporary work consists in a specific kind of work conditions in which a temporary employee works in a user enterprise – which we call here the "client firm" – but is in an employment relationship with another firm, the temporary work agency (TWA). The relationship between the client firm and the TWA is of commercial kind.

Temporary agencies are thus at the heart of a triangular service relationship between customer firm and temporary worker (Glaymann 2005; Gadrey et al. 1992). That puts the consultant in a very difficult yet strategic position, in the frontline interactions with both "partners" of the service production. This position places him in tension between different (or sometimes opposite) demands and way to interact. While the temporary worker may be consider, especially in the management discourse, as a customer in his own right, he does not pay for the service he receive and he is often considered as "merchandise to sell". For purposes of this analysis intelligibility, we will call "customer" only the paying firms which use the temporary work service, although in some ways temporary workers may also be seen as customers of the TWA service.

Belgian temporary work context has several specific features, which impact work conditions of TWA consultants. On one hand, the contract that links the temporary worker to the temp agency is, obviously, a "temporary" one. But the length of this contract varies from one country to another. In Belgium, it may last between several hours and 7 days at most. This makes the work situation of temporary workers particularly unstable, compared to others countries, as Germany, where they might have a permanent contract with the TWA. For the consultant, that fact causes the job to include a great part of administrative work, especially to renew all the temporary workers' contracts once a week.

On the other hand, temporary work is strictly framed by Belgian law. Indeed, Belgian companies may only use temporary work for one of the five legal reasons, namely the replacement of a permanent worker, a temporary extra work, an exceptional work, an occupational integration and an artistic work. Each of these includes specific time limits and procedure. The client firm has to indicate on the temporary worker's contract the actual reason for the use of temporary work, and should be able to prove its accuracy in case of labour inspection. The TWA consultant must thus be aware of this legal framework, and should play the role of legislation expert for his client firms.

The job of TWA consultant is hence composed of three interconnected roles: recruitment and selection of candidates, commercial management of a clients' portfolio and accurate administrative tasks. Such a multi-tasks job was described by the participants as being at the same time rewarding and stress generator for the consultants. Indeed, they have to deal with divergent expectations of client

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[2]Source: European industrial relations dictionary,
   http://www.eurofound.europa.eu/areas/industrialrelations/dictionary/definitions/
temporaryagencywork.htm, October 6th, 2014.

firms and temporary workers. While the client firm asks for the right candidate at the lowest possible cost, the temporary worker is looking for a job which fulfills his expectations regarding to the wages, the stability and/or the culture of the organization he will work for.

This particular service relationship, which might sometimes appear to be a "double customer" bond, induces specific psychosocial risks for the frontline workers. The high turnover rate for this function[3] is certainly a symptom of the stressful work conditions they have to endure. There are multiple causes of this work stress described by the participants, such as management by objectives, multi-priorities job, and also sometimes violent encounters with customers. If it is not uncommon to identify violence in the frontline encounters (Cultiaux et al. 2014), the violence is here enhanced by the lack of "backstage area" (Roux 2010) for the TWA consultants. Beside the "stage" where the frontline workers "perform" their assistance to customers, these workers often have a "backstage area" where they can take a break from the "heat" of the frontline, whether to calm down after a difficult interaction with a customer or to do some simple, administrative tasks. However, TWA consultants do not have such a place to rest. They always produce their work in front of other people, which might be customers, temporary workers and/or coworkers. Even if some interactions might be violent, there is no space available for the consultants to take a breath. Moreover, they are always performing, "*wearing a mask*" as a participant called it, and they can never let it down. This importance of appearance is critical in the understanding of consultants' work conditions. Indeed, consultants are expected to always control the way they look, as well as the image they reflect outside of their organization. Because they are the "frontline" of their TWA, they should always be the perfect reflection of their organizational culture for the outside world, including their clients. These management expectations generate a large amount of stress among TWA consultants, which they express through the use of the "cooking metaphor", as we were able to analyze in their discourse.

9.2 Analysis TWA Frontline Workers' Discourse Through Their Metaphors

For our purpose – the analysis of TWA work conditions and their impact on psychosocial health of frontline workers – we needed to analyse the discourse of participants based on their own verbal outputs, for at least two reasons. On one hand, it gives as another picture of consultants' work conditions than statistics may not offer, one anchored in the singular experiences of participants, imprinted with subjectivity. On the other hand, this epistemological precept brings us to enlarge our analysis, to consider the ways workers may find an exit out of a very strict and locked

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[3]No statistics exist on this matter, but informal estimations state a two-year period in this profession.

organisational system. Through the use of metaphors, they do not only denunciate their stressful work conditions, they also find a way to reintroduce some beauty, some creativity, some "meaning" in an otherwise strictly controlled environment.

Our discussion is based on interviews conducted with 14 participants, both consultants and managers of various Belgian temporary work agencies (regional and international organisations, public and private firms),[4] between 2010 and 2011. Among these persons, nine of them participated to a longitudinal approach (with three encounters). All through this process, the participants were asked to produce five "narrative media". The first interview was based on a "lifeline", which depicted career-path and consecutive client representations, and on "story telling" of significant professional events. The second interview was based on a collage about "*the profession of consultant of TWA*" and on a drawing of the "*counter area*" where the participant met clients. Finally, on the third interview, the person was asked to tell a story about five "projective pictures" which summarized different scenes of consultant work life, and to complete sentences (as "*if the consultant of TWA was an animal, he/she would be...*", etc.). This "narrative" method was aimed to follow the principles of a "clinical approach" of organisation analysis (de Gaulejac et al. 2007: de Gaulejac et al. 2013). Clinical sociology advocates "co-elaboration of knowledge" by both researchers and social actors, through a methodological process based on restitution and co-elaboration of meaning about the social situation experienced by the participants. We applied those principles of co-elaboration and restitution to our investigation by several means.

Firstly, the second and the third interviews of this longitudinal approach started with further discussions about transcription of the previous encounter, allowing a first step of "restitution".

Secondly, narrative media were a way to co-elaborate the meaning of work conditions with participants, as they had to choose on their own the way they wanted to represent the different themes among their materials.

Finally, our clinical approach put emphasis on metaphors as a way to interpret work conditions of the TWA consultants, at two specific moments of this research. During data collection, the narrative media allowed us to reach imaginary and symbolic dimensions of language. Though the use of metaphors (especially with drawings and pictures), participants were able to express others dimensions of their work conditions. For instance, a participant chose to split his collage into two parts, with a lightning drawn from one corner of the page to the other, to symbolize his personal internal division between his love and hate of the job of TWA consultant. In a second phase, during data analysis, we identified the lexical fields used by the participants in their discourse, as well as the way these lexical fields were opposed to one another in the same discussion. The context these metaphors were used, as well as the way they repeated from one person to the other, allowed us to identify some

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[4]While this discussion focuses on work conditions of TWA consultants, our analysis is based on the results of a longitudinal research with frontline workers of two types of service organisations: postal clerks and consultants of temporary work agencies (Glinne-Demaret 2014).

characteristics of their service relationship. For instance, the "octopus" metaphor (and its multiple arms) was used by several participants to describe the multi-tasks job of consultants. We were able to identify this metaphor in the output of the fifth narrative media (sentences to complete), as well as inside the very discourse of some participants (through the vocabulary they used).

This metaphors analysis considered both free and induced discourse, i.e. both metaphors which emerged in free speech, during interviews, and those that were produced among narrative media. Analysis consisted to cross-references data to identify the most used metaphors, among the participants and through the different types of discourse (free and induced by narrative media).

The "cooking metaphor" used in this chapter to analyse work conditions of TWA consultants was among the most used metaphors, both in free and induced discourse. It first drew our attention because it was often used to characterize power relationship between consultants, management and customers, describing for example how consultants were "eaten up" by their customers. The analogy process seemed both so peculiar and frequent among participants that we decided to conduct a systematic research of the use of this metaphor in free discourse. Moreover, the very same metaphor was also used on several narrative media. A participant chose a lemon to represent the way he felt in the service relationship, "squeezed" by his customer as well as his manager. Since this cooking metaphor appeared to be quite common in participants' discourse, both free and induced ones, it became a way to analyse work conditions of TWA consultants.

9.3 Categorization of Psychosocial Health at Work Through the Cooking Metaphor

9.3.1 The "Cooking Metaphor"

A common metaphor among participants' discourse, both free and induced ones, was what we called the "cooking metaphor". It gathers the lexical fields of eating (for instance "*être bouffé*" – i.e. to be "*gobbled up*" – by the customer; "*être pressé comme un citron*" – i.e. to be "*squeezed dry*" – by client firms, etc.) and of cooking (the consultant was for instance described as the person who "*fait bouillir la marmite*" – literally the one who "*keeps the pot boiling*", i.e. the one whose salary allows the family to buy and eat food every day).

The particular use of this cooking metaphor in the participants' discourse brought up many questions. Although one could expect that a consultant would be described as a head chef who runs the kitchen (from his frontline position in the service relationship) and creates amazing meals for customers (through the matching between temporary workers and customer firms), this expected positive use of the cooking metaphor did not appear in participants' discourse. Through an extensive analysis of the discourse context in which this metaphor was used

by the participants, it appeared that it was often linked to a "corporal" metaphor, emphasizing the exploitation of the consultant for the purpose of the produced service. The consultant seemed to be rather the "tool" of this creation, the "material" for the production than the professional creating great dishes. This symbolisation of the consultant as "an ingredient to cook" concerned the relationships with customers, temporary workers as well as with management.

In his relationship with client firms, the TWA consultant must "*être aux petits oignons*" (literally "*cooked with little onions*", i.e. the consultant must treat customers with the greatest of care). Consultant has to "*emballer les choses*" (i.e. wrap things up) to "*éviter d'être brûlé*" (literally "*to avoid being burned*", i.e. to avoid being caught) by the customer. He is also expected to do things "*à sa sauce*" (literally "*according to one's cooking sauce*", i.e. to create his own means to achieve a goal) to satisfy customers. The client firms are seen as a "*marché*" (i.e. market) that consultants should "*bouffer*" (i.e. eat up), "*travailler au corps jusqu'à ce qu'il soit mûr*" (literally "*to work the body*", i.e. to work on, until it gets mature as a fruit). Management recommends keeping a safety distance in the service relationship with customers, to avoid "*être bouffé*" (literally "*being gobbled up*", i.e. customers could take advantage of consultants) by them.

On the contrary, the relationship with temporary workers requires to "*filtrer*" (literally "*filter*", i.e. to select the best temps among the candidates) the temps. This selection allows TWA to keep only the "*gratin*" (literally an oven dish with melted cheese on top, i.e. the elite, the very best of all potential temporary workers). These "very best ones" will receive a "*service cinq étoiles*" (literally a "*five-star service*", i.e. they will receive many benefits). Apart from this elite, most temporary workers seem to remain an ingredient for the service provided by the consultant to client firms, as some called them "*la bonne poire*" (literally "*the good pear*", i.e. reals suckers or fools).

At last, the relationship between consultants and their management is described in consultants and managers' discourse as an instrumental link between a manager-individual and a consultant-object. The consultants are indeed often described as a way to reach managerial and strategic goals of organizational profitability. As we said before, participants felt like they were "*squeezed dry*" by the client as well as their management. The manager is also said to do things "*à sa sauce*" (literally "*according to one's cooking sauce*", i.e. to create his own means to achieve a goal) with his consultants. He can get rid of a consultant if he is seen as "*une pomme pourrie dans le panier*" (literally "a *rotten apple in the basket*", i.e. a non-compliant individual among the team). Some participants also mentioned "*un moule qui les façonne dans la forme attendue par l'organisation*" (literally a "*cooking mold that shapes them into the pattern expected by the organisation*", i.e. the feeling to be forced to behave as expected by the TWA organization, and to become somebody else).

This extensive use of the "cooking metaphor" all along participants' free discourse may also be found in the induced speech, through several narrative media. As we said earlier, a participant used a lemon to represent the feeling of being "*pressé comme un citron*" (i.e. "*squeezed dry*").

Cooking metaphor, and moreover the way the participants use it to underline the power relationship in temporary work sector, constitutes a strong sign of the way consultants consider themselves at work. They see themselves as ingredients, which are supposed to be eaten by both management and customers. This metaphor seems to have a triple function for the consultants: it indicates as well as results from a shared social representation of service relationship among consultants; it may be used as a copying mechanism for consultants embedded in a violent and complex service relationship, and it constitutes a way to classify social actors in these complex social exchanges.

9.3.2   Dealing with Contradictory Relationships with Customers

The "cooking metaphor" is at the same time the consequence and the symptom of a social representation of customers, which is shared among consultants. Through participants' discourse, two main representations of customers were identified.

On one hand, customers may be seen as a "*Roi*" (literally a "*King*") that consultants must serve without question, following the principle that "customer is always right".

> I'd like that . . . taking care of the customer [. . .] inducing customers loyalty [. . .] doing everything to keep him satisfied. I like when he's already a customer and I only have to be helpful beyond reproach. (TWA consultant)

In this situation, the relationship will often become a seduction-like, sales-oriented and personalised interaction. Customers receive numerous gifts (from pens to movie tickets), all of them offering opportunities to develop a close, personal relationship with the customer. According to this social representation, the customer is omnipotent and should be pleased by all means.

The second social representation of customer is, on the opposite, to see him as a "Partner" of a symmetric social interaction.

> For me, the customer is a partner, in a really collaborative way, he needs me, I need him. You see? And there is no . . . As I was in 2005 when . . . I felt like a little girl sitting on my chair and as soon as he said something I was there and I . . . I reacted as soon as he . . . he asked for something. Now . . . I have my views, I can make myself clear, if something goes wrong well I tell him. (TWA consultant)

According to this social representation, the customer should participate to the elaboration of the service. He expresses a need, and should be a partner of the consultant in building a solution. The consultant must be able to tell him when his request is impossible to satisfy, and to bring the customer to accept a suitable alternative solution.

The "cooking metaphor" seems to constitute a symptom of a conflict between these two representations of customers. It may indeed be linked to the representation of customer as being always right (the so-called "*client-roi*" – or "*customer-*

king" – in participants' discourse). To extend this metaphor, it is almost like that "*King*" should be served with a delicious meal, "made of" temporary workers and consultants. The participants seem to express, through the use of this cooking metaphor, the feeling to be "*eaten*", or more precisely to be "*used as tools*" in the process of satisfying the client firm. This omnipotent "*King*" has all rights, and should thus be obeyed without questions.

But at the same time, another representation of customers was found along with this "*Client-Roi*" which is always right: the "*Partner-Customer*" representation. This representation occurs in the discourse of several participants, mostly managers or well-integrated consultants. Several participants seemed indeed "well-integrated", meaning that, during interviews, they did not question the validity of management discourse, while some other participants showed more criticism about their organisation.

This "*Partner-Customer*" representation depicts a symmetric interaction, in which consultants maintain some power resources and autonomy facing the customer. Even if the customer may be right, he is not always right and it is the duty of consultants to correct him if needed. It is expected from the consultant not only to decline and redirect unreasonable demands from client firms, but also to be proactive in the construction of an altogether individual but yet standardised service for each customer (De Nanteuil 2009).

This "*Partner*" representation of customer is in high contradiction with the "*Client-Roi*" conception of the very same service relationship. Consultants have to deal on a daily basis with this conflict, which may become at a certain point an internal conflict[5] for them. That situation, especially when this organisational contradiction becomes an intra-psychic one, generates stressful work conditions, which participants expressed through the use of the "cooking metaphor". It allowed them to condemn this unbearable situation for the consultant, who must altogether satisfy all needs of his "King" and be able to decline some requests of his "Partner", both related to the very same person. In this way, the "cooking metaphor" is altogether a symptom of contradictory social representations of customers in TWA, and a way for the consultants to express their stressful work conditions regarding the service relationship.

9.3.3   A Coping Mechanism

The service relationship is always at the edge of becoming a disincarnated interaction between economic agents (De Nanteuil 2009), due to an organisational wish to

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[5]Interested readers regarding this process may refer to the work of Pagès et al. (1979), Aubert and de Gaulejac (1991). The process leading to an internalisation of organisational conflicts in temporary work agencies in Belgium is not the purpose of this discussion; it was developed in our Ph.D. thesis (Glinne-Demaret 2014).

produce standardised service for all customers. Moreover, consultants must combine contradictory social positions, altogether actor and tool in the production of the service for a client at the same time always right ("*Client-Roi*") and partner in the service production process. Using the cooking metaphor to describe their job is not only a way for the consultants to denounce their difficult work conditions, but also a coping mechanism to "hold on" in this paradoxical situation (Dejours 1993).

Beside its negative side of "eating" consultants, which emphasises domination of client firms and management over frontline workers, the cooking metaphor may also refer to sensuality, the search of pleasure through the use of one's senses. In this context, using the cooking metaphor may be seen as an attempt for the consultants to reintroduce some "flesh" into an often disembodied relationship with their customers. By the analogy with the act of cooking, which implies the use of the five human senses to create a "masterpiece", consultants may elaborate an ideal service relationship, in which the human interaction between two singular subjects may be more important than the standardised exchange between two economic actors. In this ideal interaction, creativity and self-realization are at the heart of the service production, letting consultants to become a "master chief" in a kitchen that they run for the customer needs.

While offering a way to rethink differently the service relationship, the use of this common metaphor might bring the consultants together to form a more solid work group, sharing a same vision of the ideal relationship of service. Through this metaphor, the consultants might together be able to see the relationship with their customers as it should be and not as it is, thus giving them a mean to "hold on" in these difficult work conditions while protecting themselves against the suffering of a disincarnated, meaningless relationship with customers (Dejours 1993). It might also be a way to feel part of a whole process to satisfy the client, and thus to bring back some meaning into their job.

Even if this metaphor is not related, in the participants' discourse, to the creative job of a kitchen cook, it still seems to have a positive effect on the way they consider their relationship with customers. Building up this shared coping mechanism brings back some community into an otherwise very individual job, and offers a renewed meaning to look up to their job. But this metaphor is also a way to put this social interaction into order.

9.3.4   A Way to Classify Social Actors

Even if the service relationship is first and foremost a personal relation between persons, there is always the potential risk that it would be reduced to a strict economic link. It is indeed always stretched out between personalization and commodification (De Nanteuil 2009), because the need to customise the service produced to answer a customer request is always counterbalanced by the need of service organisation for profitability, and thus standardised service products (Dujarier 2006). This double demand increase the complexity of service relationship, where the frontline workers

must personify his way to answer to customers, while following instructions to the letters in order to produce a standardised service. In this paradoxical situation, the cooking metaphor appears as a way for the participants to put things into order, suggesting a social order for service interactions. Through this metaphor, different symbolic roles are arranged among social actors: the cook, the ingredients (to be "*cooked*", "*moulded*", "*eaten*" or even "*gobbled up*"), the "*Client-Roi*" (i.e. King) that has to be obey and serve, etc. While the client firms are either the "*Client-Roi*" (in a upper social position) or the partner who can "*cook the ingredients*" along with the consultant, the consultant is mostly seen as an ingredient which will be cooked and eaten up, or at best as a cook helper who prepares meals for others (mainly client firms and management) to eat in.

Not only this metaphor assigns social roles to actors in this service relationship, but it allows them to decode the symbolic interactions between them. For instance, the language opposition between "ingredients" (consultants) and "eater" (client firms) gives some clues about who is in upper or lower position in the power relationship between them. In a similar way, the customer are also described as a "*marché à bouffer*" (literally a "*market to eat up*") in the commercial relationship, emphasising the superiority of organisation (and its management) over the others actors (consultants but also client firms and temporary workers). The cooking metaphor is therefore a way to comprehend the power interactions performing inside the triangular service relationship, as much as a pattern produced by participants to classify social actors in these interactions.

9.4   Conclusion

Through the analysis of the cooking metaphor used in participants' discourse, we were able to identify symptoms of stressful work conditions for the TWA consultants as well as a way to cope with these harmful work situations.[6] In this way, metaphor constitutes a strong way to analyse organisational and work conditions, as well as coping mechanisms among workers, because it allows the researcher to reach both manifest and latent speech, conscious and unconscious dimensions of social reality in which the participants evolve.

Beside research field, metaphors may also be an interesting HR tool for organizations. Although marketing brought metaphors in the organizational field a long time ago, it is still rarely used to evaluate employees' satisfaction level. However, noticing metaphors among workers' discourse may be a powerful way for organizations to estimate states of mind on the work place. Managers could listen and identify specific metaphors in their teams 'discourse, on a day-to-day basis. This may offer them a clue about their staff's well-being at work. The use of

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[6]See Chap. 8 for an example of coping through the label choice between depression and burnout (Editors' note).

metaphorical analysis in organizational field seems possible at two conditions. On one hand, managers must be fully trained to do it, including active listening skills. On the other hand, as we have seen, it is not enough to point out the metaphor in workers' discourse. To fully understand its purpose, one should also set the context, trying to see "the bigger picture" of this specific metaphorical use. Metaphors still seem a good mean to remain vigilant about work conditions and their impact on workers' health and well-being.

Our analysis focused on specific frontline workers, TWA consultants, showed two concomitant social representation of the customer. On one hand, the principle that "client is always right" brings participants to associate client firms with the symbol of royalty. On the other hand, managerial discourse strongly encourages consultants to see theirs customers as partners in a "co-elaboration" of the produced service. These two customer representations are not only in conflict in themselves, they must be observed and obeyed by the consultants during the very same interactions, bringing these frontline workers into a paradoxical situation from which they might not get out. We showed how the cooking metaphor is altogether a mean to denunciate these stressful work conditions and to develop coping mechanisms to "hold on" at work, as well as a way to recreate a relative social order into a complex triangular service relationship.

Even if the results discussed in this chapter are part of a larger study in two service organisations (consultants of TWA and clerks of Belgian post office), the use of cooking metaphor was only identify in the former. One may ask now whether this metaphor is specific to the temporary work sector, or if it might be found in other sectors. Moreover, if the use of metaphorical process is somehow cultural (Wallemacq 2000), the question remains to know if the same metaphor might be found in different cultures of service relationship, such as Asian or north-American ones.

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Chapter 10
Suicides in Worker Accident Insurance: Riskization and Medicalization of Suicide in Japan

Yoko Yamada

Abstract The purpose of this chapter is to shed light on the question of when and how worker suicides came to be recognized as a "risk" in the context of Japan's industrial accident compensation insurance system ("worker accident insurance"), how the "riskization" of suicide and the "medicalization" of suicide are related to each other, and what relationship exists between the view of suicide as a sign of mental disorder and the way suicide is construed by administration, bereaved families, employers, and courts and the apportioning of responsibility. To achieve this purpose, this chapter analyses documents from the Japanese Ministry of Health, Labour and Welfare, and conducted a questionnaire survey with bereaved family members and a lawyer. The results of the research suggest that the development of a welfare state framework in which worker's suicide is incorporated into social insurance leads, via the concept of "risk," to a focus on mental health in the workplace, involving new forms of monitoring and social control measures.

10.1 Introduction: Suicide as a Social Event

In Japan, industrial accident compensation insurance system (hereunder "worker accident insurance") is a program that compensates for work-related accidents arising out of and in the course of employment. In the past, compensation would not be paid in the case of suicide. However, in recent years the number of worker accident insurance claims for cases of suicide increased, as has the number of payouts for these claims (Ministry of Health, Labour and Welfare 2016). This shift indicates that suicide has become categorized as a worker accident and is now recognized as an insurable contingency. However, it remains unclear how this change came about and what social consequences have occurred.

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The objective of this chapter is to shed light on this shift. To achieve this purpose, I used various data sources to implement a theoretical and a qualitative analysis. I analyze documents from the Ministry of Health, Labour and Welfare, interviewed bereaved family members and a lawyer, and observed a civil trial of *karo-jisatsu* (*karoshi* suicide; suicide due to overwork). Interviews were conducted with six bereaved families and one lawyer from March 2012 until April 2013. I recorded how the deceased came to commit suicide and how the deceased family members struggled to win related administrative and civil proceedings. I also observed proceedings in a civil court. An appended table presents information regarding data sources, dates, locations, methods, and time taken during each interview. The privacy of all participants in this research was protected at all times. Regarding additional information in relation to the 7th interview, I obtained worker accident insurance data, including 16 Labour Standards Inspection office research reports, reports of investigation of bereaved families and colleagues, doctors' statements, and expert committee statements (Appended Table 10.1, section 7). In addition, I collected litigation data including complaints, decisions, briefs, defenses, witness psychiatrist testimony, colleague reports, and documentary evidence (Appended Table 10.1, section 8).

Ewald (1991) noted that "Nothing is a risk in itself . . . But on the other hand, anything *can* be a risk" (Ewald 1991, p. 199). First, this chapter addresses the construal of worker suicide, and the framework and interactive processes that inform this construal. "Medicalization" (Conrad and Schneider 1980) and riskization of worker suicide have made it a compensable event. Second, I analyze the influence of medicalization and riskization of worker suicide on administration, family members, employers and courts, and on the apportioning of responsibility. This paper discusses these questions from a sociological perspective.

10.2 Worker Accident Insurance and Psychiatric Knowledge

10.2.1 *Work as a Proximate Cause of Suicide*

Worker accident insurance is intended to "grant necessary insurance benefits to workers in order to give them prompt and fair protection against injury, disease, disability, death or the like resulting from an employment-related cause or commuting", which is recognized to have been sustained "arising out of and in the course of" the worker's employment (Article 1, Industrial Accident Compensation Insurance Act). Compensation will be paid only if there is an employment contract between the worker and employer, the worker is under the employer's control based

on this contract, and it is medically recognized that the disease or death resulted from exposure to factors arising from work duties.[1]

The legal basis for "illness in the course of employment" is found in the Labour Standards Act (Article 75), which provides a list of specific illnesses (Article 35 of the Ordinance for the Enforcement of the Labour Standards Act). Regarding suicide, in 2010, "mental disorder caused by psychological stress" was added to the list of work-related illnesses. Additionally, an illness not present on the list will be recognized as work-related if it is considered that it "clearly results from work" (ibid). The types of disease considered work-related have changed to reflect changes in industrial structure. This trend seems likely to continue, and further additions to the list of work-related diseases are therefore likely.

It may be difficult to demonstrate that work has caused a given disease or death. Psychiatry considers a complex interaction of different risk types (e.g. lifestyle, environmental, and physical risk) to cause mental disorder; suicide is similar in this regard.

In consideration of psychiatric multiaxial understanding of mental disorder, the Japanese government has grouped the triggers of mental disorder into three categories: psychological stress due to work (i.e. quantity and nature of work), psychological stress unrelated to work (i.e. private event such as divorce), and individual factors (i.e. medical history, personality traits). Insurance benefits will be paid in a case of suicide only if work is judged the proximate cause of the suicide (Ministry of Health, Labour and Welfare 2011a, p. 1).

10.2.2   Verifying Work as the Proximate Cause of Suicide

The Labour Standards Inspection (LSI) Office verify the causal link between work and death. The chief inspector forms a judgment based on the opinions of several experts (Ministry of Health, Labour and Welfare 2011b, Ref.3). First, LSI officials conduct a hearing in the workplace. Second, in cases of suicide, the person's general practitioner or occupational disease specialist is consulted. Third, an expert mental health committee from the Regional Occupational Disease Association is also consulted.

The Judgment Guidelines on Work-Related and Non-Work-Related Mental Disorders Caused by Psychological Stress (hereunder Judgment Guidelines) were released in 1999, and in 2011 these were updated as the Certification Criteria for Mental Disorders Caused by Psychological Stress (hereunder Certification Criteria). The objective is to accelerate clerical work and make investigation results more consistent (Expert Investigation Commission on Standards for Certifying Occupational Mental Disorder 2011, Ministry of Health, Labour and Welfare 2011b). Indeed,

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[1]See Chap. 8 for an example of psychosocial health responsibility attribution between work and individual by people themselves (Editors' note).

LSI inspection results for similar suicide cases varied between offices, which imply a succession of administrative lawsuits filed by unsuccessful claimants seeking to overturn court rulings (Yamada 2014, p. 34).

While worker accident certification criteria and judgment are administrative rather than medical matters, administration and medicine are closely related, as psychiatric knowledge is systematically incorporated into administrative interpretations and processes concerning worker accident certification.

Both the Judgment Guidelines and the Certification Criteria are heavily influenced by the diathesis-stress model of behaviour. Therefore, in Japanese worker accident insurance, the motive or cause of suicide is interpreted based on psychiatrics and stress studies, although the clinical conception of depression is constantly being updated.

The number of claims and payouts for worker suicide has increased since 1999 (Ministry of Health, Labour and Welfare 2016). Hacking (1990) suggested that "the systematic collection of data about people has affected not only the ways in which we conceive of a society, but also the ways in which we describe our neighbour" (Hacking 1990, p. 3). In Japan, since the number of payouts for suicides began being recorded by the government, worker suicide has become viewed as a type of worker accident, rather than a personal event. In industrial healthcare, a wide range of techniques have been developed to measure and reduce stress as it is a risk factor for depression and suicide (Yamada 2011, p. 214–16).

10.3   The Riskization of Suicide in the Worker Accident Insurance System

10.3.1   *Before the Riskization of Suicide:* Non Compos Mentis *Suicide*

Worker accident insurance was first established in 1947, since that time, worker suicide was considered as an individual exercise of will and hence not an insurable contingency or risk. Accordingly, it was not included among worker accidents eligible for compensation. The Industrial Accident Compensation Insurance Act states that if a worker has intentionally caused an injury, disease, disability, death or an accident that was the direct cause thereof, the government shall not pay insurance benefits (Article 12–2-2 [1]). In this context, "intentionally" refers to cases in which the individual not only understands and accepts the consequences of his or her action, but also deliberately aims to bring about these consequences. The revised Act also emphasized a similar view (Ministry of Labour 1965); however, the Ministry of Labour broke from precedent in 1984 by recognizing a suicide case as a worker accident. It was judged that a design engineer who had made the failed attempt was *non compos mentis* (not of sound mind) at the time, due to work-related reactive depression (Ministry of Labour 1984).

The factors that served to disassociate the suicide attempt from *mens rea* in the above case were the mental disorder "reactive depression," and the legal concept of *non compos mentis*. For an individual to be *non compos mentis*, he or she must have lost, due to mental disorder, the ability to judge right and wrong or a matter's correctness or incorrectness, and the ability to act thereupon (The Japanese Supreme Court Judgment, December 3, 1931). This was an extremely rare case, the prevailing view being that "an individual is only considered to have no *mens rea* if he or she committed suicide after having fallen into a *non compos mentis* state resulting from a disease such as depression that is caused by work" (Expert Investigation Commission on Certifying Occupational Mental Disorder 1999, p. 9). Under this framework, responsibility for suicide lies in the hands of the individual and not the employer; suicide was therefore considered uncompensable under the social insurance system. Suicide was not regarded as a risk.

10.3.2 The Riskization of Suicide: Suicide as a Result of Mental Disorder

The 1999 Judgment Guidelines represented a major turnaround in the treatment of suicide and construal of *mens rea* in the context of suicide. The Ministry newly signaled the practice of "assuming *mens rea* to be absent" (Ministry of Labour 1999a, b). Under this directive, an individual who commits suicide due to work-related mental disorder would be considered not to have *mens rea*, as the suicide was not voluntary but rather a symptom of the disorder. The status of the individual as *non compos mentis* ceased to be the central issue, and instead the focus moved directly onto whether the individual was suffering a mental disorder. Viewing suicide as the probable consequence of mental disorder allowed suicide to be dissociated from *mens rea*, which in turn enabled suicide to be added to the categories of work-related disease and to qualify for compensation as an insurable contingency. Suicide thus became a worker accident insurance risk.

Suicide is not included among the categories of work-related diseases, as it is not a disease. Suicide comes under the subcategory of "mental disorder". This categorization implies that a suicide may only be eligible for compensation if it is determined that it resulted from mental disorder. Of course, not all suicides came to be regarded as the result of mental disorder. "Suicides in which mental disorder did not play a role" were and are also envisaged, and such cases are considered premeditated suicides. As premeditated suicide is a deliberate act (implying *mens rea*), it cannot qualify for worker accident compensation even if the individual's motivation was related to his or her work (Expert Investigation Commission on Certifying Occupational Mental Disorder 1999, p. 9, 41).

10.4   Statistical Assessment of Suicide Risk and "Diagnosing" the Dead

10.4.1   Statistical Assessment of Suicide and Its Effect on Insurance

The medicalization (Conrad and Schneider 1980) of suicide was prerequisite to the above-mentioned succession of judicial precedents. The mode of thinking in which suicide is viewed in relation to mental disorder became commonplace around the eighteenth century. Pinguet (1984) notes that, in ancient Europe, the freedom to end one's life was recognized as an inalienable right belonging to each citizen. Then, in pre-modern Christendom, suicide became considered to be contrary to God's will, and thus sinful. By condemning suicides as a religious crime, the authorities discouraged individuals from using *mort volontaire* as a protest against society (Pinguet 1984). During the eighteenth and nineteenth centuries, suicide shifted away from the concern of clerics and became a subject of psychiatry; additionally, states began to record the number of suicides. Esquirol wrote early in the nineteenth century "that a man does not attempt to end his days except in delirium, and that suicides are insane", and he asserted that the right to guard, treat, control, and judge people who attempt or commit suicide lay with doctors (Hacking 1990, p.65). During the same period, France's Ministry of Justice began to publish suicide statistics. There was initially debate over whether suicide should be considered a disease, and managed by the healthcare sector, or whether it should be considered a crime and a matter of judicial administration; however, suicide gradually came to be regarded as a social issue, and managed by both medical and legal experts (ibid: 76).

Statistical assessment of social phenomena and population dynamics provides a conceptual framework whereby suicide and worker accidents are understood as common risks, affecting all people. Ewald (1991) suggested that insurance, by categorizing risk, objectifies all events as accidents, and renders seemingly random and unavoidable accidents as foreseeable and calculable. Having been developed as the "technology of risk," insurance "becomes social, not just in the sense that new kinds of risk become insurable, but because European societies come to analyze themselves and their problems in terms of the generalized technology of risk" (Ewald 1991, p. 210).

Recently, the World Health Organization has statistically identified mental disorder (especially depression and alcohol dependency) as suicide's primary risk factor, although it considered that suicide results from a complex array of psychological, social, biological, cultural, and environmental factors. It also found that around 90% of people who had made a failed suicide attempt had been suffering a mental disorder around the time, suggesting that they did not voluntarily choose suicide. Furthermore, based on the view that suicides may be averted by pre-empting the primary risk factors, action against depression is being advanced as a means to prevent suicides, particularly by healthcare practitioners, in countries around the world. This way of viewing and statistically assessing suicide is also

shared by legal practitioners and government officials (see Appended Table 10.1, section 1).

The shift within the Japanese worker insurance system toward the view of suicide as a manifestation of mental disorder occurred in tandem with the broad social trend described above, specifically the medicalization and riskization of suicide. This development goes further than simply placing suicide within the purview of healthcare and thus opening the door to medical intervention. A central reason for social insurance's existence is to avert socially-caused distress (Hiroi 1999, p. i–ii); accordingly, this development has created a conceptual framework in which worker suicide is regarded as a social threat arising from the work environment and social conditions, and that affects society as a whole, rather than as an unimportant matter of individual responsibility or a personal illness to be treated medically. This new conceptual framework has also promoted social relief of suicide risk.

10.4.2   Diagnosing the Dead

The process of medically judging a person's disease, time of onset, and severity of symptoms is already uncertain when the patient is alive[2]; when the patient is dead, even the most experienced doctors will be forced to make uncertain judgments. In addition to these difficulties, doctors must manage systematic restrictions imposed by administration. Securing reliability and validity in medical judgments concerning a dead worker thus presents an incredibly challenging task.

Contention in the deliberation process for certifying worker accidents focus on the presence of mental disorder and, if disorder is considered present, when its onset occurred, and which disorder it was. Supporting workers, the psychiatrist Dr. Yoshiro Nagumo, who has produced many worker accident certification statements and appraisals for lawsuits concerning *karoshi* suicide (suicide resulting from over-work), claims that requiring psychiatrists to appraise deceased persons "puts psychiatrists in a questionable position" (Nagumo 2006, p. 9). In regular clinical practice, the patient is actually present, and a medical professional may examine the patient to form a diagnosis. In suicide cases, however, the written statement is much more similar to pathography. For example, if a case involves an individual who had never received a psychiatric examination, then "trivial examples of everyday speech or behaviour, that one would normally pay no particular heed to, will be picked up and ascribed medical significance." The individual might have said "I'm heading this way" and then walked unsteadily in the other direction. Giving medical explanations for such trivial behaviour (i.e. "paraphrasing behaviour") forms an essential part of writing a statement on a suicide case (ibid, p. 11).

However, the conditions required for doctors to adequately carry out such "paraphrasing" are not always in place. The psychiatrist will often interview the bereaved

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[2] Frances (2013) suggests a problem of over-diagnosis and over-medication (Frances 2013).

family directly and reconstruct the causes and motive for suicide based on this hearing. Specialist doctors are not in a position to directly determine the workload and work environment of the deceased person; they therefore rely on the results of the LSI Office's survey in conducting their appraisal. Further, doubts sometimes remain regarding the reliability of the survey contents (ibid, p. 9–10). For example, the employer may decline to provide forthright and frank information regarding working hours and the worker's job description during on-site investigation by LSI officials (Appended Table 10.1, section 8). Then an occupational disease specialist will be unable to fully grasp the situation or determine the employee's workload, making it difficult to ascertain the causal relationship between the suicide and disease.

10.5 The Effect of Medicalization of Suicide on Bereaved Families

10.5.1 *Vocabularies for Bringing Order to the Confusion Following a Suicide*

Medicalization removes a matter from a moral context and places it in a medical context. In Japan, worker suicide has traditionally been considered morally reprehensible. People may consider that a worker who committed suicide did so "because he was weak," or that "he couldn't handle it, so he escaped," or that "he inconvenienced the company" and that "he was an ungrateful wretch as there are people who want to live and yet can't." This conception of suicide regards the deceased as an inadequate member of society, personally immature, and ultimately mentally abnormal. Family members therefore conceal the person's suicide. Even if relatives of the deceased submit a worker accident claim or bring a lawsuit and thereby make part of the circumstances public, many will conceal the person's suicide from other relatives. If a parent has committed suicide, the event may be concealed for fear that it might affect the children's marriage. Out of such anxiety, the children themselves may ask the surviving parent to drop the claim or the lawsuit (Appended Table 10.1, section 2).

The medicalization of suicide has replaced moral reprehensibility and aspersions with a conceptual framework that protects workers who have committed suicide and the bereaved family. "Illness was the cause of suicide, not the person's weakness" – such an interpretation can prevent the deceased person being labelled as immature, and therefore preserve the person's social respectability. Nowadays, the words "committed suicide on account of depression" may prompt a reply such as "That poor person, my sympathies" and make further investigation redundant (at least publically). The interpretative lens of "a person who committed suicide is a person who died of mental illness" protects the deceased from unwelcome curiosity and social prejudice.

Furthermore, viewing a person who committed suicide as sick and thereby exempting him or her from responsibility may help to quell the emotional distress of the bereaved family. For example, in cases where the person who committed suicide lived far away from his or her family, the bereaved family is unlikely to understand the lifestyle factors that led to the suicide, making the deceased's motivation more difficult to understand. Even if the person lived with their family, the reasons for his or her suicide, and the background factors leading up to it, may be unclear. In some suicide cases the warning signs are apparent beforehand, and people may therefore say "I saw it coming" (Appended Table 10.1, section 3), however, in other cases, the suicide is entirely unexpected. In either type of case, the deceased is unable to explain his or her action; the bereaved family and acquaintances must therefore interpret and reconstruct the deceased's motives, and meaning of their death, *ex post facto*.

Gerth and Mills suggested that a person's motive for his or her conduct tends to be questioned by others "in situations which involve alternative or unexpected purposes or conduct." Motives are not questioned in the case of stable interpersonal relationships that proceed normally. Motives are "acceptable justifications" for conduct that upsets the status quo. Rather than being a kind of fact, motives are constructed *ex post facto*, and if a motive so constructed is convincing, it will gain currency as an "adequate motive." The "vocabularies of motive" that are acceptable will also depend on social and historical conditions (Gerth and Mills 1953, p. 114–24).

Even if the deceased's will or his or her conduct during life suggests a motive for suicide, the bereaved family may be hesitant to accept it as an explanation. Moreover, the bereaved family may not accept claims made by the deceased's doctor that the deceased was depressed, or by the deceased family's lawyer that the suicide resulted from depression. This reluctance may manifest in phrases like "he just wasn't the sort of person who'd kill himself," "I can't believe she'd go off, leaving me behind like this," or "why did he have to die?" Bereaved families may spend years repeatedly constructing and revising the "vocabularies of motive."

A mother whose son committed suicide in the 2000s when he was in his 30s spoke in favour of the 5-year statute of limitations on worker accident compensation payouts to bereaved families. She spent the first few years following her son's death in a dumbfounded state. Around the third year, she felt an impulse to being collecting information about the death (Appended Table 10.1, section 4). In this case, it was recognized that the son had an onset of mental disorder caused by physical and verbal abuse from a superior colleague, and that the mental disorder resulted in suicide. The suicide was therefore certified as a worker accident; however, the mother launched a civil case in order that the employer's responsibility could be questioned directly. Throughout the worker accident certification process and the subsequent lawsuit, LSI officials, psychiatrists, lawyers, colleagues, and the employer all provided information concerning the son's motive and reasons for suicide. With this information, the mother came to the conclusion that "no one can bring about their own death unless they have some kind of mental affliction." The man who this mother had raised lovingly from his birth had grown into an adult, found a prestigious job, and had left the family home with considerable hope and

vigour, but had then committed suicide some months after he began his job. The mother was therefore unable to believe that he committed suicide for any other reason than that he had lost his sanity as a result of illness (Appended Table 10.1, section 5).

Suicide may threaten to reveal an image of the deceased that is at odds with that of the bereaved family. By contrast, understanding suicide in relation to mental disorder may stabilize the family's image of the deceased against this kind of threat. It provides a vocabulary that allows the strained bonds between the deceased and the bereaved family to be reconnected. The concept of disease protects emotionally sensitive beliefs like "my boy would not end his life on his own without a word to his family—the bonds between him and I were not as weak as that" and "he died from a disease called depression. That's what I believe" (Appended Table 10.1, section 5).

In another case from the early 1990s, a woman had lost her husband to suicide from "reactive depression" that occurred after working long hours. The widow was not originally familiar with reactive depression; she first became aware of it through the lawyer who was managing her worker accident claim and lawsuit. The widow was unsure whether her husband had really had such a disease, but felt certain that "overwork made him lose his normal judgment" and that he had therefore only chosen to end his life "for want of rational judgment." She based this belief on the fact that, while her husband had been a mild-mannered man with whom she had enjoyed good conjugal relations, long hours and promotion to a managerial position had left him prone to "occasional outbursts of anger, quite out of character" and that he had ended his life some days after shouting to anyone who would hear that "work just isn't going to plan. I want to die." The widow was not concerned with the name of the disease, but when it was put to her that the condition her husband experienced was "reactive depression," she said that she believed that it was (Appended Table 10.1, section 6).

Bereaved families do not use medical vocabulary to make sense of the suicide simply because of its medical veracity. They begin with their own sense of the situation, and convictions about the deceased. They will then carefully consider the explanations that fit these perceptions, and medical vocabulary will often be the most convincing as they select and reject explanations that fit their perceptions.

10.5.2   Reproduction of Medicalization of Suicide and the "Medical Grounds" Strategy

The systematic rules and restrictions of social security partly determine the direction people will take after a suicide. If it is necessary to prove that a suicide occurred as a manifestation of mental disorder in order for the suicide to be considered an occupational accident, bereaved families will tend to strategically select mental disorder as the "vocabularies of motive" for the suicide (Yamada 2013).

A man (in his thirties at the time of the interview) whose father, a worker in the transport industry, had committed suicide in his fifties following long working hours and workplace bullying interpreted the causes of and responsibility for his father's death as follows (Appended Table 10.1, sections 7, 8, and 9). For many years, the man had heard of his father's conflicts with his colleagues. When the man was living away from home as a university student, his father would frequently phone him saying "you must avenge me, son!" The man accordingly stated in his interview that "I got a vague sense that my father was deteriorating psychologically, but I had no idea that he would actually commit suicide" (Appended Table 10.1, sections 7 and 9). After the funeral, the man consulted a lawyer and psychiatrist in order to process the worker accident claim. During this time, he encountered the disease names "acute stress reaction" and "depression." During his life, the man's father had never received a psychiatric examination; mental disorder had likewise never entered the man's life. The man therefore first became familiar with these diseases at this stage. Nonetheless, the man stated that "I wanted to preserve the image of my father as a strong man . . . and so I was initially reluctant to admit that he was suffering from a mental disorder." In fact, during the worker accident claim process, the man sent a message to the inspection officials of the LSI Office stating that his father committed suicide because "he had come to the end of his tether mentally and physically" due to the quantity and content of his work and because of long-term workplace bullying by a superior, and that the death "also signifies in part a protest against the company and his superiors" (Case Number: Heisei16 [*Rou*] 337 Appeal for Reinvestigation of Work-Cause Relatedness, Letter from Son, p. 8).

For a while after the suicide, the man felt that his father's suicide had a strong "premeditated" aspect. The son understood that the superior's bullying had begun when his father investigated suspected embezzlement committed by the superior, and that as the superior commanded the authority to assign work, the quantity and content of work allocated to the man's father had become clearly excessive compared to the work allocated to his colleagues, and that while his father had complained to the parent company, the union, and the LSI Office, the superior's malpractice and workplace bullying was left unresolved. The man concluded that, in the face of this situation, "my father waged his war, even at the cost of his own life" (Appended Table 10.1, section 9).

Having found it hard to believe that his father had depression, the son therefore "honestly felt a sense of incongruence" when he learnt during the investigation process for certifying the death as a worker accident that the issue of whether depression was present would be much more critical than the matter of long hours and workplace bullying (Appended Table 10.1, section 9).

During the early 2000s, the son joined a family association formed around the issue of *karoshi* and suicide-*karoshi*. He learnt that the quickest way to get a suicide certified as a worker accident is to present proof that the person had developed a mental disorder before death; however his father had left no will and nothing to suggest the absence of *mens rea*. Hence, in order to persuade a psychiatrist to write a new statement, he "searched out episodes that suggested my father was depressed". The son "began to realize that my father may well have been suffering

from depression after all" (Appended Table 10.1, section 9). During a witness examination in subsequent administrative litigation (an appeal for the revocation of a ruling against the non-payment of worker accident compensation), a psychiatrist offered corroborative testimony, which further strengthened the son's conviction. In his interview in 2013, the son said: "I still have this belief" (Appended Table 10.1, section 9).

Claimants who seek to prove that a suicide was caused by an adverse work environment or work conditions, and not by weakness or immaturity, or family discord or personal troubles, will thus paradoxically cite the seemingly personal reason of "illness." The medicalization of worker suicide is thus reinforced by a convergence of the rules of the worker accident insurance system and the thoughts of bereaved families toward the person who committed suicide.

10.6 Externalizing the Responsibility for Suicide

10.6.1 Responsibility of the Company and Self-Condemnation of Families

Under the mode of thinking that views suicide as a manifestation of mental disorder, the responsibility for suicide will be attributed to the employer, society, or the bereaved family. Fujimura (2008) created four quadrants for classifying death, with presence or absence of death intention as the Y axis, and internality or externality of cause as the X axis. According to this framework, the four categories of death are: 1) death by accident; 2) death by disease, or natural death; 3) suicide; and 4) murder (Fujimura 2008, p. 102–3). If we apply the worker accident insurance schema "suicide is death caused by work-related mental disorder, which is a worker accident resulting in death" to this framework, suicide shifts from quadrant three to quadrant two, and then to quadrant one.

Let us consider the son, mentioned above, who concluded that his father's suicide was due to depression. By recasting his father's suicide he began apportioning blame to the company (Appended Table 10.1, sections 7, 8, and 9). This case is by no means exceptional; in examining worker suicide, it is common to encounter bereaved family members who believe that "he or she was killed by the company." In cases like the son's, the death travels through all four quadrants, arriving at quadrant four: murder. In this case the son also initiated civil litigation, seeking damages for the employer's non-fulfillment of its obligation (Civil Code, Article 415), and tort liability (Civil Code, Article 709, 715 [1]) (Appended Table 10.1, section 8). The argument the son used in the civil litigation was that employers have an obligation to consider workplace safety, which the employer violated. There were three points of contention in the civil litigation: 1) whether the work was excessive, and whether workplace bullying was present; 2) if so, if this situation was causally related to the depression and suicide; the veracity of the disease itself was contested; and 3)

whether the company could have foreseen the father's disease and the consequence of suicide (Case Number: Heisei22 [*Rou*] 148 Cases Seeking Compensation for Damages, Judgment: 4).

Regarding the court's ruling, while the court did not recognize the presence of depression, it did recognize that work-related psychological stress was a proximate cause of the suicide, and concluded by ordering the company to pay damages on the basis that it had violated its obligation to consider employee safety. The court ordered, however, that the compensation be reduced by 30% due to the father's negligence. The court judged that there was comparative negligence because the deceased's "punctilious personality suggests that he may have had a so-called tendency to depression" (ibid, p. 27–8). The plaintiff won the case.

The consequence of externalizing responsibility by viewing the suicide as a disease or worker accident reached beyond the company; it extended to the son as well. Equating suicide with disease entails that a person who commits suicide is sick. As noted above, Parsons (1951) suggested that the sick person is, through no fault of his own, helpless and therefore in need of help (Parsons 1951, p. 440–1). The son expressed his personal regret as follows: "Despite the fact that my father said to me 'you must avenge me, son!' I largely failed to notice that he was suffering from mental stress to the extent that he would commit suicide." The son also felt self-condemnation regarding his final interaction with his father: as the father had left for work, the son said: "Chin up, it's only two weeks" (Appended Table 10.1, section 9).

10.6.2 Suicide as Risk and Cost

The trend of recognizing suicide in relation to mental disorder and thus externalizing responsibility for suicide has led to the emergence of anti-depression and anti-suicide measures in workplace health and safety. The riskization and medicalization of suicide within the worker insurance system has created a new wave of medicalization—mental health care in the workplace.

In 2000, the Ministry of Health, Labour and Welfare proposed "four types of care": Self-care by workers, in-house care, professional care in the workplace, and professional care outside the workplace. In 2015, it imposed an obligation on employers to provide highly stressed employees with opportunities to receive face-to-face guidance from a doctor, make suitable adjustments to their working conditions, and improve their workplace.

Rose (2002) suggests that, in recent years, the responsibilities of mental health professionals have been redefined to reflect a risk assessment perspective, and that these professionals have therefore shifted from a therapeutic to an administrative role (Rose 2002, p. 212–6). In Japan, the "The Brief Job Stress Questionnaire" is widely used to assess occupational mental health. Individuals may be screened for depression based on their score on this measure. If an individuals' depression risk

is assessed as high, that individual will be interviewed further, and subsequently assessed for suicide risk.

Engaging in this assessment process increases workers' self-awareness of emotions such as anger and irritableness, and connects high-risk individuals to a mental health care network that encompasses self-care, in-house care, and internal and external professional care. Anger and irritableness, which "misfit" the workplace situation (Hochschild 1983, p. 63–8) may be ameliorated or offset with "fitting feelings" such as brightness, amicableness, and cheerfulness, by such measures as the employee's learning and practice of relaxation therapy and communication skills, provision of care and support by managers, and administration of interviews and face-to-face counseling by in-house occupational health staff. If self-care and in-house care is insufficient, employees who are judged to be at a high risk of depression or suicide will be referred to a professional institution outside the company. Employees who become unable to work due to emotional hardship will be identified as at a high risk of depression or suicide, and encouraged to return to within the "average" range (Hacking 1990, p. 163), and aim to increase their own resilience, instead of receiving a moral reproach. Mental health measures such as these are in increasing use, as the risk of suicide or depression has become viewed by employers as a business risk or business cost. This risk management may be considered protection of employee welfare; however, it may also be seen as a component of business strategy and measure for maintaining or improving productivity (Yamada 2011, p. 221–6).

10.7 Conclusion

In clarifying the relationship between the medical and administrative interpretations of suicide, we showed that mental disorder has disassociated suicide from *mens rea*. Additionally, we argued that the increasing riskization and compensability of suicide under the social insurance system are closely linked to the medicalization of suicide. In the context of the worker insurance accident system, the vocabularies of motive for suicide are constructed within a psychiatric perspective; however, this does not necessarily imply medical veracity. Bereaved families maintain a certain distance from medical knowledge, and will only use medical terminology as the vocabularies of motive if they feel that a medical explanation fits well with their own perception of the deceased. The medicalization and riskization of suicide serve to exempt the deceased, and thus externalize responsibility. Suicide has thus become established as a target of social insurance; however, the schema of "suicide is death by disease, which is death by worker accident" has also prompted bereaved families to pursue the liability of employers while simultaneously blaming themselves. The riskization of suicide has also promoted a new wave of suicide medicalization in the form of occupational mental health practices. Employees at a high risk of suicide or depression are placed in an occupational mental health care network that encourages them to address their feelings. Employers have implemented this network because

increased suicide risk increases business costs. Social insurance and compensation for suicide and the care and management of workers are thus contiguous through the concept of risk.

In Japan, which is currently experiencing increasing diversification of forms of employment, it is difficult to make arguments or organize movements that represent the interests of workers as a whole. In this context, workplace and labour issues are being reframed as suicide and depression risk factors, and treated as health issues for which medical intervention is possible. Protection of life and health is now perhaps the only issue that may be identified as common among workers. Nonetheless, while suicide riskization leads to social security compensation for suicide and the improvement of the work environment, focusing solely on managing this risk facilitates dismissal of suicide as the deceased's failure to self-manage, or as managerial staff or experts' failure to manage risk.

Thus, the Japanese government, employers and employees should discuss the reduction of working hours and bully-proofing, not as worker's health problems, but as labour problems. The "demedicalization" (Conrad 2007, p. 7) of suicide in worker accident insurance may be required. The progressive riskization and compensability of suicide may be seen as the evolution of the pricing or valuation of human life. Future research should continue observation of the riskization, medicalization and demedicalization of worker's suicide, and examine current society's consideration of human life.

Appended Table 10.1 Interview survey (ordered by appearance in the text)

No.	Interviewee (age)	Date, location	Method, duration
1	Lawyer (50s)	July 2012, Hyogo	Face-to-face interview, 30 min
2	Widow (60s)	June 2012, Okayama	Face-to-face interview, 90 min
	Her husband committed suicide		
3	Two colleagues (30s)	June 2012, Tokyo	Face-to-face interview, 105 min
	Their colleague committed suicide		
4	Mother (60s)	July 2012, Osaka	Face-to-face interview, 60 min
	Her son committed suicide		
5	As No.4	May 2012, N/A	E-mail interview
6	Widow (60s)	September 2012, Okayama	Face-to-face interview, 60 min
	Her husband committed suicide		
7	Son (30s)	March–April 2012, Hiroshima	Face-to-face interview, 8 h
	His father committed suicide		
8	As No.7	March 2012–September2013, Okayama	Observation of civil trials
9	As No.7	April 2013, N/A	E-mail interview, 7000 words reply

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Chapter 11
The Language of Psychosocial Risks at Work in Argentina. The Case of a Multinational Company

Mariana Busso and Julio César Neffa

Abstract The present study is based on an analysis of psychosocial risk (PSR) factors in a multinational company subsidiary based in Argentina. The work-related psychosocial risk (PSR) factors approach provides a comprehensive perspective, which allows workplaces to be accounted for as complex organizations. These workers' perceptions of their work-related PSR seem to be tempered by the context of a labour market in which the unemployment rate is approximately 7% of the economically active population and 33% of wage earners in the country are not registered with the relevant social security agencies and thus not entitled to the associated benefits. On the basis of the conceptualization of these factors, a survey was conducted of workers in a factory located in an industrial zone in Greater Buenos Aires, the main activity of which is the production of fibre cement goods. This was carried out between November and December 2014.

The fact that work entails health risks is hardly news, but the analysis of psychosocial risks is a relatively recent concern for the social sciences of work. This type of research involves detailed analyses, which take into account all the risk factors arising from work-related activities that may potentially affect mental, physical, and social health. This implies starting from the employment conditions and organizational and relational factors involved in a certain workspace but also – and most importantly – what the actors themselves perceive and express orally. The identification of these factors by workers themselves and their consequent presence in workers' discourses is what allows us to study and understand them.

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Ergonomics, occupational medicine, occupational psychology, and the sociology of work, among other areas of study, have provided partial outlooks on the various hazards present in the workplace. However, the work-related psychosocial risk (PSR) factors approach provides a comprehensive – although predominantly focused – perspective, which allows workplaces to be accounted for as complex organizations. These factors have an impact: (1) on workers' psychic and mental health, regardless of their socio-professional category and not only in the case of executive officers (hypertension, strokes, depression, sleep and mood disorders, muscle-skeletal problems, gastro-intestinal disorders, etc.) as well as (2) on the workplace, hampering the operations of businesses and organizations, generating interpersonal conflicts, and increasing the costs of healthcare and social security.

The analysis of work-related PSR factors entails a challenge to workplaces (both public and private), because the Argentine legal framework, like that of other countries, attaches no importance to them or does not even recognize them. The current list of occupational diseases excludes those psychic and mental disorders resulting from the PSR factors in the workplace due to workers' inability to adapt and withstand their work without significant suffering and pain. The consequences of this are reflected in unjustified levels of absenteeism, in customer and user dissatisfaction when filing well-founded complaints, in interpersonal conflicts for which there is no objective reason, in internal violence (verbal and physical abuse, discrimination, the various forms of harassment) and physical and psychological violence toward the staff by customers and users for whom they are the visible face of the company. Likewise, this is also reflected in conflicts between supervisors and workers caused by the intensity of work, the suffering involved in workers' having to control their feelings and put on a front when dealing with customers and users until their ability to withstand the situation is exhausted, and the discouragement, boredom, and passivity resulting from monotonous and uninteresting tasks in which there is no room for workers to manoeuvre so as to adopt their own style. All these factors jeopardize workers' physical and mental health, and also raise business costs and reduce productivity.

Although the study of the effects of working conditions and the work environment on working environment risks and work-related diseases has become increasingly complex (Neffa 1989, 1995), workers with problems caused by PSR in the workplace are referred to clinical psychologists, psychiatrists, and psychoanalysts, thus 'psychologizing' the issue. This results in an individualization and atomization of the problem which fails to tackle all its underlying causes, namely, the processes and organization of work, the forms of management of the labour force, job precariousness, and lack of prevention. Therefore, this is a problem that has always been present in workplaces but was previously masked, since these problems were considered to be caused by personal imbalances outside the sphere of employment. Over the last few decades, studies of work-related PSR factors have burst onto the scene, calling into question several dimensions of wage labour, and even the spaces for dialogue and democracy in the workplace (Bouffartigue 2012a). This problem has emerged in the context of a new socio-political scenario, in the wake of a global crisis, the consequent economic restructuring, and the

structural adjustments that transformed labour and called job security and stability into question. This new international scenario became especially relevant in central countries. Undoubtedly, the wave of suicides in France Telecom in France, among other incidents that made a global impact, encouraged this type of studies and research using an interdisciplinary approach (Dejours and Begue 2009).

The present study is based on an analysis of PSR factors in a multinational company subsidiary based in Argentina. As will be appreciated throughout the text, it is a medium-sized establishment, whose workers have stable jobs, are registered with the relevant social security agencies, and earn decent salaries as established by their collective agreement – salaries that are above the average for other Argentine workers. These workers' perceptions of their work-related PSR seem to be tempered by the context of a labour market in which the unemployment rate is approximately 7% of the economically active population and 33% of wage earners in the country are not registered with the relevant social security agencies and thus not entitled to the associated benefits. On the basis of the conceptualization of these factors, a survey was conducted of workers in a factory located in an industrial zone in Greater Buenos Aires, the main activity of which is the production of fibre cement goods. This was carried out between November and December 2014 as part of a research project endorsed by the National University of La Plata. In order to account for the impact of the PSR factors perceived by the workers in this company, we will first contextualize their employment conditions within the framework of the Argentine labour market, so as to then present our own conceptualization of the PSR factors in question. Subsequently, we will analyse the indicators for each of the six factors in the company under study, so as to eventually reach some conclusions that point to the specific features of the case.

11.1   The Context: The Evolution of the Argentine Production System and Labour Market

The Argentine labour market is relatively new in comparison with that of Europe, but its particular configuration, built up by successive waves of European immigration, entailed endless transformations as a result of recurring crises alternating with periods of economic recovery.

Following the end of Argentina's civil wars and the enactment of the National Constitution in 1853, millions of immigrants began to arrive in the country, favoured by the Immigration Act (Act No. 817), also known as the Avellaneda Law. The first of these immigrants arrived from southern European countries, driven out by the unemployment caused by the industrial revolution. This law promoted immigration so as to integrate new workers into the work force for the agricultural export sector, but the newly arrived immigrants found that there was no land available, since large latifundia had been formed after the so-called 'conquest of the desert' (a military campaign in the 1870s, supposedly to settle Patagonia but which, in fact, consisted

of the killing and forced displacement of the indigenous peoples that inhabited it towards less fertile lands). Consequently, most immigrants eventually settled in large urban centres. This situation actually boosted economic development because these workers had certain skills levels and experience in industrial work, which furthered the modernization and urbanization process in Argentina.

The foundations for Argentina's industrialization were thus laid between 1860 and 1930, on the basis of an increase in imports of producer goods and inputs, exports of agricultural products, and immigration (Silberstein 1970). The crisis of the 1930s reduced the volume of exportable surpluses and lowered the prices of raw materials, which hindered the possibility of importing manufactured goods while creating the right conditions for the development of an industrial sector aimed at import substitution, driven by strong demand fuelled by industrial workers. The industrial activities that grew the most in terms of output volumes and jobs were textiles, light metals, footwear and clothing, and, on top of all these, food and beverages, and tobacco, two sectors which processed domestic raw materials (Neffa 1998).

The popular national political movement known as Justicialism or Peronism, which governed Argentina between 1946 and 1955, intensified this import substitution industrialization, taking it to the stage of intermediate goods production (petrochemical, steel, chemical, metallurgical) but it failed to consolidate the producer goods industry due to the military coup of 1955. After that point, pressure to industrialize receded and there was a return to the agro-export model.

Nevertheless, this industrialization path was not completely interrupted, although it faced the external constraint represented by its dependence on imports of capital goods, which needed to be paid in the foreign exchange earned from exports. Since 1955 the Argentine economy opened up to foreign capital and, during the developmentalist government that led the country between 1958 and 1962, there was a major influx of transnational foreign industrial investment. The majority of the transnational subsidiaries that exist in Argentina at present and all of the car assembly plants were created during this time.

Between the mid-1970s and 2002, economic policy in Argentina was predominantly neoliberal – except for brief periods of different approaches – and did not prioritize industry; neither did it focus on the domestic production of producer goods, which had mostly to be imported. This was particularly the case during the convertibility period (1991–2001) (Neffa 2011).

The convertibility regime implemented neo-liberal policies primarily based on the principles of the Washington Consensus,[1] which brought about profound transformations to the production system and the labour market. The public sector operated according to a new logic which included changes in state administration

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[1] *Washington Consensus* is the expression used to refer to a set of suggestions fostered by national or international institutions with either real or 'imaginary' headquarters in Washington, DC, or the USA in general, in relation to the political and economic reforms that they believed should be carried out in Latin America to overcome the crisis of the 1980s. It was coined by John Williamson in his article entitled '*What Washington Means by Policy Reform*', published in 1990.

as well as in economic policies. The logic of both transformations was based on the following premises: the minimization of the state's role and intervention, the privatization of public enterprises and the social security system, the supremacy of the rules of the market, extensive external openness, a logic of administrative decentralization which reassigned the management of schools and hospitals to provincial governments but without also transferring the necessary resources, and a deep reform of labour laws in order to reduce labour costs and flexibilize employment. Several authors argue that the ongoing process currently taking place in several European countries is a repetition of the experience of countries such as Argentina in the 1990s.

Thus, in the 1990s, the dismantling of the national industry deepened, and a new wave of multinational companies settled in Argentina. In a context of globalization, financialization, and growth of the tertiary and service sector, the relative importance of the industrial sector plunged both in terms of the number of companies, and of employment and output volumes, especially in the case of the incipient producer goods industry. Many of the facilities operating in the branch of activity under study – including some belonging to the same transnational corporation – closed down due to two factors: (1) The fall in domestic demand caused by unemployment and the reduction in real wages as well as in the part of the national income contributed by workers, and (2) low-cost imports from other countries due to exchange rate appreciation (Neffa 2012).

Given the centralized nature of the national production system, the vast majority of industries in Argentina are concentrated in Greater Buenos Aires and in Santa Fe and Córdoba provinces. According to the Argentine National Institute of Statistics and Censuses (INDEC), most of the 500 largest firms in terms of output volume are entirely or partially owned by foreign capital. It can also be observed that, although they account for most of the industrial GDP, they only employ a small number of workers.

11.2   The Factory: A Multinational Company Based in Argentina

The establishment under study belongs to this group of multinational industrial companies; it was founded after the second world war and is geographically located within an industrial zone in Greater Buenos Aires (more specifically, in San Justo, part of the city of La Matanza, in the southwest of the Buenos Aires urban agglomeration). The factory that we have chosen for our analysis of work-related PSR among employees of a multinational company based in Argentina was established in this industrial zone of Greater Buenos Aires during the industrialization process that took place in the country during the 1950s. This company is a subsidiary of an industrial holding with headquarters in Brussels and which specializes in the production of building materials. The parent company has 70 subsidiaries based in

30 different countries and its payroll adds up to 12,500 people, according to data provided by the company itself.[2] Since there are only a few firms in the country that focus on this activity, the company behaves in an oligopolistic fashion. It is equipped with highly productive modern technology, its payroll includes approximately 250 workers, most of whom are employed through a contract of indefinite duration within the framework of a highly beneficial Collective Bargaining Agreement – their salaries are above the average for the industrial sector and they are registered with the social security system.

The Argentina subsidiary has a 15,000 m^2 plant and produces concrete, cement, and gypsum goods: industrial water tanks, septic tanks and cisterns, fibre cement tiles and corrugated sheets, and other architectural and building boards. Over the past few years, the company has introduced new technology; its factory is now has highly mechanized and highly profitable.

Most of its workers are unionized. Additionally, their health insurance (co-funded by the company and its employees) currently provides numerous services to workers and their families: support for school-aged children, sports and leisure facilities for workers to enjoy during the weekends, hotels in tourist destinations where many workers and their families go on holiday, as well as comprehensive health care services that are so renowned in the region that they have attracted workers from other sectors who have voluntarily started paying to have this health insurance rather than the one their own employer or sector provides, which is highly unusual among Argentine workers.

After the implosion of the convertibility regime in 2002, this factory – which is submerged in an unstable labour market with high precariousness indices – is regarded by its workers as an oasis of stability and a provider of 'decent jobs' (Somavía 1999; ARPE 2001), as are other multinational subsidiaries based in the country. In the following sections, we will see how this may underlie workers' perceptions of their own work-related PSR.

11.3 Ways to Address Work-Related Psycho-social Risk Factors

The systematic and rigorous analysis of work-related PSR factors has raised heated controversy and arguments, and the very possibility of measuring, quantifying, and comparing these factors has been called into question (Bouffartigue 2012b).[3] Drawing on the theories proposed by Gollac and Bodier (2011), Karasek (1989), Karasek and Theorell (1990), Siegrist (1996), Siegrist and Marmot (2004, 2006), the ISTAS21 (Moncada et al. 2005), and the Copenhagen Psychological Questionnaire or COPSOQ (Rugulies 2004), we have identified six relevant dimensions that

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[2]http://www.grupoconstruya.com.ar/notas/Informes_Detalles.asp?CCTN=1094&CINF=91

[3]See Chap. 1 for a focus on the related main international questionnaires (Editors' note).

are useful for accounting for the risks workers are faced with in the workplace. However, far from attempting to perform a quantitative analysis based on complex indicators, we will try to make explicit the actual conditions in which activities are carried out as well as how workers perceive them, in order to reconstruct and understand the workplace and the psycho-social risks it entails.

In other words, the six dimensions of work-related social risks considered in this study arise from the theoretical framework we have adopted, which is based, on the one hand, on previous studies on work processes and working conditions and environment carried out by ourselves and, on the other hand, on theoretical models developed by other authors. We will pay particular attention to the studies conducted by Karasek (1979), Johnson and Hall (1988), and Karasek et al. (1981) on the (im)balance between psychological demands and the autonomy and control a worker has over their own job, moderated by means of technical and social support; the research carried out by Siegrist (1987, 1996) on the (im)balance between effort and reward or esteem[4]; and Moorman's (1991) study on organizational justice. Nevertheless, the works we will refer most directly to are those carried out by Michel Gollac and Marceline Bodier on PSR risks in the workplace (2011), as well as his work with Volkoff (Gollac and Volkoff 2007) on working conditions.

Previous studies, the literature on this topic, and earlier informal interviews enabled us to prepare a structured questionnaire to accurately assess the perceptions of the relevant stakeholders. Both our readings and analyses of the theoretical framework of this issue, and the studies we had previously carried out in Argentina were crucial for our conceptualization and identification of the six dimensions considered in this study. Previous interviews played a fundamental role in our preparation of predetermined answers, which we drafted based on the language used by the workers in these earlier surveys. Furthermore, many questions included 'other' as a possible answer, so that when none of the predefined answers was chosen, the respondents' opinions were nevertheless recorded. Moreover, the survey was conducted face to face, which made it possible to record opinions and points of view unforeseen in the questionnaire.

The survey thus reflects our own conceptualization of work-related PSR, which implied accounting for the following dimensions.[5]

11.3.1   Work Intensity and Work Time

Work intensity is a consequence of the work process and of the way it is organized. Routines, time control, stress, and pressure to fulfil tasks within narrow time frames entail more intense work. This intensity has been increasing throughout the world

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[4]Same Editors' note.

[5]See Chap. 5 for the meaning of several of these dimensions for the sub-group of gifted people (Editors' note).

due to the changes introduced in the ways companies, production, and labour are organized as they shift towards a new production paradigm in order to cope with crises. This paradigm puts pressure on companies to increase their competitiveness, generally speaking, and the competition between production units in a context of globalization.

Work time can be analysed either in terms of its duration or its configuration (night shifts, shift work, and atypical working hours) (Queinnec et al. 2001). The intensification of this factor affects an increasing number of workers, since companies resort to these types of arrangements in order to cut costs and accelerate the recovery of expenditures in capital goods and equipment.

11.3.2 Emotional Demands: Relationship with Customers, Contact with Suffering, Need to Put on a Front, Fear

Emotional labour means that workers have to control and shape their emotions either to perform an activity or to control and shape the emotions of the people they have to interact with. This type of labour prevails in the increasingly demanding dealings with customers and users. It is also manifest in professions and occupations that by their very nature involve direct contact with suffering, and also when the necessary conditions for workers to express their emotions are not created in the workplace, and they are therefore forced to conceal them. The following situations have strong emotional impacts on workers: fear of suffering a work accident, fear of getting an occupational illness, fear of external violence, and fear of failure if the treatment the workers receive when they cannot complete a task as expected includes reprimands, punishments, loss of income, and even stigmatization and ridiculing in front of their fellow workers.

In times of economic and political crisis, when the views and standpoints of ideologically conflicting groups are very strong and it becomes difficult for everyone to accept different opinions, tensions arise that make people hide their feelings and refrain from expressing their own views in order to avoid conflict.

11.3.3 Autonomy at Work

Autonomy is evaluated in terms of the degree of freedom workers have to execute their tasks, the predictability of the work to be done, and whether they are able to participate in designing and evaluating their activities. It is important to know whether the right conditions are created in the workplace for workers' cultural development and for them to make the most of their knowledge and skills, or whether they are subject to the monotony that comes from repetitive tasks and the boredom caused by uninteresting jobs. Nonetheless, work can also be a source

of pleasure when workers who enjoy a certain level of autonomy and room to manoeuvre are able to make sense of their tasks and carry them out in good working conditions and a pleasant work environment.

11.3.4 Social Relations in the Workplace

These create the conditions for workers to integrate into a group, to be treated fairly, and for their work to be acknowledged, which gives them a certain level of autonomy according to their skills. But social relations can also cause suffering if workers receive conflicting instructions, if they lack the necessary means or information to complete their tasks, if they are asked to reach unrealistic production goals, if they are working in precarious conditions, or if they are poorly paid.

Within this risk factor, several types of relations can be distinguished:

- With colleagues: these relations may give rise to conflict, but also to the sharing of information, mutual cooperation, and involvement; they can also promote integration into the group and foster the collective construction of a 'defensive ideology of their work practice' (Dejours 1992), in order to forget or deny the existence of risks.
- With the management: these relations are shaped by management styles, leadership models, the technical support provided by superiors to subordinates, and how the former value the work of the staff.
- With the company or organization: these depend on remuneration levels and systems, possibilities for promotion and opportunities to develop their career, the use of ergonomics to adapt tasks to people and to make their work safer and more comfortable, performance assessment systems, and the attention paid by the company to workers' welfare.
- With factors outside the company: the acknowledgement of workers on the part of customers, users, and the general public, as well as the way in which society values the workers' occupation or profession (social prestige); these relations may lead to acts of physical or verbal violence which workers cannot respond to in the same way.

11.3.5 Value Conflicts

Value conflicts caused by ethical problems arise when a worker is obliged to adopt attitudes or behaviours that are contrary to their own convictions or beliefs whenever people representing an institution are questioned by subordinates, clients, or executives. In turn, there are impediments generated inside the company that may also prevent good quality work from being done, and sometimes there is a perception on the part of workers that their tasks are either useless or harmful to the

community if the rest of society regards their job in that way. On many occasions, a substantial part of a worker's job involves their hiding information or lying to customers or users with regard to the low quality of the products or services they sell or the possibility of solving the issues they are complaining about; eventually, they become aware of this or try to change jobs and thus their discomfort with this situation becomes evident.

11.3.6 Labour Insecurity

This risk factor is the result of workplaces in which conditions are precarious because there is no job stability or security: workers are not registered with the relevant social security agencies, which leaves them unprotected; salaries are unclear because they are based on workers' performances; or there is little or no chance for promotion. In addition to these are the problems generated by economic crises (closures, mergers, concentrations), which make workers uncertain of whether their position will be kept, transformed, or removed; even if they continue working at the organization, they do not know how the restructuring process will affect them.

11.4 Work-Related PSR Factors in a Multinational Company Based in Argentina

Our analysis of the work-related PSR factors present in this multinational company based in Argentina will lead into an assessment of the six dimensions referred to above. This study is based on data collected through a structured questionnaire given to a representative sample of the company's entire payroll. A total of 30 surveys were conducted.

Probability samples are only meaningful for large masses of data, but in the company under study, as the entire payroll adds up to approximately 250 employees, we calculated the number of respondents so as to obtain a model that was in keeping with the economic and operational means of the university programme behind this study in terms of reaching respondents.[6]

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[6]We worked on a sample of employees working at the headquarters of the Argentine subsidiary of a multinational company, the main activity of which is the production of concrete, cement, and gypsum goods, located in San Justo, in the city of La Matanza, which is part of an industrial zone in Greater Buenos Aires. Cases were selected using a random procedure, by which a number was assigned to each of the cases that make up the universe, and they were then chosen according to the sector in which they work. The number of cases per sector corresponds to the share of each group in the total universe. The sample thus comprises the following cases: loading, 1; sheets, 14; maintenance, 5; projects, 2; rotomolding, 4; and tiles, 4.

Given the small universe of workers in the fibre cement industry, the sample size was determined according to the 'central limit theorem', which shows that from 30 units on, 'estimators' tend to converge to a 'normal' probability model. In order to make sure that all the types of activities carried out in the company were included, these 30 units were distributed in proportion to the number of workers employed in each activity.

The data obtained through the structured questionnaire was processed and analysed qualitatively due to the small sample size. The inclusion of open-answer questions allowed us to gather a large amount of qualitative data, which was very useful when researching and analysing the six dimensions described earlier:

11.4.1 Work Intensity and Work Time

The average working day of employees at the company under study is intense in terms of working hours: Of the 30 workers surveyed, 24 work for more than 45 h a week, while the remaining 6 work between 35 and 44 h a week. There were only two people who never work on the weekend, while just one worker limits his/her working hours to those of a regular working day (i.e., never doing overtime). One in every three workers never enjoy 48 consecutive hours of rest, whereas only 5 of the 30 individuals interviewed are able to do so.

These extensive work hours are performed in rotating shifts (in 18 of the 30 cases) determined by the company, which makes schedules fairly predictable for workers. Despite workers knowing their shift times in advance, the fact that the company often asks their staff to be available for work (such as if extra staff are needed when contingencies arise) and the long intense work day complicate workers' family and social lives. After these long hours of work, two-thirds of the workers surveyed said they are often contacted regarding work-related issues outside their working hours. However, 29 of the 30 workers expressed that they do not take work home, given the specificity of the task.

The intensity of the work can be seen in physical and mental fatigue indicators. Workers expressed that they mostly carry out their tasks standing on their feet, and that they have to make painful movements, and frequently walk long distances while at work. In turn, three out of every four workers claimed that they must always be on their guard and pay special attention to sound and light signals. The workspace is a large factory, and the production processes that take place there are dirty and generate high levels of noise pollution. Working conditions and the work environment can thus be summarized as entailing a whole host of problems: dirt, moisture, air currents, bad smells, and high temperatures. In turn, four in every five workers argued that they must breathe smoke or dust during the working day, while 21 of the 30 workers claimed that their tasks involve being in contact with hazardous materials. Although employees have to handle dangerous materials and are even exposed to infections, the work space allocated to each of them ensures that none carry out their activity in overcrowded conditions.

The company also ensures that stringent safety measures are in place in order to cope with these adverse conditions of the work environment. Workers use the personal protective equipment provided by the company, and often receive training on the possible dangerous situations that the production process may involve. To this end, the workspace is also equipped with signs, and sound and light signals to warn workers of potential danger. Workers are fully aware of the risk of accidents (28 of the 30 individuals interviewed said they feel at risk of accidents in the course of their working day). Nevertheless, only five workers had suffered some kind of occupational accident within the previous 12 months, and none of these was serious. At the same time, 17 people out of 30 claimed that their work is bad for their health, referring mainly to muscle-skeletal disorders.

11.4.2   Emotional Demands

The work done inside the company involves multiple situations in which workers must calm other people who are distressed, worried, or nervous. This was true of 18 of the 30 cases surveyed. We have thus come across situations in which workers had to either hide their feelings or pretend to be in a good mood (in 16 cases), or had to avoid expressing their opinions (in 13 cases). Nevertheless, 27 of the workers interviewed said they were not afraid while in their workplace (only one worker claimed he was continually afraid as he worked).

The vast majority of respondents (25 workers), claimed that they receive contradictory orders that hinder their activity and which, in certain situations, create moments of tension. Half of the workers surveyed argued that they work under pressure and two-thirds claimed that they have to think about several things at once while they perform their duties. These indicators point to a work space where employees are subject to multiple emotional demands in the course of their working day.

11.4.3   Autonomy at Work

The level of autonomy that workers perceive within the company means that they feel they can carry out their job in the way they consider most appropriate. Only two workers stated that their activities were strictly prescribed and that they had no room to modify what the company had established, although half of the workers argued that they must meet predetermined goals. Workers regularly have to attend to unforeseen factors, which means that they are frequently forced to stop performing their tasks in order to do something else that was not planned. Being prepared to modify procedures is something that is constantly asked of employees when carrying out their activities.

In turn, they also stated that they can modify or alter their working day if something unexpected happens, such as a family-related issue. In all cases they claimed that they can leave the workplace earlier than usual if necessary.

Despite this wide permeability during the working day, most workers manage to keep the spheres of work and non-work separate once they leave the factory. Half of them claimed that only rarely do they think about work when they are no longer at the factory, and except for one case, none of them take work home.

11.4.4 Social Relations in the Workplace

When unusual situations come up at work, only five of the workers interviewed said they tend to solve the problem by themselves, whereas the rest resort either to their superiors, peers, or subordinates. The context for this willingness to tackle problems as a group is one in which tense situations sporadically affect the social relations between workers or between them and their managers. Only one of the respondents admitted to constantly experiencing tense situations with both their fellow workers and managers. The rest of the respondents argued that such situations occur only sporadically; 15 workers said they sometimes experience moments of tension with their superiors, while 11 maintained they occasionally face this type of situation with their fellow workers. Around a third of the workers interviewed (12 people) claimed that they do not experience situations of tension with either their peers or with their superiors.

The construction of social relations in the workplace in which tense situations are only occasional is also revealed by the collaborative attitude found to prevail between all players. All of the workers interviewed are sure that their opinions are taken into account by managers and stated that they feel acknowledged at work. Moreover, collaboration was not only observed in hierarchical situations, but also between fellow workers: of the 30 workers interviewed, 28 claimed that their fellow workers help them to carry out their tasks properly (21 workers stated that this is always the case, while 7 said that this is sometimes true).

11.4.5 Value Conflicts

Value conflicts appear with force in this workplace. Some of the situations that were found to have taken place corresponded to employees who were performing their tasks as they had been instructed but disagreed with this way, employees who carried out activities that they disliked, and employees who considered their activities to be useless.

Twenty-four workers argued that they sometimes or always disagree with their superiors as regards the correct way to carry out their work; however, this does not prevent them from carrying out activities they like. More than two-thirds of the

workers interviewed (23 cases) claimed to be satisfied with the activities they carry out at work. In addition to the activities that they like, their working day consists of many occasions on which they get bored and perform monotonous tasks (in 7 out of 10 cases).

Eight out of ten workers alleged that they would be able to carry out the tasks they currently perform until the time they retire, although only half of those surveyed would actually like to do so. Undoubtedly, the value conflicts we have referred to and the perception that they are carrying out useless tasks together constitute a scenario marked by mixed feelings.

11.4.6 Labour Insecurity

As has been stated previously, labour insecurity is one of the most significant factors that prevail in the Argentine labour market, which has been historically marked by precarious labour relations (Busso and Pérez 2010). Nevertheless, the situation analysed in the present text contrasted radically with this context. Workers at the multinational company under study are under contract, registered with the relevant social security agencies, and are entitled to paid holidays and pension contributions. These characteristics of a typical wage-worker contract have not always prevailed in the Argentine context and ensure security and stability for workers. All of the workers interviewed were granted these rights, making this a rather exceptional situation in the Argentine labour market.

Furthermore, the workers of the company under study earn salaries that are above the minimum wage and, in spite of their long hours (and large amounts of overtime), 19 workers expressed that they are well or very well paid, while the remaining 11 claimed that their salary is disproportionate to their work. However, only 13 workers interviewed stated that it would be easy for them to get another job that ensured a similar salary if they resigned or were dismissed. The rest of the respondents argued that it would be very difficult for them to find another job with similar wages, which explicitly reflects the pressure that labour market conditions exert on them.

11.5 Conclusion

In the context of a national labour market historically characterized by its instability, and marked by high rates of underemployment, unemployment, and unregistered work, the employees of the company under study are among the set of workers that could be considered 'privileged' within the Argentine labour market, since they have registered jobs, earn good wages, and belong to strong trade unions. In other words, in a country marked by unpredictability, the fact that half of the workers interviewed expressed their willingness to continue doing the same job for the rest of their lives is significant, and it can be understood within the particular context

mentioned above. As we have shown, the discourse of all the workers interviewed reveals that they value their jobs because they are stable, formal (i.e., registered with the tax and social security systems), and include holiday and social security benefits; moreover, two out of every three workers believe that they are well or very well paid. However, by studying work-related PSR factors, as we set out to do in this chapter, we have been able to observe a number of situations that merit consideration and, in some cases, action.

The workers of this company have felt threatened by unemployment at certain points because between 1989 and 2002, in a context of successive socio-economic crises that led to the closure of many industries, factories owned by the same transnational corporation that were based in other Argentine regions closed down, leaving many industrial workers jobless.

The parent company and its subsidiaries have always paid special attention to the core industrial health and safety issues and to the use of personal protective equipment (safety shoes, helmets, goggles, ear protectors, masks), because in the recent past a high number of workers were injured, and many workers developed occupational cancer due to the extensive use of asbestos in cement manufacturing. Fortunately, the measures taken by the World Health Organization (WHO) and the International Labour Organization (ILO) contributed to the identification of the carcinogenic nature of this input, driving industries to find the substitute that is currently used in manufacturing. Therefore, younger workers have never been exposed to this risk and the number of workers undergoing treatment for cancer has fallen significantly.

This situation explains why in the factory in question, workers say that they consider themselves 'survivors' with respect to those workers employed in this branch of activity in the past; they also feel fortunate that they have stable jobs, social security, and health insurance.

Nevertheless, their working conditions and work environment are still harsh. According to the analysis presented, most of them work rotating shifts and more than 45 h a week on average; the work is intense because they are subject to work rhythms determined by the means of production; and physical and chemical risk factors are present at all posts (noise, moisture, changing temperatures, air currents, and airborne dust). The intensity of tasks, long working hours, physical and mental fatigue that the majority of the workers experience on a daily basis, emotional demands, and conflicts of value arising from workers' lack of conformity with the tasks assigned to them are often all veiled by the good social relations that workers have built with both their superiors and their peers, and also by the social protection provided by the health insurance run by their trade union and the socio-economic security given by the stability of their jobs.

In turn, as the survey reveals, these workers perceive several psychosocial risk factors which they are only just becoming aware of. This suggests that there are several situations where action should be taken. Undoubtedly, workers' perception of risks is affected by the recent history of the Argentine labour market in general, and of this company in particular in terms of some workers having experienced the closure of other factories. Specifically, it leads them to prioritize having a stable

and formally registered job in a high-profile industrial establishment. Conceivably, these workers have been able to build a 'defensive ideology of their work practice', as proposed by the psychodynamics of work (Dejours 2014), but this will be left as a hypothesis for further anthropological studies in the same workplace. For the time being, these workers' discourses have enabled us to unveil their perceptions of their own working conditions and environment, and the psychosocial risks these entail, taking into account the socio-historical context in which they are immersed.

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Conclusion

Essay: Psychosocial Health at Work Categorizations as a Bridge Between Ergonomic and Medical Approaches

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To conclude this book, we offer a transversal analysis of all chapters as an essay to present international perspectives of the categorizations of psychosocial health at work. The objective is to deal with further research focus on the basis of the interactions between the diverse findings regarding psychosocial health at work categorizations. This construction of such a dialogue is thought as a tentative to build a bridge between the ergonomic (which focuses on working conditions) and the medical (which focuses on mental health of individuals) approaches, which are usually separated. Using a constructivist approach, we will assume and defend in this essay some ways to articulate both views.

First, whatever the national contexts studied in the preceding chapters, there is a strong consensus about the growing prevalence of psychosocial health at work issues. This includes the effects already observed and documented through various international studies, notably increasing absenteeism and more frequent and longer sick leaves related to mental disorders in relation to working conditions.

Beyond this observation, three main common domains should be underlined from our bridge building perspective. First, the rising workplace requirements seem strongly rooted to current values at work, which are shared also by workers, either

supported by the linguistic space they are embedded in, or expressed through their representation of what is needed to fulfil their job duties. Second, following their strong commitment to work, the observation of difficulties needs to be reframed in order to make sense. Performative power of language is used to do so: workers use their way the existing categories, or alternative categorizations are created, or blurred definitions of other categories made them usable to situate their own experience. Finally, what is at stake whatever the chosen categorization is the attribution of the main cause of psychosocial health issues at work.

The Importance of Work Values

Work is nowadays a type of activity which is invested with high moral value (Kirouac, Chap. 8). As underlined by Seda M. Yusupova (Chap. 2), work motivations are at the core of work values. Yet, "cultural values form the 'underlying discourse structures meaning'" (Rokeach 1968, quoted by Manseri 2006, p. 152)[1]. Work is still central for individuals' life and work ethics is valuated. As reminded by Noks Nauta regarding gifted adults (Chap. 5), the workplace should be chosen in order to foster a convergence between the values expressed at work and somebody own values. Otherwise, value conflicts, understood as "opposition to intrapersonal or interpersonal beliefs about the preference of certain goals or conduct that may manifest itself in covert or overt manner"[2] can generate a difficulty for workers to find cognitive consistency (Gilson and Ndiaye 2016, p. 41). However, being in accordance with the values expressed at the workplace does not represent any protection against psychosocial health issues at work (see Graefe, Chap. 7).

The case of French bus drivers (Kornig et al., Chap. 4) underlines their wider acceptance of incivilities, and physical and verbal assaults on the basis of a kind of working hard ethics that belongs to the description of their job. In this case, work values support a shift of the thresholds that defined these difficulties at work, from the choice of a less difficult case (i.e. choosing to categorize a given interaction as an incivility rather than as a verbal assault) to the denial of the situation. Also, the valuation of "working hard" goes with rephrasing absenteeism as "breathing spaces". The former would be much more related either to the reality of the experienced psychosocial risks or to a transgression of the working hard value, while the latter supports in return this value. This coping strategy saves both the representation of work and the capability to still fulfil the job. Indeed, in this case, it would be difficult to denunciate working conditions while still being exposed to them.

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[1]"[. . .] les valeurs culturelles constituent 'le sens sous-jacent aux structures du discours.'" (Rokeach 1968, quoted by Manseri 2006, p. 152).

[2]"L'opposition de croyances d'ordre intrapersonnel ou interpersonnel en la préférence de certains buts ou conduites pouvant se manifester de manière larvée ou patente" (Gilson and Ndiaye 2016, p. 41).

In another working context, holding this dual position seems feasible. Belgian frontline workers of temporary work agencies (Glinne-Demaret, Chap. 9) verbalize what is at stake using a specific semantic field. The somehow unconscious objective is to be able both to criticize working conditions (but not directly) and to still work under these conditions. From this point of view, the cooking metaphor both supports the work values and their inner contradictions. This coping tactics (de Certeau 2002) relies on the widening of the linguistic space, with the creation of dedicated categorizations of what is going on at working using this metaphor.

Mariana Busso and Julio César Neffa (Chap. 11) present a case, where no addition is made yet to deal with the discrepancy between work values and what workers experience. Psychological and mental issues are not legally considered to categorize working situations in Argentina: thus, the linguistic space dedicated to working conditions does not offer linguistic tools to express something new. Also, the emergence of alternative semantic fields relies here on the researchers, who implement an analysis with categories that are not considered (yet) in this national context, even by workers themselves. It seems that a king of guiltiness prevents the interviewed workers to build themselves such an alternative. Indeed, their perception of risks is affected by the recent history of the Argentine labour market in general. Notably, they considered themselves as survivors, as the working conditions in their fields drastically improved from the past; also, the working conditions they experience are far better that in other firms from the point of view of wage, job stability, and health insurance.

Psychosocial dimensions are inextricably linked to the context of their emergence, with its standards, social representations and particular power struggle (Kirouac, Chap. 8). From this point of view, values guide the identification of the categorization which can be used, or not, so that the experienced difficulties can be counter-balanced by a positive representation outcome. The most extreme example is given by the situation in Japan (Yamada, Chap. 10), where suffering from mental disorders (being *non compos mentis*) is preferred to explain suicide than being *mens rea* (i.e. without any mental health concern).

The Performative Power of Categorizations

The case of suicide in Japan (Yamada, Chap. 10) also illustrates the performative power of categorizations. Indeed, first, the emergence of a specific kind of suicide, under *non compos mentis*, categorizes also at the same time this suicide as eligible for risk insurance compensation. Second, according the category of suicide (because of work versus by somebody own choice) the bereaved family is also respectively categorized as respectable of as having to feel ashamed.

For workers, the performative power of categorizations may serve to construct or save a positive and valued representation of themselves, despite the observation they feel bad at work. Choosing the appropriate category for themselves belong to a coping mechanism that alleviate somehow the effects of psychosocial difficulties,

however without erasing those. The example of the (often) conscious trade-off between being categorized as depressed or in a burnout situation underlines clearly this objective. Analysis on this issue conducted in France, Germany, and Québec (respectively: Loriol, Chap. 6; Graefe, Chap. 7; Kirouac, Chap. 8) support the similarities of this trade-off in these three national contexts: a burnout diagnosis label is preferred by workers rather the one of depression, because in the first case working conditions are at stake, while in the second case they are themselves at stake. Also, burnout syndrome, initially limited to care professions (Loriol, Chap. 6), is related to several individual traits that are socially valued at work: thus, such a diagnosis links together the support of work values and these (let us say, ergonomic) effects on (let us say, medical) individual experience, i.e. the identification of the weakness of work values in terms of psychosocial health. Contrarily, depression is associated to negative characteristics from the point of view of work. The differences between these three national contexts are both significative and at the margin. Indeed, in a French context, burnout can be qualified as more positive than nervous breakdown, while in Quebec burnout is seen as less pejorative as depression. Also, burnout is much more used to categorize psychosocial difficulties at work in Germany than in France. However, the hierarchy among these two categories from the point of view of workers is clear and the same, while employers may sustain the opposite (cf. infra to discuss it from the point of view of the responsibility for psychosocial health at work).

The performative power of the categorizations of psychosocial health at work may intervene at four levels.

First, it helps workers to write their own story of their working experience (see supra). For example, choosing the burnout category (including in the situation of a diagnosis of depression from a medical point of view; Kirouac, Chap. 8) makes the diagnosis acceptable instead of rejecting it. Workers may say: yes, I am exhausted.

Second, choosing their interpretation of what they are facing help them to identify which tactics or coping strategies to implement in order to improve their situation. Stefanie Graefe (Chap. 7) presented two alternative reactions, depending on the choice in consequence to put in perspective work values or not, i.e. the identification to the firm. In the following fictive narrative "I am responsible, I should take care of me but I still agree with work values and working conditions", the choice of the burnout category is altered by the belief that the motivation of psychosocial health difficulties is rooted in individual characteristics. Contrarily, in the following fictive narrative "the working conditions are responsible, I should also take care of me but the main task is to change working conditions", the choice of the burnout category is supported by the belief that the motivation of psychosocial health difficulties is rooted in the working conditions. Thus, from this point of view, the process of categorization can be seen as an empowerment tool for workers. Still, this choice is not magic: preferring being diagnosed in a burnout situation while being really depressed may help to receive the support of others (either directly or through the way they look the situation), but it does not designate the appropriate motivation of encountered psychosocial difficulty. The performative power of the

categorizations finds its limits in the reality of the situation, which includes overlap of some symptoms.

Third, the performative power of the categorizations of psychosocial health at work may be expressed through the opening of new areas in the already existing linguistic space. Thus, the set where workers can choose labels regarding their experience increases. This diffusion can be done through the media (Loriol, Chap. 6), through researches (Glinne-Demaret, Chap. 9; Busso & Neffa, Chap. 11). Let us remind with Corinne Delmas (Chap. 3) that successful categories may lead to official categorizations, measures, and indicators, which decrease the contribution of the fluidity of these subjective narratives. As Choi and Juárez-Garcia (Chap. 1) underlined it, there are still language issues, but fluidity is reduced (which is also the objective of building indicators).

Four, as in Japan, the performative power can be extremely concrete: receiving or not work insurance financial compensation. This is related to a shift from the fluidity of definitions to fixity of categories in order to facilitate the presentation of evidences. It also shed light on the recognition concerns of psychosocial health at work issues.

The performative power of the categorizations of psychosocial health at work is quite different whether the categorizations are fluid or fixed. The latter is related to public policies, which need accurate measures and indicators. The former is related to the above mentioned possibility of the workers empowerment. For example, aggressions, which are defined by law, delimit what should be proved to belong to the category and benefit from something (Kornig et al., Chap. 4). By contrast, it underlines that other types of risks at work for bus drivers are more difficult to prove.

Who or What Is Mainly Responsible for Psychosocial Health at Work?

The question of what or who is mainly responsible for psychosocial health at work underlines the choice of categorizations.[3] Already, while the critic of psychologization focuses on underlying individuals are not solely responsible for their health, researchers generally also recognize that some profiles are more vulnerable than other to a given working conditions situation. However, several stake holders (notably unions) fear that this approach leaves apart the effects of working conditions. Thus, without denying internal causes, they focus mainly on identifying external causes. The same process seems to go along with all new category, i.e. stress formerly (Loriol, Chap. 6).

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[3]It would be interesting to explore this question using an econometric analysis to identify the part due to internal versus external causes.

In fact, to our point of view, the opposition is not between all the professionals, who use a medical approach (psychology, psychiatry, etc.), and those, who prefer an ergonomic approach. Indeed, medical professionals are not responsible for working conditions, while they take care in their practice about the working environment, as Noks Nauta (Chap. 5) explained it.[4] Rather, some employers tend to protect the working conditions suitable at their companies, supporting a deny of their effects on psychosocial health. On the one hand, one of the arguments of the latter seems true: there is probably an increasing social acceptability of burnout for example. The more it is present in the linguistic space, the more it can be used. On the other hand, this does not erase facts, as it happens through declarations to insurance companies. In Germany, the increasing prevalence of the phenomenon was precisely signalled by these companies (Graefe, Chap. 7), which is too massive to be solely the responsibility of individuals.

This is particularly clear regarding the trade-off between depression and burnout as diagnostic categories (Loriol, Chap. 6; Graefe, Chap. 7; Kirouac, Chap. 8). Depression (or also nervous breakdown in France) is associated with individual characteristics, i.e. the worker is seen as responsible for his/her psychosocial health. It is moreover internationally considered as a mental disorder (APA 2000). Burnout is associated to the description of ill working conditions, despite the implication of workers, i.e. work is seen as responsible for psychosocial health issues. Also, if it is related to work rather than to individual characteristics, it may concern every worker. Employers are particularly critical regarding burnout diagnosis, while workers will be supportive between each other (see supra). What is at stake from both side, are the changing working conditions, designed to fulfil contradictory aspirations.

Our objective is to both recognize the influence of individual characteristics or traits that present more or less resilience in relation to psychosocial health degradation at work, and to identify what are the causes among working conditions. The overlap between work values from the point of view of the employers and of the workers implies that the cure of psychosocial health difficulties at work should take this component into account as it is the case for other matters in transcultural psychiatry for example.[5] As it takes into account the cultural context, we may imagine an occupational psychology/medicine that would consider these values as co-supported by work and individuals. From the point of view of the ergonomic approach, we may imagine the construction of framework offering various thresholds for a given situation so that individuals' perceptions may be taken into account to shed light on the organisational matters. The case of gifted adults at work (Nauta, Chap. 5) is an example of such an articulation. Indeed, the thresholds to interpret given working conditions are reviewed in order to take into account shared traits regarding the perception of working fast, for example. At the same time, this is an additional challenge for questionnaires uniformity; while working

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[4]See also Loriol (2005).

[5]Moro (2006) underlines the methodological revolution that goes with transcultural clinical psychology.

fast is already perceived from a physical or psychological point of view depending on the professional field (Choi & Juárez-Garcia, Chap. 1), internal thresholds should be added within physical and psychological points of view. Quantitative tools are also related to language issues.

Both subjective narratives and official categorizations claim illness of work in relation to the huge changes implemented for already about 15 years. Focusing on language shed light on the localisation of the psychosocial health issues, on their complex apparatus, at the intersection of both working conditions and individual profile characteristics.

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