Ágora: Estudos em Teoria Psicanalítica

BODY AND SILENCE IN THE MORAL HARASSMENT AT WORKPLACE: A REFLECTION FROM THE WORK CLINIC

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ABSTRACT: The following essay reflects from the work clinic proposed by Dejours on the suffering for moral harassment at work that is felt in the body and that leads the victims to suffer different psychosomatic ailments. Being a stigmatizing violence, moral harassment at workplace obstructs the sublimatory potential of work, which negatively affects the subjectivity, pleasure and mental health of workers. This damage is analyzed in this essay on three cases of Chilean workers who experienced harassment in the performance of their work tasks in psychosocial programs of SENAME (National Service of Minors).

Keywords: Work clinic; suffering at work; moral harassment at workplace; body.

Resumen: Cuerpo y silencio en el acoso moral en el trabajo: una reflexión desde la clínica del trabajo. El siguiente ensayo reflexiona desde la clínica del trabajo propuesta por Dejours sobre el sufrimiento por acoso moral en el trabajo que se siente en el cuerpo y que lleva a las víctimas a padecer diversas dolencias psicosomáticas. Al ser una violencia estigmatizante, el acoso moral en el trabajo obstruye las potencialidades sublimatorias del trabajo, lo que incide negativamente en la subjetividad, el goce y salud mental de los trabajadores. Aquel perjuicio se analiza en este ensayo mediante tres casos de trabajadoras chilenas que experimentaron acoso en el desempeño de sus labores en programas psicosociales del SENAME (Servicio Nacional de Menores).

Palabras claves: clínica del trabajo; sufrimiento en el trabajo; acoso moral en el trabajo; cuerpo.

Resumo: Corpo e silêncio no assédio moral no trabalho: uma reflexão a partir da clínica de trabalho. O ensaio a seguir discorre a partir da clínica do trabalho proposta por Dejours acerca do sofrimento do assédio moral no trabalho que se sente no corpo e que leva as vítimas a sofrerem diversas doenças psicossomáticas. Por ser uma violência estigmatizante, o assédio moral no trabalho obstrui as potencialidades sublimatórias do trabalho, o que afeta negativamente a subjetividade, o gozo e a saúde mental dos trabalhadores. Este dano é analisado neste ensaio mediante três casos de trabalhadoras chilenas que experimentaram assédio no desempenho de seus trabalhos em programas psicossociais do Servicio Nacional de Menores (SENAME).

Palavras-chave: clínica do trabalho; sofrimento no trabalho, assédio moral no trabalho; corpo.

INTRODUCTION

An important contribution since the 80´s in the field of pleasure and suffering at work has been the work clinic proposed by French psychoanalyst Christophe Dejours (DASHTIPOUR; VIDAILLET, 2017). Known as Psychodynamics of Work, the Dejours' Clinic articulates its theoretical and methodological *corpus* from psychoanalysis, sociology and science of work (DEJOURS, 2011). This clinic presupposes that work has a central role in people's social and emotional life organization (DEJOURS; DERANTY, 2010). For this reason, when workplace violence occurs, workers' subjectivity is affected, resulting in a constant feeling of suffering at work (DEJOURS, 2009a). The impact on the psychical apparatus these experiences involve manifests in a diversity of psychosomatic symptoms and ailments: stress, mental exhaustion or burnout, depression, sleep-wake disturbance, fatigue, eating disorders, self-depreciation, decreased sense of self-efficacy. Illnesses that eventually undermine health and sicken workers (WASSELL, 2009).

The symptomatology warns that a profound state of displeasure is settled in the body. The amount of affection cannot be managed properly, which overwhelms psychical functioning until it collapses. Emotional blows caused by exposure to violence triggers the workers to silence their pain or resort to social support, whether on co-workers, organizational leadership, unions or specialised professionals (GAMONAL; PRADO, 2009). This defensive reaction is usually observed when exposed to a kind of workplace violence which concerns globally: workplace harassment, also known as moral harassment at work (INTERNATIONAL LABOUR ORGANIZATION, 2018).

Moral harassment is one of many ways of workplace violence (CHAPPELL; DI MARTINO, 2006). Following the French psychoanalyst Marie-France Hirigoyen (2013), moral harassment at workplace refers to an abusive conduct (gesture, word, behaviour, attitude etc.) which affects in such a way that the experience is disturbing and stigmatizing, because of its repetition or frequency against dignity or emotional or physical integrity of a worker, endangering their functions or degrading their working conditions, which entails a serious difficulty to recover and to get involved into productive activities again (MATAMALA; BARRERA, 2020). In most of moral harassment cases, organizational leadership acts in order to deny that experience of suffering, workers eventually quit the organization. In other case, rates of absenteeism and fit notes linked to occupational sickness manifestation (GRÖNE, 2016).

According to Swedish psychologist Heinz Leymann (1996), workplace harassment begins with incidents that aim to disrupt victims' psyche. Once rooted in relational dynamics, it stigmatizes and mischievously attacks their moral integrity. This stigmatization translates into the presence of acute symptoms and isolation from their peer group, through constant and unjustified criticism towards the activity and personal characteristics of workers, such as their productive skills, knowledge, physical attributes etc. The target point of stigmatization is the degradation of productive subjectivity, to damage public image and to progressively unbalance staff's psychology (PRIETO, 2005). In this way, moral harassment can also be a demonstration of lack of acknowledgement of the Other at workplace, for it reveals lack of mutuality in human interaction that favours an underestimating experience, disrespect or humiliation feeling (HONNETH, 2004). In this sense, the moral conflict related to this lack of acknowledgement increases the feeling of social injustice and vulnerability, involving damages to personal identity (HONNET, 2004).

Related to the above, Hirigoyen (1999) points out that moral harassment is developed in institutions due to power imbalance between workers and hierarchical management and also the constant hostile labour relationship based on competition amongst workers of equal status. Hostile behaviours are promoted by the offender through attacks against working conditions; isolation and restriction of communication; personal attack and, finally, verbal, physical and, even, sexual abuse (HIRIGOYEN, 2013). When that happens, moral harassment is also subjected to gender-based violence at workplace (BOBROFF; MARTINS, 2013; DÍAZ *et al.*, 2017; DOS SANTOS; DUCATTI, 2014).

Scientific evidences have pointed that women are exposed to moral harassment at their workplace in a different manner than men (DOMINGUEZ; MELLA; WALTER, 2014; ESCARTÍN; SALIN; RODRÍGUEZ, 2013; MADRIGAL; CALDERÓN, 2015, HIRIGOYEN, 2016). Some Psychosocial risks women find in the service sector, such as precarious work and emotional demands at care work, make harassment a constant problem for them (DOIS, 2012; EUROFOUND, 2015; ROS, 2013; HARASEMIUC; DÍAZ, 2013).

In this regard, in service sector, care work and social reproduction is carried out, task usually performed by women (FRASER, 2016). Being a highly feminized area, it shows a problem related to patriarchy in the organization of work, which translates into the trivialization and invisibility of the importance of care work (FEDERICI, 2018), wage discrimination, increase in emotional demands, amongst others; which may denote a serious devaluation of work (FEDERICI, 2013).

As things stand, the persistence of moral harassment in the organization of care service maintains suffering at workplace and carries women to a painful degradation. Violence tends to be tolerated and trivialized using different defensive strategies – either collective or individual – that help conquer a kind of normality in suffering (DEJOURS, 2009b). This consists of hardly coping with suffering to keep on working under adverse workplace conditions. Likewise, actions of cooperation and resistance could arise in order to seek for transformations in the organization of work, such as feminist workers' struggles that demand eradication of workplace violence.

Dejours' clinic of work has helped clarify the determinations that proceed in order to maintain these defensive strategies (DEJOURS; GERNET, 2012; MOLINIER, 2010). Studies from this clinic have shown the role of defensive strategies in cases of workers that have experienced suffering by moral harassment at workplace (ALENCAR; MERLO, 2018; AUGUSTO; FREITAS; MENDES, 2014; GUIMARÃES; CANÇADO; LIMA, 2016). In these studies, it has been concluded that defensive strategies dwell in an interpersonal and organizational space where suffering is embodied on the victims, affecting them with discomfort, that is not individual, but thoroughly collective.

Moral harassment at workplace involves a discomfort sensed by victims as psychosomatic disorder which alerts psychical apparatus of an constant status of displeasure. The articulation of defensive strategies allows bearing this ailment. Stigmatization of victims causes that in any time they silence their suffering, longing with it to extinguish and release internal strain. However, as commitment formation of defensive strategies weakens or stops resisting (DEJOURS, 2011), there exists a return of repressed which transates into symptoms or collective actions that seek to erradicate violence.

Due to the above, Dejours' clinic of work has proved its use in the analysis and reflection of the affections caused in the development of subjectivity and corporality involved in the productive process. It´s approaches have been favourable in order to adjust the actions relevant to the recovery the emotional activity undermined by workplace violence. For this reason, the clinic of work provides support for thinking of what is involved on psychosomatic ailment because of the exposure to moral harassment at workplace, which helps to guide clinic processes with victims or perform other activities with the group of workers that tend to prevent workplace violence.

Proving that, what follows shares a reflection on body responsiveness in experiences of moral harassment at workplace, from the clinic of work of Dejours' influence. For this regard, an analysis of reports voluntarily shared by women who experienced moral harassment in care work performance with victims of violence (sexual, physical, child abuse, amongst others) in Chilean psychosocial programs. It is important to specify that this type of work in Chile is performed by private entities which sign agreements with the National Service of Minors (SENAME) in order to execute public policies on childhood. Said entities must protect and promote infantile-juvenile rights; mainly assisting children and adolescent whose rights have been violated. Over the course of fulfilling of those said rights, professionals that work in these entities are exposed to different pressures, not only by the organization of the work, but also psycho-emotional demands. In this sense, Barrera and Matamala (2020) mention as a characteristic of the sector the strong dominance of New Public Management (NPM) in the administration and production of policies on childhood, oriented to accountability and goal achievement, which reduces the autonomy and the ethics of public service to a series of bureaucratic events that most of the time do not match with service provided by the staff, which propels the manifestation of ethical suffering and role conflict. Such way of management, in turn, implies sustained, precarious and poorly stable working conditions, which would be characterized by subcontract, low wages and precarious contract certainty, amongst other aspects which turn to be hazardous for users and workers themselves. For this reason, such conditions worsen life quality and mental health at workplace, since workers struggle day-to-day with complex subjects and of highly emotional impact (i.e. violence and child abuse, criminal conduct, neglect etc.) which often provoke a strong emotional exhaustion (e.g. burnout syndrome) and drawbacks in socio-professional relationship; as well as psychosocial risks at workplace, such as moral harassment at workplace, which was described on previous work as a worrying factor in the sector (MATAMALA; BARRERA, 2019).

The body afflicted by suffering in moral harassment at workplace

Before we continue with the essay's proposition, it is necessary to specify some Dejours' considerations about the body and the psychosomatic issue. In the first chapter of his book, *Psychoanalytic studies of the body*, Dejours (1992) outlines a distance with the psychoanalyst Pierre Marty on the role of somatic conditions as progressive disorganizers of the psychic apparatus. Pierre Marty (1992) notes that this disorganization affects psychosomatic economy. If these excitations persist in excessive amounts, functional systems are disorganized by demixing drive; prevailing the operational thinking and the disaffection that prevent the symbolization of an event linked to the affliction. Dejours is not totally disagree with Marty's statement, but only that this does not cover other psychosomatic afflictions where imbalance in somatic economy takes to a process of reorganization

known as *symbolizing somatization* which opens paths through the afflicted body to new representations that allow overcome psychical conflicts.

Working entails a psychical conflict, for it is circled by *the real* that involves a series of incidents, technical dysfunctions, hierarchical orders, urgent demands, amongst others. This *real* of work becomes clear because of a lag between the *prescribed organization* of work and the *real organization* (DEJOURS, 2006). The *real* is seen as a world's resistance, a *pathos* that strained the body and psychism in order to perform actions that modify its environment and solve needs. Meanwhile the *prescribed* normatively constrains productive activity. Productive skills, sensitivity and body limitations in work exercise become known through the *pathos* in the *real.*

Subjectivity begins with the body (DEJOURS, 2009c) and how important work is for its constitution. The *pathos* of that activity which consumes work strength is felt on workers' bodies. For this reason, to Dejours (2014) there is no neutral work for developing subjectivity and mental health at workplace. Finally, the way in which work succeeds in setting that subjectivity and mediate mental health constitutes a background of sublimation (DEJOURS, 2018).

Dejours understands sublimation as regards Sigmund Freud's references in his works *Instincts and their vicissitudes* (1915), *Beyond the pleasure principle* (1920), *Group psychology and the analysis of the ego* (1921), *The ego and the Id* (1923), in *The future of an illusion* (1929) and *Civilization and its discontents* (1930). It is in these two *cultural texts* where Freud points that partial or total renunciation of drive involves handling of suffering that emerges from denial or decrease of possibilities of joy. Sublimation allows, via displacement, the gain of pleasure derived from sources of psychical or creative work. On a footnote in *The future of an illusion* (1929/1992), Freud explains that that displacement can be done on professional work. Labour activity can offer sublimed satisfaction when profession has been freely chosen or when acknowledgment is obtained thanks to its contribution to humankind.

Nevertheless, when human beings work in a forced sense, work is poorly appreciated as a drive satisfaction via; it stops working as a pillar that supports emotional and community life. In *Civilization and its discontents* (1930/1992), Freud states that work is an *Ananke* or an emergent that arises as an urgency or compulsion to modify the environment in order to fulfill needs and give the human being a better status in his life on earth. If a work that implies suffering is carried out, the *Ananke* is overwhelmed along with potentialities of sublimation of the work.

Then, suffering at workplace implies a disturbance on the path of sublimation that attacks the body, social bounding with the Other and cultural contribution. Disrupted sublimation activity strains somatic sensitivity, mental health and labour activity, uttering an ethical suffering that eventually damages self-love and leads to suicide attempt (DEJOURS, 2018).

In the case of moral harassment at workplace, sublimation is no longer performed through work. Critical incidents that disrupt psychical economy favour a constant abusive relationship which due to frequency and intensity becomes a stigmatization. This stigmatization harasses victims' *Ananke* since there is an Other at workplace who processes his/her aggressive and hateful emotion with them. These cruel and aggressive actions try to humiliate, inflict pain and martyr a human being (FREUD, 1930/1992).

Scientific literature has evinced the consequences of this stigmatization in psychosomatic economy. In general, the effects have been considered disturbing and hazardous for health (HIRIGOYEN, 2003; LEYMANN, 1990; MADRIGAL; CALDERÓN, 2015; PIÑUEL; OÑATE, 2006). Victims of moral harassment report decreases in well-being and lesser work satisfaction; degradation in sense of self-efficacy and self-worth, which are followed by stress symptoms, sleeping problems, anxiety, chronic fatigue, anger, depression and other somatic issues (APPELBAUM *et al.*, 2012, 2013; CARNERO; MARTÍNEZ; SÁNCHEZ, 2012; EINARSEN *et al.*, 2004). There also exist studies that link it with emotional exhaustion or *burnout* (SCOTT, 2018; SEPÚLVEDA *et al.*, 2017)*,* with post-traumatic stress (CARVAJAL; DÁVILA, 2013) and even with increase in suicide risk (CANO *et al.*, 2014).

The consequences of stigmatization can be so traumatizing that involve, according to Pierre Marty (1992), a progressive disorganization of the psychical apparatus. The body affliction that blocks symbolization consists of using alternative ways in order to perform psychical work, given the obstruction of sublimation. That can be obtained through other drives destinations, such as the reversal into its opposite, the turning towards the self of the individual and the repression (FREUD, 1915/1992).

In the sense of abusive dynamics of moral harassment at workplace, the victims are aggressively manipulated. Although in the beginning somebody actively opposes to harassment, harassing tactics passively end up placing them in an asymmetric relationship, where suffering intolerance marks its own martyrization. This constant attack to oneself implies a reality denial that is achieved through repression which consists of denying and moving away from consciousness that suffering experience (FREUD, 1915/1992). This silencing of discomfort

or silent pain is a necessary condition for conquering the suffering normality.

When these strategies are overcome and it is not possible to get rid of body discomfort, it is possible to start psyche's reorganization. According to Dejours (1992), this reorganization requires symbolizing somatization effectiveness for the subject to think in chances of facing conflicts found at workplace. Since silence was not enough and caused damage, what is felt is verbalized in order to start an individual and/or collective activity that attempts to interrupt moral harassment at workplace, as well as to unseat the sovereignty of normality in suffering. Nonetheless, this activity can find a resistance of the organizational environment that prevents its transformation. For this reason, victims commonly quit or are expelled from the organization.

In the circumstances where stigmatization entails a progressive disorganization or gives in to the symbolizing reorganization, it is necessary to inquire into the consequences of victims' emotional and somatic experience. One way of making this clear is through cases' analysis of moral harassment at workplace.

CASE STUDY METHOD

This section shares the analysis of interviews fragments held with three Chilean workers who were victims of moral harassment at their work, identified by snowball sampling. For them to be involved in this work, the following criteria were considered: a) women over 18 years of age who had at least one year of work experience in the field; b) that they perceived themselves as victims of moral harassment while performing their work; and c) clearly voiced that their emotional and somatic afflictions and ailments were related with said experience and no other life circumstances.

For the constructions and data analysis, semi-structured interviews based on the following thematic lines were performed: a) subjective analysis and assessment on the impact and influence of moral harassment on subjectivity (to a soul-body, subjective-identity, relational, social level; b) content and form of action from the peer group in face of the moral harassment experienced by the workers; and c) context characterization and work organization in the performing institution (i.e. working conditions/environment, leadership styles etc.). From these lines, the impact of moral harassment on the workers' subjectivity was highlighted for analysis, underlining the stories and insights about their ailments, complains and experience derivatives. Said stories were analyzed on the base of conceptual and empirical aspects previously described, prior consent with the participants, which was materialized through the signing of an informed consent designed according to the guidelines of the bioethics committee of the Pontifical Catholic University of Valparaiso (PUCV).

A REFLEXION BASED ON CASES WHICH EXPERIENCED MORAL HARASSMENT AT WORKPLACE

Case 1

A 38-year-old woman, professional Social worker who worked on a psychosocial program from the line of protection of National Service of Minors (SENAME) rights for care of child abuse victims. She experienced vertical-ascendant moral harassment, due to the fact that the perpetrator was a subordinate who did not tolerated the victim's promotion to a higher and more commanding position. The persistence on the hostility perpetrated through personal attacks and the working conditions had an impact in the stigmatization characterized by an acute symptomatology and psychosomatic affliction.

> My hair started to fall […] [it affected me] deeply, the sleeping issue, I think I was sleeping three or four hours. For example, the anguish episodes I had were super strong, my children were studying, so we had to commute on subway. There were times in which I, for example, had to get off in the middle of the way of the subway because I had the feeling that the subway was going to overturn: like, that crazy. […] I was sweating a lot and had nightmares, but they were different, not all the same and I couldn't tell, but I do remember waking up scared, with palpitations, like a lot of sweat and really scared. (CASE 1: 8, 22/11/2018).

The progressive disorganization resulted in a manifestation of somatic and psychic ailments which led her to silence her distress. The stigmatization isolated her from her peers, who allied with the perpetrator. The amount of affect increased to a level of intolerable displeasure that was no longer possible to sustain the normality in suffering. The individual defensive strategy she used, such as the intellectualization gave in to the internal tension and the psychical reorganization to symbolize her experience that was achieved in the rest period due to medical leave.

Case 2

A 32-year-old woman, Psychologist by profession who also worked at a psychosocial program in the line of National Service of Minors for the care of victims of violation of children's rights. This woman was exposed to

vertical-ascendant moral harassment, for the same reasons as Case 1. The moral harassment was perpetrated by questioning her technical and professional suitability for managerial functions.

> I started to have symptoms. To get started, I didn't want to go to work, I told my mom, I didn't want to go to work, I started to feel sad, I was feeling nervous, I was afraid of that place, I was scared of her, she had a lot of power, a lot power, so they could've fired me at any moment. I was afraid of getting fired, then I was enduring that harassment. (CASE 2: 2, 26/11/2018).

The affection due to the condition involved a somatic sensation of restlessness that tried to be denied through a resistance to accept that she was, in fact, a victim of workplace harassment. The actions of the peer group, based on the comments that energized this defensive arrangement, transformed into spaces for the worker to endure the situation and to delay the call for external support to appropriately treat her discomfort. The active resistance shown at the beginning tended to dissolve into a passivity that allowed the aggressive drive against herself due to the self-questioning of her abilities to resolve emotional and managerial problems. By quitting that defensive strategy, the somatic ailment allowed the symbolization of another defensive response, such as the medical leave. Despite her achievement, after her return, the hostile behavior continued, which forced her to quit her job.

Case 3

A 29 years old woman, Social Worker professional who performed in a program on the line of diagnosis children's right violation of SENAME. While performing her duties, she experienced descendant-vertical moral harassment, caused by a tech supervisor. The harassment technique she used was the questioning of her productive qualities and the demanding of tasks that were, overall, above the victim's capacities. That stigmatization echoed in a series of ailments that tried to be silenced through denial and humoristic sarcasm.

> [I used] denial mainly. I never thought that that [workplace harassment] was happening to me. My partner tried to make me realize what was going on, but it was like I wouldn't listen, I avoided the possibility to analyze my situation, I was blocking myself and I wasn't listening. With my co-workers, it happened that we used sarcasm a lot, we did notice what was happening, and to be able to verbalize it we were ironic about it. (CASE 3:5, 28/11/2018).

The bodily ailments were pointed out by the victim as night terrors, sleep-wake disturbance, a persistent anguish feeling, stomachache and even glycemic alterations. This overall discomfort was silenced due to the impossibility of symbolization of the experience. Defensive individual strategies lead the victim to an ascetism that allowed her to endure the unpleasant affects. The psychical disorganization advanced to the point of triggering wishes or attempts of self-injury and suicide. Meanwhile, the peer group did not help coping with her experience; psychism reorganization inside the victim could slowly operate to symbolize her suffering. As the aforementioned cases, after the return of medical leave, the worker quit the psychosocial program.

The three reported cases have in common that the exposure to moral harassment had psychosomatic repercussions which strained the workers. The course of their sensibilities in front of the violent experience crossed a moment of progressive disorganization that silenced and obstructed the possibility to symbolize the discomfort. As their peers' attitudes did not provide any help to achieve that, the possibility of thinking was recovered by the time the defensive strategies lost their usefulness; this *pathos* to the *real* at work is what allowed the articulation of new defensive tenet measures. The somatic affects involved a symbolization that allowed the inventive of new strategies for a conflict response.

In the cases, the new strategy considered seeking help outside the institution or the peer group, finding it in professionals who provided medical leave. Although the *real* implied on the work performance mobilized an apparently different defensive response, the truth is that *"the prescribed"* at work, its daily way of functioning attached to production normative and goals, banalized their experiences and kept the productive normality in suffering, preventing any collective actions of resistance. Even though the figurative activity of thought was strengthened at the time of their medical leave, after their return to the psychosocial program workers were forced to abandon their jobs, as the work organization did not extinguish the risk factors which allowed the moral harassment to emerge. Likewise, along with their work team failed to develop cooperative and collective strategies that would allow them to subvert the scenario, hence the social support was characterized to be palliative, failing to achieve the handling of discomfort and ailment towards the transformation of work context.

CONCLUSIONS

Considering what has been stated in the preceding sections, it is necessary to point out that this essay sought

to reflect on the affliction or responsiveness of the body and the psychism when moral harassment at workplace is experienced. The stigmatization caused by the exposure to harassing behavior involves an obstruction on the sublimatory potentialities at work; for the somatic excitation ends up being processed with the arrangement to the drive usage involving self-harm, passivity and discomfort experience denial.

The body has been a recurring place of concern in psychoanalytic studies (LEONOR; BICALHO, 2016; THIBIERGE, 2015). It has also been for approaches from the clinic of *Dejourian* inspired work, (MONTAÑEZ, 2017) since the suffering at work jeopardizes the development of subjectivity, satisfaction of affective motions and the labour identity developed in the productive process.

On aforesaid cases, the workers' body was stressed by a series of psychosomatic symptoms that, when it didn't fully disorganize the victim's psychism, prompted their reorganization through symbolizing somatization. The inventiveness on the face of that conflict felt in a body responsive to discomfort, did not find in the *prescribed* of work an eradication of workplace harassment risk factors. The workers used defensive strategies that ended up failing due to the organizational context where they performed their duties.

The organizational context played an important role on the victim's resignation. Chilean psychosocial programs have been identified through scientific evidence as organizational places that expose workers to psychosocial risks. Some of them are related to the *burnout syndrome* (BILBAO *et al.*, 2018); work quantification and goals (FARDELLA *et al.*, 2016) and work precariousness (PAVEZ, 2018). These programs follow a structure known as *New Public Management* (NPM) where private agencies manage and run Chilean public policies. Vicente Sisto and Víctor Zelaya (2013) suggest that this private way of performance carries out evaluation systems according to standards and results; measurement on activity record and outcomes, and ways of funding that privilege the privatization and competition among public service providers. These management systems based on the excessive control regarding the fulfillment of objectives have been pointed out by Hirigoyen (2016) as contributors of moral harassment at workplace.

In this regard, this form of administration or psychosocial NPM carries the resignation management of workers. Paula Ascorra (2009) indicates that resignation involves a passive animosity which weakens the human being. Silence involves a device through which resignation operates, stablishing as aftermath a narrative in workers that teaches them talking is useless and that their interests are not heard. The mood management demands the workers to self-repress their personal opinions, for the institution to humiliate, belittle and punish any attempt to react.

What is stated by Ascorra (2009) relates to the workers appreciation about their discomfort experiences on workplace harassment. At the time the disorganization of experience led to the need of silencing their suffering, the resignation as a state of mind became clear to them. After the prolongation of hostile behavior towards them, *silent pain* was a defensive mechanism of self-repression that ended up weakening their corporality and undermining their psychical activity. The same censorship worked on the rest of workers, who chose not to help abolish the risk factors associated to workplace harassment, due to the fear of punishment.

The psychosocial program administration institute did not believe the victim's ailments, which forced them to abandon the organization. Instead, it put the productive processes before a working scenario that safeguarded the resignation process of the normality in suffering; the competition and various types of discrimination and authoritarian actions that are considered, according to the scientific literature, as aiding factors to the workplace violence (TORO; GÓMEZ, 2016). Likewise, the actions taken by their colleagues were palliative and failed to mobilize towards the subversion of the conditions that led to violence.

The bodily ailments caused by the experience of moral harassment at work effectively answer to the ways the excitatory quantities that are somatically felt, such as pain, grief or discomfort can be channeled. However, as the body deals with the possibility to perform a task, it is on the organization and its managing where stress factors such as *Ananke* or sublimatory potential are found. Therefore, the body suffering from workplace moral harassment must be understood regarding that organizational disposition, as attempted in Dejours' clinic of work. Having this in mind helps directing investigative processes and clinic interventions that successfully aim to abolish workplace violence. Thus, it is necessary to ask: what activities or collective devices at work can be configured for mutual care that do not surrender against the pressure of productivity and goals meeting? Likewise, what tools can the workers use to encourage cooperative activity on a place known for its competitiveness and resignation? And in which way the clinic of work can help when handling ailments and affections related to the workplace violence towards aims that make cooperation possible?

To answer these said questions, it is necessary to deepen on new studies on some dimensions that were not analyzed enough in this study, such as the role of peer group and their ways of channeling that violence. The organizational reasoning inherent to the field where the workers performed their job and that are related

to political aspects, as the privatization and/or outsourcing of the Chilean's children public policy.

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REFERENCES

ALENCAR, M.; MERLO, A. A saúde em troca da excelência: o sofrimento de atendentes de nutrição de um hospital público acometidos por LER/Dort. *Saúde e Sociedade*, ano 27, n. 1, p. 215-226, 2018. Disponível em: https://doi.org/10.1590/s0104-12902018170873.

APPELBAUM, S. H. *et al.* Workplace bullying: consequences, causes and controls (part two). *Industrial and commercial training*. año 44, n. 6, p. 337-344, 2012. Disponível em: https://doi.org/10.1108/00197851211254770.

APPELBAUM, S. H. *et al.* Workplace bullying: consequences, causes and controls (part one). *Industrial and commercial training*, año 44, n. 4, p. 203-2010, 2013. Disponível em: https://doi.org/10.1108/00197851211231478.

ASCORRA, P. El gerenciamiento de los estados de ánimo: estudio de caso en una organización chilena. *Revista IRICE*, año 20, p. 21-32, 2009. Disponível em: http://www.irice-conicet.gov.ar/files/PDFs/revirice/ascorra.pdf.

AUGUSTO, M., FREITAS, L.; MENDES, A. Vivências de prazer e sofrimento no trabalho de profissionais de uma fundação pública de pesquisa. *Psicologia Em Revista*, ano 20, n. 1, p. 7-9, 2014. Disponível em: https://doi.org/10.5752/P.1678-9523.2014V20N1P34.

BARRERA, A.; MATAMALA, J (2020) Desgaste profesional y riesgos psicosociales en el trabajo en profesionales subcontratados/as por el SENAME en contexto de pandemia. Disponível em: https://www.researchgate.net/publication/344549766_Desgaste_profesional_y_riesgos_psicosociales_en_el_trabajo_en_profesionales_subcontratadosas_por_el_SENAME_en_contexto_de_pandemia.

BILBAO, M. *et al*. Burnout en trabajadores de ONGs que ejecutan política social en Chile. *Psicoperspectivas*, año 17, n. 3, p. 1-12, 2018. Disponível em: https://doi.org/Doi: 10.5027/psicoperspectivas-Vol17-Issue3-fulltext-1454.

BOBROFF, C.; MARTINS, J. Assédio moral, ética e sofrimento no trabalho. *Rev. Bioét.*, ano 21, n. 2, p. 251-259, 2013. Disponível em: https://doi.org/10.1007/s00439-007-0340-4.

CANO, M. *et al*. Marco actual del suicidio e ideas suicidas en personal sanitario. *Medicina y Seguridad Del Trabajo*, año 60, n. 234, p. 198-218, 2014. Disponível em: https://doi.org/10.4321/S0465-546X2014000100015.

CARNERO, M. A.; MARTÍNEZ, B.; SÁNCHEZ, R. Mobbing and workers' health: empirical analysis for Spain. *International Journal of Manpower*, año 33, n. 3, p. 322-339, 2012. Disponível em: https://doi.org/10.1108/01437721211234183

CARVAJAL, J. G.; DÁVILA, C. A. Mobbing or workplace harassment. Review of the issue in Colombia. *Cuadernos de Administración*, año *29*, n. 49, p. 95-106, 2013. Disponível em: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0120-46452013000100011&lng=en&nrm=iso&tlng=es.

CHAPPELL, D.; DI MARTINO, V. *Violence at work*. Ginebra: International Labour Organization, 2006.

DASHTIPOUR, P.; VIDAILLET, B. (). Work as affective experience: the contribution of Christophe Dejours' 'psychodynamics of work.' *Organization*, ano 24, n. 1, p. 18-35, 2017. Disponível em: https://doi.org/10.1177/1350508416668191.

DEJOURS, C. *El desgaste mental en el trabajo*. Madrid: Modus laborandi, 2009b.

DEJOURS, C. *Investigaciones psicoanalíticas sobre el cuerpo*. Ciudad de México: Siglo XXI, 1992.

DEJOURS, C. *La banalización de la injusticia social*. Buenos Aires: Topía, 2006.

DEJOURS, C. La sublimación entre el sufrimiento y el placer en el trabajo. *In* FOLADORI*,* H.; GUERRERO, P. (eds.). *El malestar en el trabajo*. Santiago de Chile: LOM, 2018, p. 29-45.

DEJOURS, C. Psicopatología del trabajo-Psicodinámica del Trabajo. *Laboreal*, ano 7, n. 1, p. 13-16, 2011. Disponível em: https://doi.org/10.1016/S1636-5410(05)70366-4.

DEJOURS, C. *Trabajo y sufrimiento*: cuando la injusticia se hace banal. Madrid: Modus Laborandi, 2009a.

DEJOURS, C. *Trabajo y violencia.* Madrid: Modus laborandi, 2009c.

DEJOURS, C.; DERANTY, J. The centrality of work. *Critical Horizons*, ano 11, n. 2, p. 167-180, 2010.

Disponível em: https://doi.org/10.1558/crit.v11i2.167.

DEJOURS, C.; GERNET, I. *Psicopatología del trabajo*. Madrid: Miño y Davila, 2012.

DÍAZ BERR, X. *et al*. Violencia de género en el trabajo en Chile: un campo de estudio ignorado. *Ciencia & Trabajo*, año 19, n. 58, p. 42-48, 2017. Disponível em: https://doi.org/10.4067/S0718-24492017000100042.

DOIS, A. Hostigamiento laboral: amenaza permanente para enfermería. *Enferm. Glob*, año 11, n. 28, p. 120-136, 2012. Disponível em: http://scielo.isciii.es/scielo.php?script=sci_pdf&pid=S1695-61412012000400008&lng=es&nrm=iso&tlng=es.

DOMINGUEZ, A.; MELLA, P.; WALTER, R. El acoso en el trabajo: algunos aspectos doctrinarios, jurisprudenciales y legales del acoso moral y sexual en Chile. *Revista Chilena de Derecho Del Trabajo y de La Seguridad Social*, año *5*, n. 10, p. 13-67, 2014. Disponível em: https://doi.org/10.5354/0719-7551.2016.42583

DOS SANTOS SOUZA, T. M.; DUCATTI, I. Dividir para reinar: las relaciones de género en el acoso moral en el trabajo. *Salud Trab.*, año 22, n. 2, p. 141-152, 2014. Disponível em: http://www.scielo.org.ve/scielo.php?script=sci_arttext&pid=S1315-01382014000200005.

EINARSEN, S. *et al. Bullying and emotional abuse in the workplace*: international perspectives in research and practice. New York: Taylor & Francis, 2004.

ESCARTÍN, J, SALIN, D.; RODRÍGUEZ, Á. El acoso laboral o mobbing: similitudes y diferencias de género en su severidad percibida. *Revista de Psicologia Social*, año 28, n. 2, p. 211-224, 2013. Disponível em: https://doi.org/10.1174/021347413806196735.

EUROFOUND. *Violence and harassment in European workplaces:* extent, impacts and policies. Dublin: Eurofond, 2015.

FARDELLA, C. *et al.* Identidades laborales y ética del trabajo público en tiempos de rendición de cuentas. *Psykhe*, año 25, n. 2, p. 1-11, 2016. Disponível em: https://doi.org/10.7764/psykhe.25.2.789.

FEDERICI, S. *El patriarcado del salario*. Madrid: Traficantes de sueños, 2018.

FEDERICI, S. *Revolución en punto cero*: trabajo doméstico, reproducción y luchas feministas. Madrid: Traficantes de sueños, 2013.

FRASER, N. Contradictions of capital and care. *New Left Review*. n. 100, p. 99-117, 2016. Disponível em: https://newleftreview.org/issues/II100/articles/nancy-fraser-contradictions-of-capital-and-care.pdf

FREUD, S. *El malestar en la cultura* (1930). Buenos Aíres: Amorrurtu, 1992. (Obras completas, 21)

FREUD, S. *El porvenir de una ilusión* (1929). Buenos Aíres: Amorrurtu, 1992. (Obras completas, 21)

FREUD, S. *La represión* (1915). Buenos Aíres: Amorrurtu, 1992. (Obras completas, 14)

GAMONAL, S.; PRADO, P. *El mobbing o el acoso moral laboral.* Santiago de Chile: Legalpublishing, 2009.

GUIMARÃES, C., CANÇADO, V.; LIMA, R. Workplace moral harassment and its consequences: a case study in a federal higher education institution. *Revista de Administração*, año 51, n. 2, p. 151-164, 2016. Disponível em: https://doi.org/10.5700/rausp1231.

HARASEMIUC, V.; DÍAZ, J. Evidencia científica de la relacion entre el acoso laboral y depresion. *Medicina y seguridad en el trabajo*, año 59, n. 1, p. 361-371, 2013. Disponível em: https://doi.org/10.4321/S0465-546X2013000300006.

HIRIGOYEN, M. Acoso moral: contextos, diferencias, consecuencias y medidas. *Norte de Salud Mental*, año 18, p. 39-47, 2003. Disponível em: https://dialnet.unirioja.es/descarga/articulo/4830119.pdf.

HIRIGOYEN, M. *El acoso moral*: el maltrato psicológico en la vida cotidiana. Barcelona: Paidós, 1999.

HIRIGOYEN, M. *El acoso moral en el trabajo*. Buenos Aires: Paidós, 2013.

HIRIGOYEN, M. Le harcèlement moral, un symptôme de la société moderne. *Annales Medico-Psychologiques*, año 174, n. 7, p. 575-579, 2016. Disponível em: https://doi.org/10.1016/j.amp.2016.05.004.

HONNETH, A. Recognition and justice: outline of a plural theory of justice. *Acta sociologica*. año 46, n. 4, p. 351-364, 2004. Disponível em: https://eltalondeaquiles.pucp.edu.pe/wp-content/uploads/2016/04/Honneth.pdf.

GRÖNE, J. *Las enfermedades profesionales, un paradigma que debemos revisar*. Santiago de Chile: Instituto de Salud pública, 2016.

LEONOR, M.; BICALHO, S. (). O enigma corporal na clínica psicanalítica. *Revista Agora*, ano 19, n. 3, p. 455-468, 2016. Disponível em: https://doi.org/10.1016/j.indcrop.2013.11.031.

LEYMANN, H. Mobbing and psychological terror at workplaces. *Violence and Victims*, año 5, n. 2, p. 119-126, 1990. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/2278952.

LEYMANN, H. The content and development of Mobbing at work. *European Journal of Work and Organizational Pshychology*, ano 5, n. 2, p. 165-188, 1996 . Disponível em: http://www.workpsychologyarena.com/books/Mobbing-and-Victimization-at-Work-isbn9780863779466.

MADRIGAL, E.; CALDERÓN, J. Revisión bibliográfica conceptualización médico legal del acoso

laboral. *Medicina legal*, año 32, n. 2, p. 1-10, 2015. Disponível em: http://www.scielo.sa.cr/pdf/mlcr/v32n2/art08v32n2.pdf.

MATAMALA, J.; BARRERA, A. Acoso laboral en trabajadoras chilenas que atienden víctimas de violencia: desafío investigativo. *Fides et Ratio*, ano. 17, n. 17, p. 131-163, 2019. Disponível em: http://www.scielo.org.bo/pdf/rfer/v17n17/v17n17_a08.pdf.

MATAMALA, J.; BARRERA, A. Acoso moral en el trabajo en Chile: una revisión de propuestas científicas para su abordaje (2012-2018). *Fides et Ratio*, ano 19, n. 19, p. 93-123, 2020. Disponível em: http://www.scielo.org.bo/pdf/rfer/v19n19/v19n19_a06.pdf.

MARTY, P. *La psicosomática del adulto*. Buenos Aíres: Amorrurtu, 1992.

MOLINIER, P. Souffrance, défenses, reconnaissance. Le point de vue du travail. *Nouvelle Revue de Psychosociologie*, ano 10, n. 2, p. 1-9, 2010. Disponível em: https://doi.org/10.3917/nrp.010.0099.

MONTAÑEZ, S. El reconocimiento y el sufrimiento de los cuerpos en el trabajo. *Psicología, Conocimiento y Sociedad*, año 6, n. 2, p. 29-47, 2017. Disponível em: http://www.scielo.edu.uy/pdf/pcs/v6n2/v6n2a03.pdf.

PAVEZ, J. *Significados y prácticas de la precariedad en trabajadores y trabajadoras de un programa social de infancia en la región de Valpar*aíso. Tesis doctoral, Programa Doctorado en Psicología, Pontificia Universidad Católica de Valparaíso. 2018.

PIÑUEL, I.; OÑATE, A. La evaluación y diagnóstico del mobbing o acoso psicológico en la organización: el barómetro Cisneros. *Revista de Psicología Del Trabajo y Las Organizaciones*, año 22, n. 3, p. 309-332, 2006. Disponível em: http://www.redalyc.org/articulo.oa?id=231317121005.

PRIETO, A. Hostigamiento laboral (mobbing) y sus consecuencias para la salud. *Aten. primaria*, año 35, n. 4, p. 213-216, 2005. Disponível em: https://www.elsevier.es/es-revista-atencion-primaria-27-articulo-hostigamiento-laboral-mobbing-sus-13072593.

ROS, C. *Violencia y acoso laboral en trabajadores del sector servicios*. V Congreso Internacional de Investigación y Práctica Profesional en Psicología. Facultad de Psicología Buenos Aires: Universidad de Buenos Aires. 2013. Disponível em: https://www.aacademica.org/000-054/388%0AActa.

SCOTT, H. Extending the duluth model to Workplace Bullying: A modification and adaptation of the Workplace Power-Control Wheel. *Workplace Health and Safety*, ano 66, n. 9, p. 444-452, 2018. Disponível em: https://doi.org/10.1177/2165079917750934.

SEPÚLVEDA, A. *et al*. Acoso laboral durante la formación como especialista en un hospital de pediatría en México: un fenómeno poco percibido. *Revista Medica Del Instituto Mexicano Del Seguro Social*, año 55, n. 1, p. 92-101, 2017. Disponível em: http://www.ncbi.nlm.nih.gov/pubmed/28212481.

SISTO, V.; ZELAYA, V. La etnografía de dispositivos como herramienta de análisis y el estudio del managerialismo como práctica local. *Universitas Psychologica*, año 12, n. 4, p. 1345-1354, 2013. Disponível em: https://doi.org/10.11144/Javeriana.UPSY12-4.edha.

THIBIERGE, S. Corpo e identidade: questões de psicopatologia individual e coletiva. *Revista Ágora*, ano 18, n. 2, p. 211-224, 2015. Disponível em: https://doi.org/http://dx.doi.org/10.1590/S1516-14982015000200004.

TORO, J. P.; GÓMEZ, C. Factores facilitadores de la violencia laboral: una revisión de la evidencia científica en América Latina. *Ciencia & Trabajo*, año 18, n. 56, p. 110-116, 2016. Disponível em: http://dx.doi.org/10.4067/S0718-24492016000200006.

WASSELL, J. T. Workplace violence intervention effectiveness: a systematic literature review. *Safety Science*, ano 47, n. 8, p. 1049-1055, 2009. Disponível em: https://doi.org/10.1016/j.ssci.2008.12.001.

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