Coping with Prescribed Work: An Ethical Suffering

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Received: January 17, 2019; Published: July 01, 2019

Abstract

The world of work continues to evolve from day to day and new technologies are undermining the human factor. The boundaries between professional life and private life are increasingly thin, sometimes overlapping and causing imbalance on both sides. The prescribed work seems to undermine workers' values and ethics is often sacrificed in the name of an expected profit.

This is how the employee finds himself at the crossroads between a somatization and adaptation. On the one hand, he experiences psychic discomfort, which is mainly expressed through cardiovascular pathologies and musculoskeletal pain. And on the other hand, he must put in place defense mechanisms that allow him to adapt, agreeing to manage the outlaw in the prescribed.

We propose during this mini review to revisit the psychodynamic approaches of the ethics of the work of Christophe Dejours and Philippe Davezies in order to specify the different challenges and to propose some coping strategies allowing the workers to fight against mental wear at work.

Keywords: Coping; Prescribed Work; Ethical Suffering

Introduction

Stress, burn-out, suicide, persecution, harassment... these are words that today are invading our daily lives. A gigantic wave, a tsunami that plunges the world of work into a kind of respiratory failure. An experience of exhaustion and suffocation that some people manage to cope more or less well and others do not. Coping, yes, but it comes with a price to pay! How to manage the outlaw in the prescribed?

Currently and since the 1980s, we have noticed that the world of work has undergone a very important transformation. It is no longer a question of doing one's job properly but of being "the best". The challenge for these employees is to achieve the best performance in record time. The focus is on individual performance at the expense of a collective dynamic. It would be, taking up the terms of Jean-Pierre Le Goff [1], the quest for "flawless performance". A frenzied race against death where the other appears as an opponent that must be defeated. In this logic of survival, through which some will be able to see an animal law, a phylogenetic heritage, Christophe Dejours [2] replies that, relying on his death instinct, man is the only being capable of so much monstrosity.

Faced with this robotization of work, where human contact is increasingly avoided, an ideology of "everyone for himself" takes a prominent place closing the eyes on the suffering of others. The limits between professional and private life is becoming more and more blurred because of the new communication technologies. Officially, work stops at pre-set hours, but informally it continues even outside those that inflict damage on both the health and the social life of the individual.

The literature has highlighted the impact of workplace attrition on cardiovascular disease, mental health and musculoskeletal disorders.

Citation: Jihene Mrabet. "Coping with Prescribed Work: An Ethical Suffering”. EC Psychology and Psychiatry 8.7 (2019): 728-734.
The definition of work

According to Le Petit Robert dictionary, work is defined as “all coordinated human activities in order to produce (or contribute to producing) what is useful”.

We note that the work is attributable, according to this definition, to the human. It is organized and coordinated for production purposes. The culmination of this definition is utility. Because production must always respond to a demand that depends on the socio-cultural context.

In the field of occupational psychology or as it is now called the psychodynamics of work, this concept is understood differently. Indeed, Philippe Davezies [3] defines it as all the activities deployed by men and women to cope with what is not given by the formal organization of work. This definition implies that there would be two different types of work: the formal work required and the actual work done.

Marie Alderson [4] and Sophie Avarguez [5] even speak about three types: prescribed work, real work and lived work.

The prescribed work would be the explicit and formal task requested of the employee. He must supervise the real work. The lawyer deals with the establishment of an employment contract, the employer specifies the objectives to be attained as well as the company’s policy, the engineer prepares the means to achieve it and the occupational doctor specifies the risks affecting the job health and the means to remedy it... Although necessary, this anticipation and this framework of the work is enamelled of gaps. Can we anticipate the unexpected? No! It will be necessary to count on the human factor in the management and the resolution of the incidents which escapes the imaginary conception of the company. This is the meaning of the second type of definition of the real work.

According to Pascale Molinier [6], the real is given to know fundamentally in the form of failure.

Where the prescribed would fail, the real of work will be born. This reality will depend strongly on the individual, in other words, the singular.

Some writers also speak of the lived work which would be the subjective experience of the lived work. This experience would be, by its singular character, variable. The lived work is as well lived from the actual work as lived from the prescribed work. This experience strongly introduces the subjective dimension of each employee who questions the value of work for him and his integration into his life story.

The encounter with real work often plunges the employee into a kind of suffering; the person is facing a gap between what he could have done and what he actually needs to do.

For a long time, the work was part of the Taylorist organization scheme in which the prescription was total. Today, the age of Taylorism is over, although some now speak of “neo-Taylorism”.

Two major trends take place: a prescription deficit or a tendency to over-prescription. The latter gives birth to a rigid organization of work leaving an extremely small space for creativity and autonomy. The typical example would be that of chain workers. A job demanding to strictly follow the prescribed work. But as we mentioned later the actual work is different from the prescribed. As for fuzzy work organizations, the employer sets the objective to be achieved without explaining the means. This leaves a large margin of autonomy to the workers but at the same time puts them in the position of a deficit in management. This could be the case for teachers.

The work allows the modification of the world but also the chrysalis of oneself. The work is a mutative process for the person, it allows the increase of the subjectivity. This is the case for the musician’s ear which is different and more sensitive than the ordinary ear. This increase of the subjectivity of the subject contributes to the realization of oneself and thus enriches the pleasant experience. An experience that puts the person in touch with the social, allows the identity to actualize and the individual to position himself in society through the mechanism of recognition.
Thus we can conclude that work is a space that can allow the discovery of the pleasure and fulfillment but exposes the workers to suffering when the prescribed does not correspond to reality. In this research, we are going to visit the concept of suffering at work and ways to cope with decompensation. Thus Christophe Dejours (2000) redefined work as all the consequences of defensive adjustments to compensate for the suffering at work, on the economy of conjugal relations, relations with children and, beyond, on relationships between men and women.

The Suffering

Le Petit Robert defined suffering as a physical or moral pain. It is explained too, in terms of Jurisprudence, Tolerance by virtue of which we accept certain things that we could not prevent and of Business that are pending.

The literature provides interesting insights into the effect of poor work organization on health. These effects would appear, according to Michel Gollac [7], at the level of cardiovascular diseases, musculoskeletal disorders and at the level of mental health.

Cardiovascular disease is one of the leading causes of death in industrialized countries. From 2004 to 2007, cardiovascular disease was the second leading cause of death for men aged 45 to 64 years.

Mental health in the workplace was felt in turn. Depression and anxiety are the most common among workers who can go to suicide and self-destruction.

Health spending is massive, the level of absenteeism is rising and this is reflected at the socio-economic level.

As for musculoskeletal disorders, they occupy one of the first places in terms of morbidity. Thus low back pain, sciatica and lumbago have long been noticed in the workplace. As a result, musculoskeletal disorders have been reported as the recognized occupational disease. It is one of the main reasons for absences from work for reasons of health and disability.

We cannot stress enough the harmful role that psychosocial factors can play in health. In fact, under the pressure of both quantitative and qualitative work demands (absence of decision-making freedom at work, low social support, lack of recognition, injustice, job insecurity, harassment, etc.) the employee is exposed to physical and mental wear.

In the world of work, suffering is often invisible until the body gives way to the frustrations that surround it. The psychopathology of work proposed to highlight the mental illnesses caused by the organization of work. The research of Marie-France Hirigoyen [8] has confirmed that the organization of work does not produce specific mental illnesses. Indeed, there is no psychosis or neurosis specific to the organization of work. Mental illness can come out of a great fatigue leading to the rigidity of the mental apparatus or the non-completion of the aggressive impulses always repressed by the worker. Mental illness also occurs when the prescribed task is opposed to drive investments. Even if the organization of work does not trigger specific mental illnesses, it must be noted that it can contribute to it (example: the simple fact of reducing the pace of work is enough to reduce the suffering of the workers). The only way to get the rest in order to have a leave and be taken seriously is to be followed by a doctor and to be medicalized because only somatic diseases are taken into account.

As for psychosomatic diseases, Christophe Dejours (2011) add that they seem to target only certain people whose mental defenses are ineffective or poor enough. These people must have to do flexible work organizations to be able to maintain their balance. Here again the Taylorist operation is in question and the free development of the operating mode is broken. The maintenance of a strong pace, the fragmentation of work, the robotization and the instrumentalization of the workers often make them plunge the latter into psychic exhaustion first and then somatic. This fatigue is not only the result of an excess of work, it can be the consequence of an inactivity, a setting in the fridge. Thus, when the defenses of the body are disturbed, the worker will face the maladjustment and the disease. So health seems to be an ideal to achieve. Normality is not the ideal but rather a kind of compromise between the persecutant external environment and the personal identity of each individual.

Ethics

Ethimologically, this term comes from the Greek “ethikos”: moral and “ethos”: mores. Ethics is the science of morality and mores. It is a philosophical discipline that reflects on the ends, the values of existence, the conditions of a “happy” life and the notions of good and evil.
For Aristotle, the unethical behavior was governed by desires and deserted by reasoning. Ethics can also be defined as a reflection on the behaviors to adopt to make the world humanly habitable. In this, ethics is a search for ideal.

Nevertheless, ethics is not morality. While the latter is apprehended as the set of rules and laws with a universal, irreducible, even eternal character; ethics represents values and is determined in a relative way in time and space, depending on the community or culture.

According to the philosopher André Comte-Sponville [9], morality is what one does by duty (by implementing the will) and ethics is all that one does for love (by implementing feelings).

In psychology, ethics has imposed itself as a “code of honor” for the practitioner towards his patients. Indeed, Odile Bourguignon [10] attest that the client deposits in the hands of the psychologist a lot of important information, secret and in his own private life. It seems to us that the big thing that happened in relation to the research around ethics in psychology was the context of the Second World War and the problems of attribution of responsibility. Faced with this horrible Hitlerian genocide, this wound in the history of humanity, questions were imposed in relation to the nature of the human being, his limits and his attitudes. From there was born a dialogue accusing the cruelty of the human being and the need to create laws to avoid new bloodbaths. It is about treating the human with respect, without moral judgment, to consider his point of view, to be a faithful guardian of his secrets and to avoid any kind of abuse towards the person in pain.

In work psychodynamics, Benoit Cherré, Zouhair Laarraf and Zahir Yanat [11] talk about ethical suffering when they find themselves ineffective or lacking in accuracy. The employee brings meaning to his work and it is partly this contribution that tilts the balance one way or the other. If the added meaning is rewarding, the work will be lived as a pleasure and as a pride. On the other hand, if this meaning is judged negatively by the worker, the work becomes a burden that weighs heavily on the conscience of the employee who will be suffering. This can be the example of two workers, each working in a manufacturing plant, whose task is the same: assembling small parts. The first works in a toy factory for children and the second in a factory weapons factory. The lived is surely not the same.

Christophe Dejours [2] defines ethical suffering as a suffering experienced by a person when his work requires him to commit acts that he morally condemns.

Christophe Dejours [12] links this suffering to an impossibility of reconciling the objectives expected by society and the quality required by society with its own identity and its own principles. It is from here that physical and mental health deteriorates. A double task that weighs down the individual. On the one hand, he will have to face the shame of having betrayed these ideas and on the other hand, he will have to face the wave of opposition of the other people around him. The employee is faced with a dilemma: to maintain his mental health, he must follow his principles knowing that this implicitly implies the loss of his job. The paradoxical injunctions provoke a dissonance that is difficult to manage for the person (“do your job well but do it quickly”, “take initiatives but you have no right to make mistakes.”) This pressure on the employee leads him to professional exhaustion when he faces new work organizations that no longer treat the human but focus on statistical data reducing the human factor to machines. This cognitive dissonance puts the employee in a situation of discomfort that leads him necessarily to make choices and in some cases to develop “arrangements”. Thus the defenses mechanisms take place in this table in order to temper this suffering and fill the gap of social support.

**Defense mechanisms**

**Collective defense mechanisms**

These defensive strategies make this ethical suffering tolerable. These defenses can be collective or personal. When they are collective, according to Christophe Dejours [2] they concern a sort of “virile cynicism”. This translates into an acceptance to collaborate in this chain of suffering for fear of being excluded, despised and removed from the social and professional network. The main issue is not to lose his manhood but it should be noted that this manhood is preserved in appearance, deep down many of these executioners that are not proud.
of their actions. They will be drowned in the crowd guaranteeing some anonymity and therefore avoidance of responsibility that prevents them from feeling guilt. It is at this moment that the denial takes place: employees no longer fear shame and even ridicule it treating cowards these individuals who still have some scruples. This denial is often accompanied by provocation and overbidding compared to the person who achieves the most goals. These executioners are idealized within society, they are even credited with nicknames symbolizing strength, courage and virility ("cowboy", "killers", "has a nerve", "this person had the balls of..."). Soon, this virile cynicism will be cemented with the defensive ideology of economic realism. This economical machine is like a revolving wheel that eliminates the less efficient and gives way to the most resistant. The scrambled people at the heart of this process serve as an example for those who still retain a semblance of moral conscience. This natural selection plunges people into a jungle where survival is at its strongest and "least cowardly". The weak being designated as the weak link that threatens a fragile balance. A jungle, yes, but a human jungle where lies are rationalized and where blows are allowed. Evil is trivialized, values are reversed and the law of silence is in order. Addictions (especially alcohol) squander the feeling of fear but at the same time attenuate the vigilance. For these strategies to be effective, group cohesion is necessary and coherence is important both within the professional and family context.

**Individual defense mechanisms**

At the level of individual strategies, Pascale Molinier [13] note the use of different mechanisms.

We will proceed in the following to an enumeration of these different defenses against suffering at work. We can cite, first of all, activism which is translated in terms of self-acceleration in order to defend oneself against the pervasive boredom at work, thus blocking the negative thoughts that can infiltrate the psyche of the individual. This activism aims to build voluntary blinders so as not to perceive what is causing suffering at work.

Secondly, we mention the "voluntary transfer" strategy. This consists of changing positions when the employee realizes that the work within his team is no longer possible because it goes against his principles. Nevertheless this alternative is sometimes perceived as a form of cowardice, a form of resignation and a way of avoiding confrontation. Other employees perceive it as an ultimate solution to get out of an unbearable situation. This type of defense is found especially at female level because at the male level, it is defined as a lack of virility.

Some women choose to return to the private sphere by stating that they want to have a child and that they have chosen to leave work to focus on their family. This flight testifies to an intolerable mental fatigue. This return to the level of the family factor, this search for moral and emotional support is often observed even at the level of the conjugal dynamic: the fact of feeling supported by the other fortifies our defenses and makes that one decides to do better and to bear the unbearable.

Let us now dwell a little on the mechanism of rationalization which is a process by which the subject seeks to give a coherent explanation of the logical or morally acceptable point of view to an attitude, an action, an idea or a feeling whose true motives are not perceived. Thus the individual realizes through this mechanism a diversion of psychic suffering and makes it more acceptable. Take as an example the lie; this act is often regarded as contrary to social norms and principles but is sometimes necessary. How to legitimize this act? What must be done to change the status from bad to adequate? Rationalization appears to be the solution to this dilemma: lying allows one to be loyal to the company, to face national and international competition and provides the person with a semblance of security.

We can also approach the mechanism of disempowerment. The latter has been highlighted through the experiences of Milgram’s aggressiveness. This experience made it possible to show that individuals placed in a situation of moral restraint were capable of torturing their fellow men as long as they ensured the discharge of responsibility.

We will not fail to point out that some employees adopt for their “survival” psychological or even physical withdrawal and isolation. This is the case for some people who come to work, perform their tasks and leave work without leaving any trace of their passage except the work done. It’s like, for a moment, these people go into automatic mode and function like robots.
These defense mechanisms put in place either individually or in a collective way are basically only a kind of adaptation to the external environment and what it proposes as constraints. By resorting to it, the worker tries to maintain his balance which is now precarious. Often, these strategies allow people to maintain themselves but often they also fail. In the latter case we witness the collapse of the individual and his killing by his co-workers. This is why the world of work must reconsider its strategies to help the human in his conquest for life [14,15].

**Conclusion**

We will conclude our review by highlighting the difficulty of this adjustment between work and human being. There is a fundamental gap between the prescribed work and the ability of the person to conduct it well. Aligning with the professional task requirements presuppose not only a physical adaptation but also a mental one.

Recognizing mental suffering is not enough to fight against illnesses at work. In order to improve the working environment and transform this space to a source of everyday life well-being, it will be necessary to create organizational structures adequate to the contemporary challenges. Recognition at work seems to be an interesting track in the sense that it allows the worker to reconnect with the essence of work: the self-actualization. Recognition of work is therefore crucial to the extent that we need the value and meaning we confer on the work to be understood and respected in order to maintain or improve the conditions of its exercise.

Interventions for mental health must be part of an integrated health and well-being strategy covering prevention, early identification, support and rehabilitation.

**Bibliography**

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