# WORK COLLECTIVE AND THE PRODUCTION OF CRAFTS HEALTH[1]

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**ABSTRACT.** This paper initially proposes a conceptual re-reading of the work collective based on the systems of identification, value sharing and standards debates. Based on this analysis, inspired by the work clinics, we present a specific model that aims to identify and present the basic constituent elements of the collective (relations with the craft, affection, recognition and dialogicity). The research was carried out in two stages: a meeting with the work group in the waiting room of an employee health service and a semi-structured interview; the second with the interview clinics, transformed into clinical processes, the focus of this study. Such model was illustrated by real clinical cases, which allow to highlight that the mode of collective operation can make it maintainer or not of the survival and development of a sound craft. Finally, the workers are required to be organizers of their own work, activating the collectives in their potential elements of development and health.

**Keywords**: Work collective; work clinics; health and work.

# COLETIVOS DE TRABALHO E A PRODUÇÃO DE SAÚDE DOS OFÍCIOS

**RESUMO.** Esse artigo propõe, inicialmente, uma releitura conceitual dos coletivos de trabalho baseado nos sistemas de identificação, partilha de valores e debates de normas. A partir dessa análise, inspirada nas clínicas do trabalho, apresenta-se um modelo que visa identificar e apresentar os elementos bases de constituição dos coletivos (relações com o ofício, afeto, reconhecimento e dialogicidade). A pesquisa foi realizada em duas etapas: a primeira com aproximação do campo nas atividades em grupo na sala de espera de um serviço de saúde do trabalhador, e entrevistas semiestruturadas; a segunda com as entrevistas clínicas, transformadas em casos clínicos, as quais são foco deste estudo. Tal modelo foi ilustrado por meio de casos clínicos reais, os quais permitem destacar que o modo de funcionamento dos coletivos pode torná-lo mantenedor, ou não, da sobrevivência e do desenvolvimento de um ofício sadio. Por fim, alerta-se para a necessidade de os trabalhadores serem organizadores de seu próprio trabalho, acionando os coletivos em seus elementos potencializadores de desenvolvimento e saúde.

**Palavras-chave:** Coletivos de trabalho; clínicas do trabalho; saúde e trabalho.

# COLECTIVOS DE TRABAJO Y LA PRODUCCIÓN DE SALUD DE LOS OFICIOS

**RESUMEN.** Inicialmente, este artículo propone una relectura conceptual de los colectivos de trabajo basándose en los sistemas de identificación, en el compartir valores y en debates de normas. A partir de ese análisis, inspirado en las clínicas del trabajo, se presenta un modelo que pretende identificar los elementos básicos que constituyen a los colectivos (relaciones con el oficio, afecto, reconocimiento y dialogicidad). La investigación fue realizada en dos etapas: una de aproximación al campo con actividades en grupo en la sala de espera del servicio y entrevistas semi-directivas, y entrevistas clínicas, transformadas en casos clínicos, enfoque de este estudio. Tal modelo fue ilustrado por intermedio de casos clínicos reales que nos permiten destacar que el modo de funcionamiento de los colectivos puede convertirlos en mantenedores, o no, de la sobrevivencia y del desarrollo de un oficio sano. Finalmente, se alerta sobre la necesidad de que sean los trabajadores quienes organicen su propio trabajo, accionando a los colectivos en sus elementos potenciadores de desarrollo y salud.

**Palabras clave**: Colectivos de trabajo; clínicas del trabajo; salud y trabajo.

## Introduction

This article presents a theoretical model about work collectives and a conceptual and systematic analysis of the elements that compose it, which is theoretically based on approaches of the work clinics. The starting point is a systematization of the collective concept presented by Moraes and Athayde (2014), which seeks to achieve here a broadening and a specific approach to the issue of health production at work. For this, real case studies are used, derived from a clinical research carried out with workers on sick leave, who were being followed up at a Worker's Health Reference Center (CEREST) in a capital of the Brazilian northeast.

## Work collectives and health

Today, the intensification of work is an important aspect to understand the dismantling of work collectives. For Pina and Stotz (2014), such intensification occurs in a context of strong orientation towards the individualization of the worker (goals and performance being evaluated individually, against a scenario of intense accountability for results), which pressures and hinders the collective coping capacity of workers to the work organization. It is noteworthy that, following the weakening of the collectives, health problems are derived, such as the pathologies related to loneliness, the lack or fragility of the processes of recognition and mutual support (Lhuilier, 2006).

The latter observation could lead us to ask, as did Clot (2013), if we should then 'go back to the collective', that is, try to reconstruct it or invest more in its development, even in potentially adverse contexts of contemporary work, with its individualizing management logic. Paradoxically, for Clot, the answer does not seem to be direct, considering that there are 'collective and collective'. On the one hand, the author continues, the 'mythical' age of what we still have today as an ideal of collectives is located in the remote past of the guilds. On the other hand, however, even such corporations could (or should) be taken as 'oasis' for the health of the worker. The author observes that they had, on the contrary, deleterious

effects as well, such as rigidity and immutability, and a cohesion that would hardly allow the installation of the controversy or the debate on labor standards, among other aspects.

If the answer is not, therefore direct, this does not mean, on the other hand, that the role of collectives should not be placed in relation to the debate on health at work. Firstly, we have - perhaps as a social representation - the image that health is something that can only be lived or 'owned' in the private sphere: 'my health', 'your health'. The conjugation of health in the plural ('our health') is, perhaps, more subtle and, therefore, difficult to be observed. Second, there is the task of explaining which notion of collective lies behind our theorizations on the subject. For example, would the collective be an aggregate of people, relatively interdependent, as captured in terms as group or teams? A group of workers must therefore not only coordinate with one another, but also elaborate and articulate the collective process implied in their activity, it also, to varying degrees, collective. Are the collectives a 'proxy' or representative of groups or teams?

Inspired by approaches from work clinics (Bendassolli & Sobol, 2011; Lhuilier, 2006), we can think, in relation to the conception of health and its relation to the collective, that co-participation in work, by which the worker can to jointly experience the challenges, ruptures or 'betrayals' of the real of the activity (Bendassolli & Gondim, 2016), is certainly an element or a device of health affirmation, here understood as linked not to a solitary project of world-building, but to a concatenated, shared action, inscribed within the same professional genre, as stated by Clot (2006, 2010a, 2010b).

The last topic refers to a key characteristic of the collectives in their relationship with health: the fact that the collective, both internalized and organized in the here and now, serve as a guarantor, a mentor, an advisor, for that is to say, of individual activity (Clot, 2010a, 2013). Health, like disease, when thought considering the background of work, will never be a solitary adventure if we assume that activity is what sustains it. Clot (2010a, 2010b) observes, in this sense, that activity is health, is the action of producing a context to live. It is in this scenario of intimate connection between health, as an exercise of self-engagement in an activity that is, in essence, always collective, that we will, in the sequence, devote ourselves to an effort of systematization and conceptual definition of collective work.

## An effort of synthesis

Moraes and Athayde in an article published in 2014 advanced in the systematization of the elements that compose a collective work. There, the collective is also related to the work activities inside the craft, crossed by systems of identification, sharing of values and debates of norms. In a synthesis, these authors proposed seven central elements of what we could take here as a theoretical model about work collectives:

1. The existence of several 'workers in presence', working in a joint work, sharing work rules - which are not synonymous with prescribed regulations, or norms - (Cru, 1987). Here it is important to emphasize the dimension of the here and now as defining a collective, contrary to what is complemented in the following item, regarding the 'internalized presence', so to speak, of the collectives;

2. The occurrence of 'genre principles of professional activity', which refers to a transpersonal substratum of knowledge, values, discourses and an impersonal memory that sediments, organizes and configures the way from which the worker will appropriate to execute his tasks, allowing the exchange between themselves and the other companions (Clot, 2006). As stated earlier, this aspect of the collective refers

back to the dimension not properly 'present', derived from the coexistence in the here and now, but it rescues the mediating aspects, transmitted in the craft culture, of distant 'others' that, having engaged with activity in the past, contributed with their stock of procedures, standards and so on;

3. A particular 'language of work', shared by workers and elicited in more or less common discourses (Boutet, 1993, 1998 apud Moraes & Athayde, 2014). This item makes reference to the linguistic dimension of the crafts. Language is, in fact, a privileged mediator of activity, and refers not only to a 'discourse on' but to the demiurgical, operative dimension of the word;

4. The existence of a 'psychodynamics of recognition' (Dejours, 2002, 2004, 2012), referring to the judgment, especially the 'aesthetic', undertaken by the peers;

5. Existence of an 'internal public space of discussion', trust and cooperation between peers. This space is what allows the debate and the introduction of the controversy. Without the latter, Clot (2006) would say, there is no room for genre renewal, in other words, for the creation of new ways of dealing with the real of the activity or with the actual activity;

6. A certain 'period of time', and a certain constancy in contacts between those who remain in a profession (Clot, 2006; Dejours, 2004);

7. Proximity of the ways that face the challenges of life; the existence of 'subjective engagements and the explication of pleasures', especially in relation to what Cru (1987) calls the 'art of living'.

**Extending systematization**

The elements elaborated by Moraes and Athayde (2014) undoubtedly help to systematize a theoretical appropriation of the collectives at the intersection of the various work clinics. However, we propose in this section a slight increase in the range of such elements. More specifically, we suggest the inclusion of a new characteristic, based on the tangency of the collective by the dimension of the craft (*métier*). This is because we assume the premise that the worker is part of a collective 'insofar as he feels to belong to a craft'. Different situation occurs in his access to groups or even work teams, these more restricted - sometimes delimited by the borders of a specific organization.

The collective, as we said before, establishes itself as the guarantor of the genre, of the transpersonal memory of each craft. And the genre, in turn, informs the collectives about the criteria of 'well-done' work - the only way to 'honor' the genre, to preserve and expand it. The extension of the model that has just been discussed implies in our proposal to add a new element in the systematization proposed about work collectives. This is the following item, so named and described:

8. 'The notion of well-done work'. It refers to the possibility of performing quality work (Clot, 2006, 2010a), in which the central importance is placed on the possibility of promoting permanent debates, even within the collective, about the criteria that define that quality, the end and the 'product' derived from this work, and which give it its orientation and purpose.

Finally, our proposal to expand and systematize a work collective model implies the reflection, made from the next section, on the interrelationships between the various components of this model, which can be seen in Figure 1.

**Figure 1.** The interrelations of the constituent elements of work collectives.
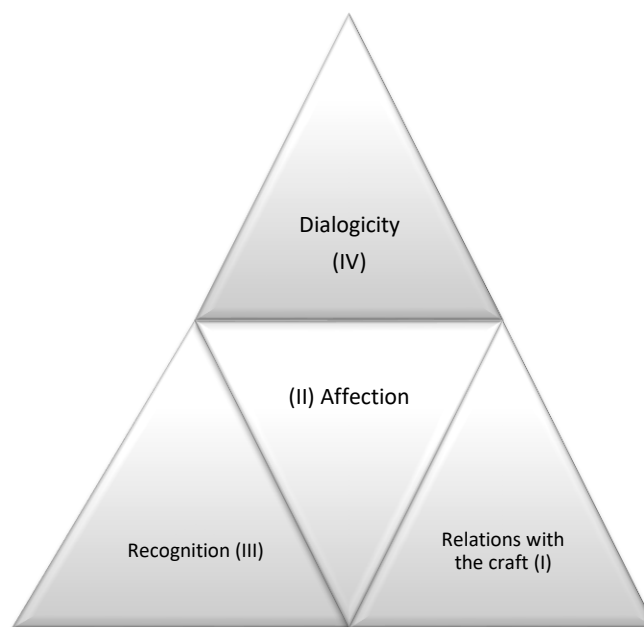


Source: The author's.

## The basis of the relations with the craft

The basis (I), 'of the relations with the craft, the sense of belonging', brings together elements of sharing the work rules (item 1 of the list presented in the previous section), the principles of the professional genre (item 2), the particular language of each craft (item 3), time of work in the professional environment (item 6), and the notion of well-done work (item 8).

The craft is defined both on a sociological and psychological level. Sociologically, Clot (2010a), based on Osty (2003), points out three instances of the craft: 'professionalism; the socialization of knowledge'; and the 'stabilization of rules' in the elaboration of specific competences, which allow access to professional identification and the construction of the social rules of the profession. Psychologically, the craft forms part of the individual when he assumes responsibility for an 'act' (Bakhtine, 1984), although this act is crossed by 'others'. It involves one taking ownership of the act, without ever being its owner, because it is a collective act, shared by other professionals of the same craft.

## The basis of affective mobilizations

The second basis, called 'affective mobilizations' (II), refers essentially to the bonds of trust and cooperation, bringing together elements: the existence of a public space for discussion, conditioned by the existence of cooperation and trust between peers (item 5), subjective engagement and pleasure expression (item 7), and the notion of well-done work

(item 8). In our daily lives, we are mobilized because we relate to others. We are affected because we have a body that stands and make up with others; we also affect others for the same reason. We can act passively or actively. In the case of collectives, affections have the role of mobilization, of making that 'already lived' become the object of another experience (Clot, 2010a). It is in this space framed by trust and cooperation that the activity is 'affected', in the sense of active, mobilizing actions on the part of the subjects.

Something similar, although by other theoretical inputs, was perceived by Dejours (2004) when he affirms that the work is not only to produce but to 'live together', emphasizing the importance of cooperation. In addition, this shared living is not self-evident: it presupposes the mobilization of the will of the workers in order to avoid violence in litigation or the conflicts that may arise from disagreements between the parties on the ways of working, on the criteria of a well-done work.

From Spinoza[4], Clot (2010a, p. 31) also discusses the role of affection. According to Clot, "[…] the effort to develop the power to act is not separated from an effort to raise the power of being affected to the highest degree". Thus, affection is a vital element in the construction of collectives, insofar as the presence of positive affects (which increases the potency of action) gives consistency to the bond. In turn, these affections related to the bonds of the collectives nourish the relations of trust and cooperation.

## The basis of recognition

The basis of 'recognition' (III) brings together the elements of recognition psychodynamics (item 4), the notion of well-done work (item 8), and the professional genre (item 2). What is recognition? In work psychodynamics, recognition depends on judgments about the quality of work, falling on the doing, not on the person (Dejours, 2009). This judgment takes two forms: that of utility, which is performed by the hierarchy; and beauty or aesthetics, which is conducted by peers. While the former serves the desire to be useful, the latter generates a sense of belonging to a work collective.

Recognition, both through the mediation of the other and through the inscription of the subject within a collective history, allows the passage from suffering, inherent in the confrontation with the real by and at work, to pleasure, since it gives meaning to this confrontation. This is why Dejours (2009) links recognition to sublimation, and this, to what he calls the deontic of doing: the implication of the subject in the elaboration and discussion of the rules of cooperation at work, on which the criteria of judgment of the quality of doing are based.

It is important to emphasize that, when compared, work psychodynamics and the clinic of the activity have different positions on the question of recognition, and on the consequences of its absence (Bendassolli, 2012). For the activity clinic, recognition does not occur only at the interpersonal level (subject-work relationship mediated by the other - as in psychodynamics), but especially at the transpersonal level, that is, in the genre/craft relationship. This difference carries a theoretical position according to which the job is not just a community of cooperation and belonging, but it includes the history of the collective in each worker, that is, he is an internal collective interlocutor, a resource that the subject has to act (Clot, 2006, 2010a).

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[4] In this study, we make a reading from Clot, in a punctual way limited to the appropriate efforts for proposed relation (power of act-affection). We reiterate that the in-depth study of Espinosa's works, not included here, is not the object of this article.

For Clot, recognition refers to the possibility of the subject recognizing himself in what he does, in the context of a particular professional genre. Thus, from the perspective of the activity clinic, as the craft is 'inside the individual', there would be no vital need for recognition only by the peers, since the subject himself would be positioned to judge whether what he is doing would meet the criteria of a well-done work. It is not an individualistic judgment, but Clot (2010a) observes that, in the absence of this internal interlocutor, the 'pseudocoletive' has to resort to interpersonal recognition strategies, often based on judgments of individuals living together in a team - without necessarily constituting a work collective. Clot (2006, p. 257) goes further by suggesting that the subject seeks the recognition of the other at the interpersonal (peer or superior) level when it can no longer be recognized in the craft environment - and such recognition thus becomes a "[…] rootless recognition".

## The basis of dialogicity

Finally, in the basis of 'dialogicity (IV')', we have the agglutination of the elements of the internal public space of discussion (item 6). Here, dialogism appears as a central element. This basis is, as shown in Figure 1, in close connection with the 'feeling of belonging to the craft', thus connecting with the elements that relate to the craft itself: sharing rules (item 1), the professional genre (item 2), the language (item 3). Dialogicity refers to the creation of spaces for discuss-*ação* on the possibilities/impediments of action in the face of the mobiliz-*ações* of professional doing.

Bakhtin (2008) contrasts the notion of dialogue with that of monologue. He still distinguishes the monologue from dialogue from the concept of 'voices'. The first consists of only one voice, while the dialogue consists of two or more voices. The monologue is a discourse that recognizes only itself and its object, not considering the other person's word, while the dialogue takes into account the words of the interlocutor(s) and the concrete conditions of verbal communication.

Following this reasoning, Brait (1996) synthesizes the dual function of Bakhtinian dialogism in an elucidating way: dialogism refers to the permanent dialogue, which is not always symmetrical and harmonious, between the different discourses that make up a community. It is in this sense that we can point out the need for dialogism as one of the central elements in collective work, which can share a common craft language, but diverge on the ways of doing the craft, inasmuch as, in working in the context of a collective, workers are, paradoxically, at the same time actors of their own acts (styling, as Clot, 2010a says, their actions), but co-agents of a collective act (the activity itself).

In short, dialogism refers to the interactional and contextual characteristics of human discourse, action and thought. Such a discourse can be defined as a web consisting of many voices or other discourses, which intersect, complete, respond to each other, and disagree with one another. In discourses, they 'speak' different voices with similar or contradictory ideological positions. In this sense, the work collectives are constituted in the dialogical relations, by which the meanings of the craft are emerging. For Bakhtin (2008), one would only become aware of himself insofar as he reveals himself to the other, through the other and with the help of the other. Therefore, dialogism refers to the principle of otherness that guides discursive activities, that is, the continuous influence of the word from the other in the construction of statements.

## Synthesis

The proposed analysis of the main dimensions that compose the work collectives brings some decisive aspects to be retained as a synthesis, before moving on to the next stage of this article. First, the distinction between collectives and other forms with which elements of sociability are discussed in the literature of work psychology and organizations, especially groups and teams. Moving away from these everyday notions from the integration of transpersonal levels into collectives seems to us an important effort.

Secondly, the affective dimension of the collectives must be understood in the context of the relations that they are called to put into practice, having as element or guiding thread the well-made accomplishment of the activity. The affections permeate the relation of the worker to himself (self-oriented activity), to the other and to the Other (in the sense of transpersonality). In this way, collectives mediate between the subject, his activity and the reality of the work, mobilizing the body and subjectivity, but both aimed at 'joint' changes in reality, it is also a mediated and collective reality.

Thirdly, collectives are also a resource for action. Here, there is an important difference with respect to models that seek to explain action at work such as that of professional competences, for example, since, although the unit of practical action are flesh and blood individuals, their appropriation of the genre, therefore, the memory of a collective, and the activities of others (insofar as the activity of the other is part of each worker's own activity), is what ultimately allows significant action on the real. In other words, in addition to protecting the individual against illness (collective as a health promoter), the collectives also subsidize it in its action, as much in its execution as in the evaluation of its quality and purpose. Without this 'compass', work would lose its collective, aesthetic, economic, instrumental, and, of course, social construction.

## Method

## Theoretical-methodological assumptions

This article is the result of an empirical research (approved by ethics committee - 1048365) carried out with workers who are away from work due to work-related illnesses, attending a municipal CEREST in a capital city in northeastern Brazil. The broader project was divided into two major steps: in the first, the researchers conducted group activities in the waiting room of the service, followed by semi-structured interviews; in the second stage, clinical interviews were carried out with participants from the first stage who were willing to proceed in the process. In this article, we report three cases extracted and systematized from this last interventional moment (clinical studies).

In the clinical analyses elaborated based on the three cases, it was possible to talk about how the experiment works as a trigger for the elaboration of other experiences (Clot, 2010a). The analysis of work thus functions as an instrument of transformation of experience, and verbalization itself is an 'activity', not only a means of accessing another activity that the worker performed 'while at work'. Clot (2006) also points out that the workers themselves are considered co-analysts of the process of constructing research data on their activity at work. Here, we understand knowledge as a dialogical construction between subject-researched and subject-researcher. Therefore, in describing the work situation, the subject does more than recount the action developed in the past.

## Participants and procedures

The workers who participated were bank officers, drivers, security guards and teachers. In all, five workers were involved in the steps described above, but for the purposes of this article only three were selected. The inclusion criterion of the study was based on the convenience and availability of each worker. The stage of the clinical interview consisted of meetings with the workers guided by a script centered around the understanding of the process of illness and listening for elements that could point to the attendance, in the speech of the workers, of the work collective.

More specifically, the meetings were organized so that the worker could express the markers of the development of his work activity, more particularly: (1) the life experience through work, until arriving at the moment of relations with the current work (development of activity, feeling of belonging, work routine); (2) the experience of illness (relationship between illness and work, action against illness and support networks); and (3) the relations of the work collective (bonds of trust, cooperation, affective engagement, support and spaces for debates).

For each participant, six meetings were held in a period of three months, in the premises of CEREST, lasting approximately one hour each. Their content has been recorded in audio for later transcription. In addition, each worker was given a notebook, called a 'memo book', in which he recorded the content of the conversation or other aspects, such as photos and other symbolic resources that could help him in expressing his professional work. This strategy facilitated not only the conduct of the interviews but also their subsequent systematization.

## Analysis procedures

After the clinical-intervention meetings with each worker, we organized the *corpus* derived from the clinical interviews, either from the 'memo book' or interviews transcripts, in the format of case studies, according to three axes: (1) history of life and work; (2) basis of the collective (previously presented); (3) collective and health production. The systematization of the case studies was based on a clinical analysis of the interviews, notably in the centrality of the collective in the health↔work relation. Methodologically, the information presented in the sequence reveals the general principles of qualitative classification and categorization techniques (Turato, 2003), and the information is categorized both by verbalized discourse and by the theoretical assumptions of work analysis, with a special focus on the work collectives.

## Results and discussion

## Case study 1

Life history through work and profession

Driver, 25 years of profession, on sick leave for a year and three months. He had to get away from work after being a victim of repeated robberies and violence in his 'work environment': the bus. 'Beingrobbed' worked as a triggering event, having mobilized him to such an extent that he even considered extreme measures (suicide) as a way of dealing with the pain of not being able to do his job. However, he presented his professional history

with great pride, the profession is a wish fulfilled, a dream achieved within his professional career.

Basis of the collective work

Relations with the craft. A professional recognized in the development of the function, and also intensely identified with it. He mentioned several times that he liked and recognized himself as a driver, that he was a 'good driver' ('The parents of the children trusted me, the elderly liked my care, I gave classes for the novice drivers'). He preserved his sense of belonging to the profession, an essential aspect to the judgment of the activity (Clot, 2010a, 2010b), even though he was torn about his affections and the impossibility of continuing to exercise it due to his illness.

Affective mobilizations. After the 'robbery event', in which the driver held the aggressor, what is happening is alack of support from the organization. The worker mentions how "[...] it was hard to listen, first: How much did they take? And not: How are you?" This posture is a trait of a fragile collective, because the worker is left alone in the process of elaborating a traumatic event, and generalizedly banalized. Even internally, for the worker himself, such a collective seems not to be present, such a feeling of helplessness and loneliness. In addition, peers, in this case, do not appear as guarantors. The sad affections that arise from this understanding of loneliness lead, paradoxically, to the 'intoxication' of the activity itself, which then fails to fulfill its role as an affective mobilizer (Lhuilier, 2006). The 'de-affectation' of the activity blocks, as a continuous act, the capacity for action - even if, in the context of the robbery, the driver has embarked on a 'transgression' of what is prescribed to him: in fact, it is not up to the worker to deal with and restrain acts of violence, such as a robbery.

Recognition. By having a close relationship with the judgment based on the criteria of quality of doing, when the worker does the 'transgression' (holding the thief in the bus), a paradox is established: while exercising the zeal and the virility of which this activity is coated, he is not 'understood' by the other, by the organization - emerging a sense of powerlessness to deal with the organization and the peers. For him, there is a lack of recognition of an act (controversial) that carries the characteristics of his professional genre.

'Dialogicity'. The consequence of a fragile collective is the experience of monologism, as opposed to dialocity (Clot, 2010a). This is because, having no recipients to turn to, the worker launches into a sort of 'anonymous murmur' with himself. As the worker says: "We no longer have time together, talk about what is happening; they do not prepare us how to act on a robbery". The emergence of the senses about events at work, even events such as this, of violence, occurs precisely in dialogicity, in the circulation of 'voices' (Brait, 1996) and the dilemmas contained therein. When they are not heard, or when they are 'silent', or even addressed to 'pseudo'- interlocutors (as sometimes occurs with institutionalized syndicalism), not only gives room to monologism, but to a version that is paralyzing in terms of the power of action.

Collective and health production

Drivers, not only this case (Assunção & Medeiros, 2015), are subjected to a precarious work organization that place them into a state of vulnerability. Doing a well-done work is a feat every day. The attempt to maintain the quality of work paradoxically puts the health of these professionals at risk. How to continue driving after an attempted robbery? How to return the other day to work activity, after having to pay for the emotional and material damage of a robbery? It is here that the necessity (of life and of the craft) to continue working

imposes itself with force, being in the origin of the dilemma that is this type of work in the large Brazilian metropolises.

In summary, if, on the one hand, the driver of the case shows a strong identification with the history of his profession, his social utility and his 'taste', on the other hand there is a disregard for the conditions of development of the activity, whether in the execution of the act of driving (working conditions that are precarious, unhealthy and vulnerable), as well as the maintenance of criteria for quality of work - which, in this case, seem to have been suffocated by productive maximization. In the context of the driver's activity, otherness appears as living representatives of the craft, including, first, the peers, but also the organization of work, users, and society more widely.

## Case study 2

Life history through work and profession

Commercial assistant (bank officer), seven years of profession, on sick leave for approximately eleven months. She recognizes herself as a bank officer (in the real of her activity), including by the similarity of the activities developed, despite being registered like commercial assistant. Initially, she presented problems related to Work-related Osteomuscular Diseases - DORTs (calcification, tendinitis and carpal tunnel), followed by work-related depressive symptoms. In her report, she emphasized the taste for work in trade/services.

Basis of the collective work

'Relations with the craft'. She assumed an activity characterized as a deviation from function (actual task versus prescribed task): she developed tasks related to the position of bank officer and manager, but she did not assume them legally. She was a hardworking 'example of results' ("I did my job well, because [...] at the time I changed the branch, I was able to leverage the numbers of the other branch, I always had a good reputation, highly praised by all managers"). Her feeling of belonging to the bank officer profession contradictorily weakened her, for there is an established pseudocollective; after all, to which work collective did she belong?

'Affective mobilizations'. She had a cooperative attitude towards her work team, helped them with their goals, considered herself collaborative. During her leave, she received complaints from her manager because she had gone for help to the union and the specialized occupational health service. This lack of generalized support deprives the activity, 'being good at what it does' becomes a mobilization of fear and mental weariness ("I cannot get inside a bank branck because I tremble all over"). There is a break in the bonds of trust that, in this setting of goals, is put to the test. Peers are prevented from attending by the constant threat of job loss.

'Recognition'. She suffered humiliation in public for not 'reaching the goal' ("You are walking, are doing nothing, are looking for weather there, you are coming to work to do what?", remembering the speech of her manager). Even though she was not formally 'bank officer', she recognized herself (feeling of belonging) as such, and was also required by her superiors to act accordingly. This distortion produced 'gains' for the organization, which intentionally stimulates the worker to perform tasks of this 'pseudocollective', but does not support him in the face of the demands of his work, besides putting into action a dynamic of recognition that is imaginary, when stimulated her to resort to the generic orientations of the bank officer activity.

'Dialogicity'. The constant fear among the peers, by the precarious format of work, makes it difficult for the presence of interlocutors in the activity. There is a discourse of teamwork that contradictorily stimulates competition and individuality, coupled with the demands of orientations of a professional genre that does not formally exist, but which is necessary - not to be a formal bank officer, but to do her job well, must resort to the professional genre of bank officer. The 'unrecognized' sense of belonging is reflected in two opposing ways: in one, the dialogism with the peers is stimulated by sharing the rules, genre, and language of that craft; in the other, there is a 'monologism': to be bank officer only for herself, in the internal scope, not echoing in the other scopes of development of her work activity, being able to generate false steps in the action (Clot, 2010a, 2013), mainly within the scope of the prescribed.

### Collective and health production

Banking activity itself has many risks - a fact that is abundantly demonstrated by literature (Marques & Giongo, 2016; Paparelli, 2011; Petarli, Salaroli, Bissoli, & Zandonade, 2015). Nevertheless, it is an activity that, in the social imaginary, seems to arouse interest - partly because of its social status. However, those risks, such as being exposed to continually ambitious goals (Paparelli, 2011), have undermined the affective basis of these collectives, judging at least on the reported case. There is a discrepancy between the job well-done and its recognition. Additionally, the ethical dimension of these collectives has been progressively attacked, exhausting its vitality. In banking activity in Brazil today, it seems that only the unions, with all the difficulties and problems involved, are left to act as a formal regulator, helping to guide this dismantled collective.

## Case study 3

### Life history through work and profession

Security guard, eight years of profession, on sick leave for a year and ten months. He was a military officer early in his career and then entered the private security field. He mentioned having a vocation for this area, where it was his exclusive field of work. He presented psychopathological symptoms of persecution and panic in the face of his work activity, often having frequent dreams of persecution and confrontations, after episodes of 'blackouts at work'.

### Basis of the collective work

'Relations with the craft'. He achieved evolutions in the career of security guard, going to the transport of values, a function that was only possible after a certain time (Vieira, Lima, & Lima, 2010). He considered doing the job very well. In his speech, there was a usual language typical of the category, with jargon and actions of the professional genre of the security field - for example: being vigilant and attentive all the time, even outside the work environment. He felt he belonged to the office of security guard, and felt this belonging threatened when he began to have 'blackouts' (confused, initially, with labyrinthitis) in his work, an event that could not be shared, since it jeopardized his activity. He felt useless and not very hopeful to return to the activity when he realized that the medication affected his abilities (agility, reflex), - for him, fundamental to his craft.

'Affective mobilizations'. He had a strong affective relationship with the profession ("I do not like it, I love it!"). He had his confidence broken from an event considered by him to

be 'unfair' - he was required to sign a suspension warning for having presented a medical follow-up certificate of his wife. He refused to sign and since then this breach of trust has reflected in his power of action (Clot, 2010a, 2010b). The worker was proud of not missing in work, this warning being an inconsistency, given his history of affective and subjective engagement with the profession.

'Recognition'. He felt fragile and considered not having the same skill as the profession demanded. He had a notion that psychopathology affected the quality criteria of his work. He knew what it was like to be a good security guard; felt the craft within himself (Clot, 2013), and for this very reason he made judgments about the loss of his abilities. In this dynamic of recognition, he reported devaluation on the part of the organization ("I would never have imagined that a company, instead of giving you a health plan for you to try to treat yourself, gave you, instead, a funeral aid").

'Dialogicity'. Security guard craft carries legacies of the professional field of security field. Perhaps partly because of this, it is still an own collective in the process of solidification. It is permeated by rules that lead workers to feel a strong fear of questioning, including their own organizational policies (Many documents to be signed, without having legal knowledge, from a representative who could guide people from what it was, what would it be, then they say "No, you have to sign it and you cannot take it"). Genre characteristics such as discretion and 'obedience' are rigidly used in a process of worker deprotection.

Collective and health production

The adverse conditions of activity development (shifts, work schedules and stressful eating and resting conditions) have led the category to segmentation, including in the trade union organization (there is not only a security guard union). One could question whether this would be a way of protecting the collective (the segmentation around specific interests and worldviews), or if, in so doing, these workers would not be moving away from a collective and dialogical work, basis of health and development.

**Final considerations**

The (in)conclusive attempt to understand the working basis of a work collective allows us to perceive the elements that, when in (low/high) power, affect the power to act of that craft. It also makes it possible to sketch in more detail the relation of collectives to health production, to the point of analyzing what happens to a trade when the basis that compose it are put at risk.

As far as the collective is synonymous with a group, the answer can be again ambiguous, since, on the one hand, although the collective depends on its physical-spatial inscription (sharing one here and now at work, for example), on the other, the collective is 'in the individual', either in the form of an internal interlocutor, a recipient for the individual activity, or in the form of an 'internalized group', which is transmitted in and by the culture of the trade, or its professional genre.

In this relationship of collectives to health, the collective, both internalized and organized in the here and now, serves as a guarantor, a mentor, an advisor, so to speak, of individual activity. Take, for example, the question of how workers can elaborate or formulate their views on the quality of their work. This quality depends more on individual opinion about doing; depends, above all, on criteria of judgment and value, and on a collective project on how to develop the genre of an activity. This genre does not occur in isolation, but within the collective, there is the feeling of doing something for posterity, for the memory of that same

craft and genre. That is, the collective, in addition to colleagues and bosses, acts as a 'third benchmark' that guides actions and gives them a path in the field of quality and meaning.

Health, like disease, when considering the background of work, will never be a solitary adventure if we assume that activity is what sustains it. Clot (2010a, 2010b) observes, in this sense, that activity is health, is the action of producing a context to live. In the fragilization of collectives, either on the plane of the observable (the physical and functional isolation of the workers in the organization, or even their submission to a work context that prioritizes the 'self' to the detriment of the *we*), as well as on the mental plane (the divestment of the individual from his own intrinsic connections with his internal 'interlocutor'), the subject has the task of privately taking care of himself, a process of illness that was not necessarily generated 'within itself', but in the activity itself, in the public space of the collective.

The cases presented from the standpoint of an expanded collective model illustrate the need for the latter to be cared for, fostered, even in individual cases that might at first sight suggest loneliness and abandonment. Even there, in internal conflicts, this collective is put to the test. However, if this conflict does not transcend the individual orbit, there will inevitably be the risk that dialogicity give way to monologism, to suffering without recipients. The collective as a health operator is precisely the instance that articulates individual health to the idea of health as a power of action in a collective scenario, as is intrinsically the work scenario.

In the collapse or fragility of collectives, the worker is left with the responsibility of caring for a sickness whose origin may not only be 'within himself', but 'within the activity', in the space of the collective. As Clot (2010a) observed, a sample of the fragility of the collective is a tendency for the worker to become socially ill (in the context of work) and to be 'cured' by the individual in the solitary bed of the clinics or, unfortunately, in the isolation of the institutions that supposedly should support it.

In addition to having to care for and treat themselves outside of the vital context that has emptied their energies and potency, the workers are also helpless with respect to the value criteria of their own doing. As previously seen, besides health factor, by measuring the quality of work, collectives also act as development factors for action. Therefore, the care given to the collectives will help to avoid an atrophy of the craft, preventing it and its collectives from 'losing control' on what, how and with whom to do.

The life energy of the collective needs to be continually revitalized, re-oxygenated through the activation of the power of action of the constituent elements (represented here by relations with the craft, affective mobilizations, recognition and dialogicity). We need to look at the internal dynamics of the functioning of these collectives, and then 'get out of ourselves' and identify the impediments placed in their range of action. The health of work depends on it.

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