

UNEMPLOYMENT AND MENTAL EXHAUSTION – A CHALLENGE TO PUBLIC POLICIES AND TRADE UNIONS

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Abstract

In Brazil, impacts of unemployment on health have historically been associated to *precariousness* of contractual relations and concrete working situations, simultaneously with *precarious* life conditions of large part of working population. We will see mental impacts of unemployment after considering mental wear and sickness in working situations. The simultaneity in which social precarization meets work precarization certainly results in material and social neglect. This paper reveals existence of another face - workers mental wear before the *subjective experience of neglect or imminent threat to overcome* - as originated in insecurity of people working under the instability that has spread in working social relations. We bring findings and reflections on this subject from studies made in different past and present economic crises, even in Brazil. Special emphasis has been placed in two aspects: a) findings that health fragilization is being adopted as disguised dismissal arguments, and b) the crucial role played by unemployment compensation support for unemployed persons and its dependents, contrasting with repercussions of its lack, studied in two Brazilian economic crises. We stress that retreat of social protection policy has a striking effect when happening in moments where protection is considered as more necessary. This arrives particularly during economic crises and consequent recession, when it becomes more difficult getting new jobs. We end our work describing the challenge of acting to prevent social setback movements in the renewal of public policies.

Keywords

Unemployment; mental health; mental wear; unemployment insurance; work precarization; work reinsertion; public policies.

INTRODUCTION

Mental life role is essential in both general health development and preservation regarding processes that deteriorate it. This is an important factor acting in processes regarding work, which only became better known from second half of the twentieth century.

When we think on the whole of what we call *mental life*, we must consider together its individual – biological and psychological – *aspects* and *permanent* interaction in what mental life will transform along *social experiences*. The *work* has a fundamental role in this path. At the same time than it is source of sustenance for the vast majority, it is also source of meaning for life. To work means having bonds with the social sphere, be part of a community, besides being the base to grant livelihood and future of a family. Therefore, *lack of work* or the perception that the job is at risk may be a threat to mental life stability, being much more probable when lesser are the possibilities of getting a new job and financial, social and psychological support of each one.

The relationship between unemployment and health is characterized by the political, economic and cultural different contexts of each social group. Such differences influence unemployed destination when searching a new job. In countries where social security hasn't yet adequately consolidated, it has been proved the importance of family support and aids provided by own workers, through trade unions and other organizations, or even in informal and solidary way. It is worth remembering that in health deterioration impact, besides social contexts, individual aspects such as educational level, professional experience and each one's personal history, without forgetting the importance of differences in case of men or women; age; ethnicity; social origin, studies; position and responsibilities within the family – specially being or not a provider.

Mental life and Society - Social and mental suffering

Doray (2011) shows us that moving away study of psychism and social relations is precisely a theoretical need to allow thinking *how* both interrelate, which is essential to understand mental processes related to work. Or as Doray says: "Talking about psychopathology "of work" certainly implies in doing a theoretical elaboration of *relationship* between psychical and social realities", p. 116. (Doray, 2011).

We also need to consider deep articulation between *contemporary social sufferings* and work related mental suffering, including lack of work. As well as the relationship between life general conditions and health must be considered when referring to Collective Health, it is fundamental trying to understand complex relationships developed through the *work path*, between social contexts and mental life in the work related mental health (WRMH) area. Such

understanding is also required for initiatives aiming to favor workers' mental health; people feeling threatened of losing their jobs and those which already lost them. Following, we will try to establish some points of reference for this understanding.

MENTAL WEAR AND PSYCHOPATHOLOGY OF WORK AND UNEMPLOYMENT

Workers' Deterioration: We have adopted mental wear concept based in Asa Cristina Laurell's texts of the 80s. She developed a guiding concept within the work related mental health (WRMH) area – a field of knowledge extending to studies of psychopathology of unemployment, also including individual and collective workers' resistances to exploitation and injustice.

Laurell based her work on historical materialism approach. Workers' deterioration concept is focused in the idea of *loss* or destitution, a set of losses resulting from an unequal correlation of powers and forces, where employees are at disadvantage, because of having a stressful work. Therefore, power relations involve - because of the advantage of those holding dominant positions - an ability to bring out profits from others' work by different ways of exploitation consuming bodies and capacities (physical, cognitive, affective and workers' relational) Thus we have *human wear*, where losses arising from work may be seen as a deformation (in the sense of loss of a previous form or shape) or a *corrosion* – even reaching the character, as demonstrated by Richard Sennett (1999).

Laurell considered that *human wear* will always be present as a *loss* – *that could be potential or effective, physical or psychical* (Laurell and Noriega, 1989). This difference has important implications when tracing the prognosis of work related mental disorders (WRMD) and should be considered in assessments on rights and types of pension benefits. For example, when a work accident causes a traumatic brain injury (TBI) with irreversible brain damage, mental disorders arising represent an effective mental wear. Same thing may occur due to workers' exposition to neurotoxic substances which have a destructive action on nervous system structures. Whilst in front of cumulative fatigue symptoms² or even in *burnout*, symptoms can be reverted. Also depression or anxiety conditions bond to continuous humiliations - in moral harassment, for example – they constitute potential wear with psychical damage subject to overcome. In these cases of potential loss of capacities, it would be necessary to modify deteriorating work characteristics to allow a therapeutic action – psychological and/or medical being efficient and bringing sustainable results permitting to stay in the job when coming back. Unhappily in our context, mental wear *medicalization* is what still prevails³. And this leads the exhausted or deteriorated

² Cumulative fatigue, generally result of work overload, is among other situations, current in alternative shift works, and is seen as a constant tiredness ("waking up tired"), discouragement, sleep disturbances and irritability. There are many studies about clinical manifestations related to fatigue (Seligmann-Silva, 2011)

³ Obviously the expression medicalization has a derogative connotation, totally different from an approach indi-

worker to be considered sick - and assume the role of *patient* – whose *passivity* is generally expected. This will distance workers from any objection of the work situation being source of their deterioration. And passivity – in general boosted by self esteem hurt (because of getting ill, therefore stopping being “excellent”) could eventually be source of a fragilization lived during return to job. This sense of fragility, sometimes followed by remaining symptoms of the illness of which was treated, will probably become an important obstacle to be admitted in a new job.

Brazilian list of work related mental disorders

The Ministry of Health published in 2001 the *Manual of work related diseases*, with a chapter on Mental and behavioral disorders where it is detailed a *List* of 12 work related mental disorders, defined through Ministry of Health ordinance no. 1339 of 1999. Both manual and the List may be accessed through the internet, at the site of the Ministry of Health. This allows having an important support for health professionals, and it can also be useful for trade unionists linked to workers’ health issues. Besides a broad description of diseases, it explains how these disorders are related with working situations, and which appropriate diagnostic criteria are.

Work related mental disorders and technical epidemiological nexus

In Brazil, data regarding increase of incidence of work related mental disorders is quite worrying. This happens since 2007, when its invisibility was partially overrun due to Social Security rules to establish the technical epidemiological nexus (TEN). (Maeno, 2013) ; (Franco; Druck and Seligmann-Silva, 2010).

UNEMPLOYMENT AND MENTAL HEALTH

Long-term unemployment (LTU) and intermittent unemployment

Studies on long-term unemployment verified that during great depression of 1929, mental health deterioration of unemployed contributed to intensify even more the period of unemployment. Impoverishment of persons affected by *long-term unemployment* (LTU) became a social problem demanding a reformulation of social policies, later done by several countries (Jahoda, Lazarsfeld and Zeisel, 1975) ; (Benoit-Guilbôt and Gallie, 1992) . Lira and Weinstein (1980) made a study in Chile on serious degradation of mental health of unemployed in LTU situation, and at the same time hit by repression of the

cated by a competent professional with due knowledge needed to diagnose and suggest therapeutic actions in mental wear cases, or even WRMH characterized clinical manifestations.

dictatorial regime. (Lira & Weinstein, 1980); (Lira, 1994).

Studies on LTU show that nevertheless a relief sensation can arrive to some persons short after losing the job, because of freeing from work pressure, further tensions of privation and uncertainty will make general and mental deterioration to worsen as the unemployment period continues, and this will undermine reintegration.

Over the last three decades, growing precarity of social bonds including working conditions, relationships, and work organization is escalating. Ways of management have been established in name of *excellence* and such paradigms as speed and flexibility many times covered with great perversity, causing extreme harmfulness to mental health⁴. This escalating works very closely with impositions of neoliberalism and brought expansion of other unemployment way: the *intermittent unemployment*.

It is possible to differentiate processes and aspects through which *LTU* and *intermittent unemployment* negatively impacted on mental health and sociability of workers we studied.

Precarization of work and mental wear

In Brazil, impacts of unemployment on health have historically been associated to control of *precarity* - of its contractual ties, mainly in working situations – and simultaneously to *poverty* of large part of working population. It is worth mentioning that informality reigned in our country until few decades ago, and that minimum wage up to the beginning of 2000s, was among lowest in the world. Currently and even with a high increase, still remains lower than in many South American countries. (Füllgraf; 2014)⁵

Mental wear is accentuated in precarized work because precarious bonds created a permanent anxiety that could be repressed or emerge as varied symptoms – including somatization, which between other disorders, very frequently causes higher blood pressure. The intensifying of requirements, together with management controls including modern technology devices – besides developing a high emotional tension, rarely arouses feeling and experiences of persecution – what in psychopathology is named *persecutory anxiety*. This manifestation can increase due to performance evaluations – continued or periodic – whose criteria in general hidden, is another source of anxiety. And also because of the effects of extreme stimulus to compete with each other, and prevailing individualism in companies environment. Someti-

4 It is impossible detailing here diverse critical aspects of works related to management causing illnesses, based in neoliberal ideas. Many authors reveal and analyze these aspects in Brazil and abroad. Among others: in France, Vicent de Gaulejac; Yves Clot; Dominique Lhuillier and Marie Pez ; in Germany, Thomas Elkeles and Ulrich Lenhart; in England, Ursula Huws; in Argentina, Mirian Wlosko and in Brazil, Silvia Jardim: Roberto Heloani; Margarida Barreto; Maria Elizabeth Antunes Lima and Edith Seligmann-Silva – all of them with several publications on this subject.

5 "Argentina is first in Latin American ranking of minimum wages paid values, with 607 usd, followed by Chile and Venezuela. Then Uruguay: 405 usd. Brazilian minimum wage of 306 usd is only 50% of Argentine wage, and down from continental average of 330 usd in 2014." Frederico F llgraf "Due to an increase of 7%, currently Chile has second best minimum wage in South America" 16/07/2014 -<http://jornalggn.com.br/blog/frederico-fuellgraf/com-aumen-to-de-7-chile-paga-segundo-melhor-salario-minimo-na-america-do-sul>

mes this persecutory anxiety, if exacerbated, can reach clinical characteristics of disease frame, named *situational paranoia* (Pezé, 2008).

Lack of safety regarding maintaining a job obviously aggravates during economic crisis with arrival of recession, as it happened in debt crisis of the 1980s. But precarization of contractual ties – globally expanded under neoliberalism guidelines from the 1990s – also became general in Brazil, *worsening* a pre-existent precarity with historical roots in slavery and colonialism.

The broadening of precarity intensified death and insecurity feelings regarding to keep a job. This experience of fear and uncertainty suffered by workers, coincides with businessmen fear of “losing the war” of competitiveness. Spreading among workers the fear of being fired facilitates unlimited increase of requirements, bringing growing work overloads, imposed not only to the bodies but also in a more and more intense way to workers’ mental life.

On the other side, an increasing action of companies to *get rid of social responsibilities* was stimulated by neoliberal ideology that also increased social precarization and working social relations. Getting rid of social responsibilities has an impact on working accidents growth, and work related wear and sicknesses. These setbacks are particularly harmful in countries where poverty is still widespread and construction of a welfare state has not yet been completed. No doubt this is the case of several Latin American countries, as well as Brazil. (Druck and Franco, 2007).

REVISITING BRAZILIAN RESEARCHES ON THE RELATIONSHIP BETWEEN UNEMPLOYMENT AND MENTAL HEALTH.

In this topic, we will revisit field researches conducted during two unemployment cycle expansions, respectively in the 1980s and 1990s. We believe some findings and analysis brought from publications and reports made from these researches can be useful to reflect about the new recessive period announced for 2015.

I – FIELD RESEARCH CONDUCTED IN THE 80s (1980-1983)

This one was our first field research regarding work related mental health. It was conducted in the period 1980- 1983⁶.

The research was an empirical study with interviews to identify work repercussions on industrial workers mental health. Main part of the research was developed in Cubatão, an industrial city in the state of São Paulo which once was among most polluted in the world. We interviewed basic industries workers, and verified that most of them had been dismissed when coming back after a sick leave period. They were mainly coming from other regions of the state or the country, with poor levels of education. Many were industrial mates subcontracted

⁶ Impact of the study on mental health of the industrial workers -

by contractors, though some of them once had formal attachment with companies from Cubatão. At one steel plant in São Paulo where we conducted another part of the research, the interviewed had a formal agreement with the company.

Social helplessness generated an increasing need, influencing workers and their families during unemployment period. This impoverishment had a main role in general wear and even mental and psychosomatic sickness progression of these workers. They reduced their social participation, affecting in a general way relationship with old working companions and the trade union. In so far as the duration of unemployment continued, hope of going back to work faded. The decrease of expectations to resume working, appeared more strongly in older workers, and sometimes even in those with ages around 40 years – since youthfulness – *the vitality of youth*- was in general one of the requirements established by companies, to follow standards valued by the idea of excellence, blunting at that time. This admission criterion is still quite present, being one of the challenges that ageing implies for social policies in our country, as it has been analyzed by Teixeira (2008).

Regarding first research, besides impacts above described on mental health, we can make two remarks:

1 - *The unemployment insurance*: Brazil did not have this social benefit during the period we conducted the research in the 80s. In general, basic industries workers did not have any savings and many of them were migrants not having family support in Cubatão. Lack of unemployment insurance aggravated abandonment and despair, because it boosted impoverishment of these workers and their dependents. Therefore, extreme shortage became an aggravating factor for mental health degradation and certainly contributed in many of the studied cases, for acute mental crises that sometimes led to psychiatric hospitalization .

The unemployment insurance was only established some years after this research.⁷

2 - During years 1980-83, precarization wasn't still mentioned. But precarity of work social ties and working conditions was emphasized in statements of interviewed workers.

II - FIELD RESEARCHES CONDUCTED IN THE 90s LONG TERM UNEMPLOYMENT (LTU) AND INTERMITTENCES

During period 1994 – 1997 we developed a line of research oriented to study the long term unemployment (LTU). The researches were qualitative, exploratory and *conducted through interviews with unemployed* for more than six months, in six Brazilian states, with greatest number of interviews done in São Paulo and São Bernardo. Besides unemployed men and women, we also

⁷ Decree-Law no. 2283, of February 27, 1986, instituted unemployment insurance. Decree-Law no. 2284, of March 10 of the same year, ratified it.

interviewed agents of the National Employment System (SINE) and health professionals working for Workers Health Reference Services (CERESTS), besides a doctor treating patients in a Trade Union (Seligmann-Silva, 1997; 1998 and 2001)

In first stage we developed a project with the main objective of *researching relationship between long term unemployment paths and health problems*, particularly within mental health and human relationships environment. This objective was based in the fact that mental health and sociability are intrinsically linked, and that one of our research hypothesis was that human *relationships* were being put under extreme pressure in working environments, due to productive restructuration in progress at that time. Then we developed a project aiming to study perspective of facing long term unemployment based in the reality lived by unemployed, and different options seen from other studies and experiences⁸ - to analyze challenges arising from the LTU situation found in our context, regarding state and the companies social responsibility.

The interviews also intended to identify and analyze articulations between LTU and new companies' organizational paradigms. LTU concept by us adopted to do the research was based in a period longer than six months after dismissing, different from European criterion using a one-year period. This had a reason: unemployment insurance in Brazil at the time project was elaborated had a maximum validity of five months. This would imply for the poorest, in establishing special surviving strategies from that term⁹.

Down here we enhance some results of the research:

A) Work related pathologies

At SINE agencies, most of LTU interviewed workers had a long history of searching jobs, trying to bravely resist to successive deceptions, and therefore keeping hope. But deterioration grew and they felt it. Once unemployment insurance period was finished, worries (especially for householders) and sacrifices to seek a job became more painful as time passed. Some of them looked sad – but continued fighting against discouragement and not even one of the 42 interviewed at SINE presented a typified psychical disorder. Therefore, deterioration existed but without psychiatric features.

At CEREST we mostly found depressed people. Their medical records allowed verifying that origin of depression many times had a close connection with precarized work pressures, but after being dismissed their depressive symptoms aggravated.

Many of the interviewed workers had a record of working accidents. In several cases we could analyze retrospectively how precarized work pressu-

⁸ We did a bibliographical survey, including academic studies, from such authors as Pierre Bourdieu, Robert Castel; Didier Demazière and Dominique Schnapper – and from international agencies: among others, ILO - the International Labor Organization; UNDP - *United Nations Development Program* and ANPE (Agence Nationale pour l'Emploi).

⁹ Many workers interviewed by SINE agencies told that before their requirements at agencies, they spent periods doing odd jobs, something characterized as disguised unemployment due to precarious jobs – same situation lived by many persons interviewed at workers health services, in same research conducted in São Paulo and São Bernardo do Campo. However, at these workers health services, most of LTU applicants also corresponded to "hidden unemployment due to discouragement" category.

res contributed for accidents. We don't have space here to describe variety of detected connections among work, wear and accident, however we can emphasize they were identified as related to precarization (but "in name of excellence"), organizational pressures bringing heavy work *overload* and triggering anxiety, interpersonal conflicts, fear and *hyperactivity* leading to accumulation of fatigue. In these injured, situation of *hidden unemployment due to discouragement* (unemployed which for some reasons did not look for jobs in 30 days before interview, but were effectively looking last 12 months) was clear and associated to most found psychical process in these cases, which also was of depression.

We could as well identify another diagnosis: *burnout*. It was characterized by a retrospective analysis of injured work paths and several other workers which at the time of interviews, had depression diagnosis ¹⁰

B – Dismissal criteria cases

Causes of dismissal, in cases where the company explained them to workers, made no references to health disorders but to performance or conduct inadequacy. Some interviewed clearly stated that their perception regarding "inadequacies" – such as slowness or performance errors - was caused by working deterioration. Analysis of interview allowed identifying existence of a *systematic concealment of dismissal criteria guideline*.

It is obvious that for companies a dismissal criteria mentioning sickness as arising from work would be revealing details of a fact breaching the law and workers rights. But verifying this concealment is a terrible employer's lack of responsibility of health problems suffered by workers within these companies.

It is worth mentioning that in repetitive strain disease (LER) and work related musculo skeletal disorder (DORT) studied cases; the evidence of pathology was clearly seen and decisive to the dismissal. This led to two situations: 1) cases where pressure, requirements and humiliations had so much intensified to the point of making unbearable to keep the job, thus driving workers to ask for dismissal. And moral harassment became evident due to many statements. 2) cases where companies had proposed agreements to workers accepting dismissal. In several cases, second situation followed the first one. A research conducted by Maria Maeno (2001) deeply analyzed such impacts and its developments. (Maeno, 2001) ¹¹

¹⁰ We did not find unemployment related alcoholism cases - so aforementioned in literature relating psychopathology of unemployment. This was probably due to the circumstance that people addicted to alcohol do not go to CERESTs. They are mainly seen by Mental Health Services.

¹¹ In a subproject developed alongside with these researches, we could confirm this hiding through interviews made with Human Resources professionals from some companies. Many of them showed with variable reluctant intensity that performance alterations and conduct disorders used as dismissal causes, "would perhaps be due to health problems". But in general – with few exceptions - HR professionals did not consider they were originated by work.

C- Impact of LTU experience in mental health disorders origin and/or worsening. Vicissitudes when searching work.

Daily activities report on ways of searching a new job revealed how difficulties contributed to mental health deterioration. Down here we resume some of these items:

1- Worsening of poverty, for most of interviewed it seriously undermined own search of job, because of absence of conditions being essential to the “work of searching work”. They stressed what brought fatigue and discouragement in this daily search:

- Shortage of food: lack of food reduced their physical capacities and resistance to walk or remain many hours in lines during search of jobs.
- No money to pay transport fares – this made some workers feeling humiliated because they had to ask to borrow funds from relatives or neighbors.
- Lack of suitable suits and shoes to go to employment agencies or company’s interviews.
- Financial impossibility of taking care of personal appearance – an important requirement when in search of job.
- Impossibility of going to a dentist, a main concern when having visible dental failures, a major constraint.

2 - Main employers’ requirements: We also studied main *requirements* LTU workers faced which sometimes became barriers to be admitted in certain jobs. They mainly referred to previous experience in the activity, maximum age limits and education¹², and even requiring living near the facilities. In essence, what was observed was that employers established a set of requirements which large number of unemployed could not comply with. In this way, a huge human contingent had repeatedly been discarded and excluded from job recruitment processes. And therefore remained or joined the group of those living an LTU situation.

Women with young children told that search was difficult, because they did not have a person to keep children at home, since nurseries “only accepted children of mother workers”.

3- Systematic rejection of LTU employees: most all interviewed had that perception. The experience they had was that employers showed lack of interest with job candidates as soon as getting the reply to the following question: *how long is it that...* he was unemployed.

In Brazil this rejection can also reach former civil servants. This was what we saw from interviews with these persons, telling that they had been dismissed during Fernando Collor’s government “adjustments” and three years later they were still unemployed. (Seligmann-Silva, 1995, 1997; 2001)

¹² Requirements regarding education, most of the times were absolutely incomprehensible. For example, in a seamstress job, it was compelling having completed secondary school.

4- **Unemployed feelings:** Many of LTU employees expressed their feelings of sadness, shame, and sometimes guilt for what they considered was a personal failure... Others said they felt intense anger and revolt because they considered unfair their dismissal and also a lack of recognition after many years of work. These feelings were disturbing and many times prevented from sleeping peacefully.

In short: In cases by us studied, we verified that extending unemployment can be present in the origin or worsening of previously existing mental/ psychosomatic disorders. The outbreak or intensification of such disorders, if not being object of a social solution or therapeutic treatment, contributes to extend even more the unemployment. It is therefore a typical vicious circle dynamics. And challenge is being able to break this circle.

Several studies conducted in Europe, and particularly a broad epidemiologic Australian research, show that if by one side unemployment can be a significant cause of psychological disorders, on the other side symptoms do not persist after the cause is overcome. And LTU workers are in general really willing to assume a new job as soon as they see it means a real decent work opportunity. Or quoting Morrell, "*the effective cure of psychical morbidity arising from unemployment situations is...a job*". (Morrell and colab., 1994).

Lack of inter-institutional integration between Single Health System (SUS) and SINE regarding actions oriented to reinsertion into the labor market

At the health services we visited there was no systematic outplacement articulation with public or private bodies. And interviews with SINE professionals confirmed this. Based on it, we draw together with research conclusions, the following **suggestion:** Incorporate to the SUS a *Working Clinic* able to identify losses, problems, malformations, accidents and sicknesses based in work that reach and disturb workers relational mental life. This Clinic, besides diagnosis and therapeutic actions, should have to be able to detect, analyze and verify working situations that caused the mental wear and could be seen as potentially producing collective damages. This could only be possible from a *Working Clinic connected to working population and all the institutions working in and out of the SUS* - have responsibilities in multiple interfaces granting a decent and healthy work. The Clinic should also, from an inter-institutional practice, direct patients for care rehabilitation, working reinsertion and solve legal issues of persons which suffered damages or lived neglecting situations, including forced inactivity due to unemployment in recession periods.

III - CURRENT SITUATION – NEW CHALLENGES BETWEEN 2000 and 2010

At the time of ending this paper, the General Registry of employed and unemployed (Caged), published most recent data regarding Brazilian workers. Figures bring concern since confirm an outlined trend in previous months and because of potential negative repercussions the increase of unemployment will carry, not only for the subsistence of unemployed workers and their families, but also for their health, particularly their mental health.

To follow, we will briefly mention a problem which – because of being interrelated with social and psychical aspects – became a strong challenge we could not miss in this text. It is the *presenteeism* – now also recognized due to its negative economic implications.

PRESENTEEISM

The act of attending work while sick, - hiding from others, and many times also from himself being sick - is what characterizes presenteeism. This conduct may extend during months and even years, until worsening of symptoms arrive to a point when it becomes impossible bearing them and keep going to work. It is in this moment when need of assistance and work leave will impose. Late seek for treatment, when already most serious disorders have arrived, will require longer work leave and higher costs for the Social and Health Security. Nowadays, social and economic costs of presenteeism are considered extremely high by governments and companies. Therefore in the European Union, Australia, Canada and United States, authorities are trying to develop measures to face these costs¹³ Human costs – for workers and their families, are also high but intangible.

The word presenteeism acquired a negative connotation, even derogatory between managers – showing evident *horror* when talking of “*these employees that only insist on being present, hampering productivity and being an extremely bad example for the others*”. Presenteeism is generally lived with great constraint and mental suffering.

But the truth is that presenteeism became a major Public Health problem and at the same time social and economic. Worsening of hidden pathologies reveal when they burst massively – after suffering and limitations made impossible continue working and seeking for help and treatment are already urgent, and this became a worrying issue for the governments of many countries. This causes a *discrepancy* in morbidity records, limiting INSS and SUS databases reliability, since insured will only ask for benefits and treatments months after pathologies appeared.

Presenteeism costs have been assessed in several countries and they are high. Presenteeism in Canada and United States was disclosed in 2012. A study conducted by Statistics Canada informed that loss of productivity arising from presenteeism was at least 7.5 times higher than total productivity losses due to

13 <http://www.forbes.com/sites/brucejapsen/2012/09/12/u-s-workforce-illness-costs-576b-annually-from-sick-days-to-workers-compensation/>

absenteeism. It was estimated that year costs of presenteeism for Canadian business is around 15 to 25 billion dollars¹⁴. In United States, the Integrated Benefits Institute –, an institution gathering information from major corporations such as Microsoft and Caterpillar (among others) declared that 227 billion dollars corresponding to 39% of costs arising from precarious health originate from losses of productivity, caused by absenteeism or presenteeism of those “working but whose health weaknesses prevent from a performance giving best of themselves”.

Among conditions facilitating *presenteeism* emergence, two may be enhanced: recession and stigmatization of people in which unemployment is a strong feature of its recent past.

1 -Recession. Evidences that a recession encourages chronic diseases and its worsening are not new. This because studies have seen that many workers try to support long periods suffering most varied symptoms – including strong pain – without seeing a doctor because of the risk of being qualified as “unproductive” or lose their jobs. In Brazil, among other authors, Borges (1997) verified this during the 90s, when he studied repetitive strain injuries (LER) in bank employees. Chronic pain was more frequent complaint when seen a set of studies on clinical signs of absenteeism and presenteeism, done in the European Union (Langley and colab. 2010). Therefore, the emergence of workers pain claims in certain working places is a valuable alert to act preventively and block emergence of presenteeism. Detecting and early treatment of any work related disease is globally recommended for prevention of presenteeism and has been indicated by the European Union and countries in other continents. This could be a triple scope effective way: a) stop presenteeism through clinic intervention, by preventing worsening of pathologies; b) doing primary prevention, avoiding new illnesses, by mapping places and most damaging working situations to interfere on them; c) reducing social and economic costs.

To face presenteeism, first of all it must be provided a broad understanding of what it really means to people managing this issue: that it is a signal of a health problem (many times arising from work intensification) and not from “lack of interest in the work”.

Repercussions of large cutbacks in personnel for those remaining in jobs appear in workload involved and in disturbing feelings – of loss, guilt; revolt or fear “of being the next”. And then, of revealing symptoms and be dismissed.

2 - Stigmatization due to unemployment. Besides the upsurge of other types of discrimination in times of ethnical, gender or social origin crisis, or long term unemployment and records of successive short jobs (intermittent unemployment), it also may configure a stigma creating discrimination in labor market. But other types of stigmatization may surge, for example, for having worked in a company that went bankrupt or in a place where many accidents occurred or even some work related diseases.

¹⁴ (<http://rhealth.ca/corporate/2012/11/05/presenteeism-in-canada/>)

In Brazil this rejection can also reach former civil servants when looking for jobs in private companies. This was what we saw in interviews with these persons during the 90s, telling us they had been dismissed during Fernando Collor's government "adjustments" and three years later they were still unemployed. (Seligmann-Silva, 1995, 1997; 2001). Discrimination by ages or by belonging to a certain ethnicity has also been verified in many researches. We are not able to develop further considerations in this text about disadvantages that young and older suffer in the labor market, and that have been largely studied in Brazil and globally.

HIGH ROTATION IN EMPLOYMENT

A study conducted by DIEESE in 2014, reveals that in the consolidation of labor laws (CLT) market the rate of employee turnover was **63.7%** in 2013. This data is part of a same study in a longer period: between 2002 and 2013 around 65% of workers not even completed a full year in their jobs. This confirms prevalence of short term jobs in Brazil. (DIEESE, 2014).¹⁵

This high rate of employee turnover is indelibly related to a rise of *intermittent unemployment* – which looks to be current prevalent way of unemployment and become cause of *continued lack of security and uncertainty*.

On the other side, high rate of employee turnover also favors presenteeism of remaining workers in highly stressful jobs, since fear of a new unemployment cycle leads people to hide pain and any kind of malaise – they try to *work while it is possible and in the way it is possible*. Then, high rate of employee turnover becomes a feared and perceived threat for workers, articulating again with presenteeism. Concrete examples of this have been identified by professionals seeing persons in the Workers' Health area of Cerest, at Piracicaba, in the state of Sao Paulo¹⁶

ORGANIZATIONAL SETBACKS

Presenteeism remains, even after setbacks driving working situations to be more difficult and deteriorating. Since need of keeping the work imposes,

¹⁵ Deliberately we have not considered here the discounted turnover rate, deducted from global turnover of dismissals not ordered by the employer. This because we know with which frequency employers' action contribute to drive harassment, work in dangerous areas without safety protection; imposing long working hours and exhausting paces or other ways, making workers feeling constrained and therefore asking to be dismissed.

¹⁶ In January 9, 2015 the sociologist Mara Takahashi sent a e-mail regarding above issue, in a discussion on unemployment insurance modifications, presented by Provisional Measure no. 624 of Presidency of the Republic:

We know that presenteeism is a reality in Brazilian world of employment. When a worker with work related health problems is dismissed, and he was being treated with medicines, self-administered or administered by company outpatient centers, he will ask for his social benefits, using his insured rights, because he knows he is got few chances of finding a new job. The lack of identification of incapacity for work we find in INSS peer reviews is inversely proportional to the strictness of occupational doctors when doing admission exams. This happens because of high demand for jobs. Here in Piracicaba we have a company that dismissed 300 metallurgical workers en masse. A good part of them had gone to CEREST with previous diagnosis of spinal injuries, and epidemiological link recognized by Technical epidemiological link (NTEP) for that company. They all went to see a doctor and were sent to the INSS. A good part of them got the social benefit due to the severity of their injuries.

even in presence of these setbacks – many times showing up disguised by apologetic speeches of a false modernity and misleading pressures of excellence not including the respect to human beings producing it. *Fear* is again present in working social relations and management, becoming sick when emerging in work contexts where trust and quality of communications is being dilapidated and where the *working time stretching* represents another setback aggravating current scenario.¹⁷

THE RESISTANCE OF WORKERS IN ECONOMIC CRISIS

Economic crisis are also social, and they might generate political crises. Workers have always been the most affected by these crises – especially when recession or massive unemployment emerges.

Facing unemployment has always historically been - all over the world, an important part of workers struggle and their organizations. However, in authoritarian regimes, such resistances were always more difficult because of being subject to the repression of those holding political power – in general allied to the interests of people holding economic power.

In European countries, it is more than twenty five years ago than own civil society movements created organizations to face unemployment problem, and incorporated health issue to that struggle... (Voigt and Kiesselbach, 1992)

In Brazil, from crisis of the 90s, unemployed movements became visible, doing several actions such as public demonstrations in many states. However, it was only in most recent years that health issue became present in these struggles. Claims have basically been addressed to lack of medical assistance when workers lose their jobs – and in general also losing their rights to companies granted benefits. It confirms that mental health deterioration, whose importance has been revealed in studies conducted in many countries, is still treated with poor attention by Brazilian trade unions. It is worth mentioning that besides therapeutic treatment demanded, it is a matter of great political interest due to its negative impact arising from driving a large number of workers to discouragement and immobility, getting too far from working class struggles.

Assessment of social and political – including trade union - participation was part of field research objectives we conducted during economic crises of the 1980s and 1990s. They confirmed that above mentioned gap was present in interviewed workers, caused by both discouragement and concerns regarding short-term subsistence. And for those committed in search of a new job, fatigue and frustration arising from daily efforts had developed a strong skepticism and even unbelief.

¹⁷ The land transport business is an example of this; in the case of truck drivers it was supported by a change in legislation. This new law also flouted a long workers struggle! It is amazing this happened regardless the consensus on risks of long working time for this type of driving! This consensus is well consolidated among health specialists and based in researches, including some done in Brazil. A labor lawyer from the state of Bahia sent a comment on this matter, in February 12, 2015). "I have many clients' truck drivers, victims of accidents due to extensive and strenuous working hour shifts."

FINAL CONSIDERATIONS

In an essay written after ending a 1990 empirical research on psychopathology of unemployment, we developed some reflexions on the socio-psychological dimension of work and unemployment. We believe that some of these final considerations, extracted from mentioned essay can be mentioned here to reflect on current conjuncture:

Our objective in this essay was elucidating *magnitude of an imposed challenge*: to harmonize productive restructuration with preservation of ethical values. The challenge implies in keeping present, along undertaking transforming actions – in the state and in companies - the conscience of **central value** that significance of access to employment still has in our society. And also develop articulated policies oriented to prevent social exclusion, early interrupting damaging processes ruling in contexts lacking citizenship. Among them, those hitting mental health through deteriorating jobs and opening the way to *long term unemployment and intermittent unemployment*.

Granting a sense of belonging: After defining the role unemployment has in social exclusion processes, we have seen the dynamics simultaneously transforming sociability and subjectivity, which must urgently be considered by those implementing social policies. And we concluded that thinking about *public policies and initiatives of the organized society* able to face the ills of unemployment – including these impacting in subjectivity and health – is essential, besides looking for creation of jobs and other income generation means also look for actions granting support and oriented to maintain and strengthen a sense of belonging. It is about granting essential bonds to social insertion, especially for those which lost their jobs, but also for the others. We have seen that this sense of belonging is fundamental in processes where is built sense, social recognition and health in its fullest sense. And these bonds always hold valuable potential to expand and consolidate citizenship and democracy.

Even knowing the difficulties planner and manager face to deal with aspects which cannot be transformed in measurable factors, we have written this text to alert them about *urgency* of considering such processes.

Throughout this study, we tried to see dynamics driving uncertainty to mistrust and isolation and/or conflict, at the same time than originates personal suffering and sickness. We have also seen the way through which unemployed may go from discouragement to hidden or evident depressions, and the severity these situations can set. This without forgetting that when solidarity marks human interrelation, a new sociability may face uncertainty until overcoming fear and discouragement, finding a way back to health, by simultaneously recovering the sense of work and life.

Conclusion topic for essay was the following:

RETHINK UTOPIAS TO RESTORE SIGNIFICANT WORK AND LIFE –

We believe that what we expounded may bring reflexions oriented to overcoming a double dissociation - existing between public and private institutions, and yet the one occurring between them and a population for who work and also employment still continue to save a profound significance. We know that utopias sometimes are seen as useless dreams. But they may also – and this is how it has been all over the history – be a transforming force. Especially in grave times of mankind destiny turnaround, such as the current one. This is why we dare to say the following: we think that now more than ever, our country urgently needs to integrate economic and social participative policies. Not just a “speech policy” or a policy voiced at a concrete distance of society, but one able to integrate this society – including huge contingent of unemployed or precarized women and men being part of it. And also must participate, in a joint action, those which - in the companies – are aware that it is absolutely essential doing another productive restructuration – containing the synergy of economic growth and social development. It is worth rethinking utopia that life oriented forces permeating roads, companies and population, may harmonize plans and practices, mobilizing thoughts, sensibility and action for the general good. (Seligmann-Silva, 1998).

We believe that the call with which we end this essay could be even more valid at the beginning of this 21st century, when new threats hover over them and populations of so many countries. More than ever, now *life values* must be paramount in policies and actions of all those aspiring for own life preservation. This is the only way we will escape from barbarism which philosopher Michel Henry talks about¹⁸

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¹⁸ Michel Henry – A Barbárie.

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