GENDER MALAISE AT WORK

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Abstract

This paper is the conclusion of an epistemological reflection. Considering that only few studies allow elucidating impact of gender membership in health deterioration risks within working environment, our intention here is to describe reflections related with changes occurred within the scope of a research seminar. We may link experienced malaise and disparities suffered by women without the actors linking malaise and gender membership. This is due to a notorious invisibility of traits of this malaise and its causes, since they appear as natural or tied to women's choices or incapacities, when its origin is in work organization ways and relationships built according to socialization between different men and women. The comprehensive methodological approach is at the same time crucial and difficult, since gender's explanatory variable is associated to some many other variables.

Keywords

Health, gender, work

Much research indicates that women's position differs from those of men in predominantly male environments. On the other side, fewer research has been done analyzing men position in female professions (Bessin, 2008 ; Buscatto and Fusulier, 2013). The consequences are different, because «female minorities» struggle to gain recognition within ancient «male bastions», while men in a minority position have more frequent and fast means of progress than their female colleagues » (Le Feuvre e Laufer 2008).

Research based in work related gender and health is still limited. The idea that lack of equal opportunities – even discriminations – lived by women could influence in their health has not really being considered by researchers. No doubt this is result of difficulties in debating different factors interfering in actors' health.

The seminar we organized in 2012-2013 strengthened our hypothesis stated at the beginning, that origin of malaise regarding spaces and interac-

tions within working world differs for men or women.

Could this position, besides the fact of being different, have any effects on health? And if this would be the case, which mechanisms at stake to reach health target, or on the contrary, which allow avoiding health deterioration?

One of our main researches is Sumer[2] (acronym of Surveillance médicale des risques professionnels) where differences between men and women can be seen, based in their positions in working organization.

Benefits of SUMER research are concrete. Based in Robert Karasek and Siegrist models, the research develops questions submitted to employees through occupational doctors in a broad variety of companies. The objective is collecting information on mental, physical and social health risks caused by working conditions plus organizational and relational factors that could interact with mental functioning. Psychosocial risk factors have been classified in six groups: workload, emotional demands, insufficient autonomy, poor quality of social relationships at work, value conflicts and work situation insecurity (Gollac and Bodier, 2011). Some health problems affect twice women than men. For example: anxiety, mentioned by 14% of women (DREES, 2009).

Another significant finding, associated with working activity in itself, is data from (Guignon N., Niedhammer I., Sandret N. 2008, Guignon 2008, DARES 2013) showing that by any criterion, women are more exposed than men in their working activities: they are strongly exposed to a «working tension» (one in three women). This criterion states that in less favored categories, such as workers and employees, differences between men and women are more important.

Reasons why women are more exposed are related to a lack of **decision latitude** to face pressure and lack of working social support. Being exposed to these risks may bring musculoskeletal disorders, affecting more frequently female workers. These risks are a main health problem, which could endure in view of its evolution before aging of workforce and intensification of working conditions (DREES, 2009). The SUMER research allows compiling risks based in tasks performed at work, important data in a gender approach, since it is frequent seeing women covering front positions due to her strong presence in the tertiary sector: almost 80% of women work part-time.

The concept of psychosocial risk has been subject of much criticism in France; it mixes up different aspects which would harm in-depth approach of some more precise effects. This way, researchers argue they need to do a better study of employees' capacity to adapt their work acting and giving opinions on the activities they perform. (Davezies, 1999, 2007; Clot, 2010). This makes concrete working negotiations to become at the same time pertinent and necessary.

Our analysis calls attention to the place social relationship occupies, practical arrangements for the operation of organizations, how relationship will be constructed, based in domination processes and gendered represen-

2 Sumer is a research of the Ministry of Labor

tations. We believe that in SUMER research two aspects have been overlooked and this is the reason why we organized a seminar to analyze them better. 1) The SUMER research does not study difficulties to link up working life with life outside work. It does not take into account the fact that women invest more time within family environment, while also being responsible for household. However, research shows how work tends to invade also private life (by taking home working concerns, besides work to do). Ways of articulating working activities with time out of it may impact on health at work; therefore it is important taking them into account. 2) The second characteristic is related to discrimination and power relations to whom women are submitted in their activities due to its gender membership; it is them which frequently assume worst part of work or the "dirty job" as Everett C Hughes (1996) says. Be it in the private side – at home, or at work. To assert and get the position they are trying to achieve, women must fight against countless prejudices and overcome great resistances.

The collective work done in a seminar in 2013 led us to outline several blind spots and invisibility of certain dimensions which researchers don't see and players don't get aware. (Bercot, 2014).

After explaining how we approach health issue, we will talk in first place of qualitative research importance and how working assessment procedures and health problems can modify our perception on inequalities between men and women at work and its causes. This will allow remembering details of these methods. Then we will deliver some results of researches made in France on this subject.

What we mean by malaise in the workplace

First of all, our approach is different from biological or epidemiological approaches. The epidemiological analysis is focused in health events distribution variations. It is based in a variety of indexes: prevalence, incidence, incidence density, mortality rates. Epidemiology studies how these indexes vary in terms of space and time and categories. Epidemiology researches through correlational studies based in cohort or case-control, and elaborates prediction models on occurrence of diseases. These models seek to isolate risk factors. As long as they meet identified causality criteria, they are assimilated to the causes of the disease. Potvin and Frohlich (1998) enhance that objective of these analyses is not explaining how flow of these causes modifies or not health. «It is mainly about preparing a list as complete as possible of factors associated to alterations in the risk of occurrence of the disease and estimating isolated effect of each factor, considering others factors effect, to increase predictive capacity of models » (p 144). The authors state it was possible detecting many important variations' phenomena between men and women. Although gender is not a modifiable factor, it is relegated to the role of marker for risk

and included in prediction equations. In multi-causal studies, all dimensions remain in the same plan.

Other disciplines such as sociology, ergonomics and psychoanalysis show that gender is not a biological marker for risk. To illustrate this idea we may refer to the notion of incorporation, developed by anthropologists. Incorporation allows seeing that in different societies, «power relationships and life conditions adhere to people's bodies and mark their exposition to risk factors and its experience of health » (Potvin & Frohlich, 1998). People's experience and its relationships build an experience of health. Our socializations are determined by gender and adhere to our bodies, influencing our perceptions, especially regarding what we consider natural and acceptable for each sex. This is essential since it means for example that sensitivity to pain and loss of prestige, humiliation, to encouragement or valorization are result of our socializations and part of our capacity of socializing (Bourdieu, 1987). The psychoanalyst Marie Pezé (2008) mentions the existence of a second body, the symbolic body. We can also think that relation we have with health changes with age, and that also expectations regarding health vary according to professional categories, or if the person is doctor or a patient, etc.

We have chosen the word malaise by two reasons. First, because it is the opposite of ILO's health definition analyzed as a well-being. And also because it addresses to our commitment of talking about the effects on women's health regarding problematic situations they usually face and may be characterized as loss of prestige and inequality, particularly in power relation situations. Malaise sometimes is revealed through diverse symptoms without relating them with situations given as women lived at work. This malaise is sometimes internally repressed, however this does not mean it will be not a health problem. Therefore we can define health as «the result of positions and eventual future perspectives, and tensions arising between encounter of an individual provided with social characteristics and norms and values of a society» (Cousteaux, Pan Ké Shon, 2008). We consider that these are a reflection of a place in a social relationship.

The social relationship concept is useful to analyze processes driving to health social inequalities. They may be based in following: «A social relationship is an antagonistic relation between two social groups, established around an issue. It is a material and ideal production relation… And at the same time a conflictive report» (Kergoat, 2009). The social relationship is characterized by its ideal and concrete dimensions, driving to assign roles and attributes to women.

Constant inequalities between men and women reflect how division of power at work is based in a sex division. It can be seen first through a different socialization for men and women being in same environment or country. The socialization is built based in collective practices, representations and beliefs, allowing including a power relationship construction. Social positions also include access to different resources. Expectations and prejudices regarding

men and women roles and qualities are articulated with possibilities of this happening in same social space.

We are so used to roles respectively attributed to men and women in social life that we find them natural and they are considered normal, evident, and biologically related. Our thesis is that - for women, malaise at work differs in part because of the existence of this social relationship. Indeed, to experience of organizational pressures we must add experience of competition for working posts. For example, difficulties especially and massively related to women in many jobs, particularly those of men's world, but also in hierarchical levels. Even in France where women have acquired countless rights, they are not enough to grant an effective equality. On the other side, men and women must represent social roles with which may not always agree, thus not favoring an easy enrollment on collective bargaining agreements. That is particularly true for women. Preserving these roles is a specific experience; they imply in assuming commitments orienting their whole lives and being part of malaise. It is clear that positions are decided based in a gender division; we also know there are important salary differences between candidates of both sexes holding same jobs (around 20% in average). Women cannot keep calmly their working posts. In men's world, and frequently in top-level positions, women face prejudices related with their availability or leadership capacities. This is named glass ceiling, since it is an invisible witness of these aspects. (Laufer, 2004).

The existence of an ideal context is hard for both men and women. Many examples show that behaviors related with gender issues may be a source of problems for people and their relationships. Therefore, exacerbated masculinity in certain spheres, excludes men which cannot stand being in these environments, and with much more reason this also excludes women. In some environments women are condemned to a position of inferiority and domination. Verbal violence and hostility at work are poorly known. They may occur as not sayable for a series of reasons: due to power relations between professors and students, the willingness of pursuing a career or avoid adding difficulties, the perception of not being able to have other point of view or a different behavior.

We must mention that for actors and researchers is not easy making visible what is frequently quite internalized, buried in a certain area.

How making visible health problems regarding gender membership?

In our seminar, several researchers related problems to find methods revealing inequalities and power relationships. Some reflections may be related on this subject.

To inform about women's specific situations, we must redefine researchers' area of study and consider not only employee's jobs but also domestic one. For example, there are more single parent families headed by women than men. In

other families domestic work is mainly done by women. This double workload cannot be just seen as double burden. It may be a possibility of compensation, of rebalancing, especially when work is considered hard and unpleasant. In certain cases, for some women this is the chance of shying away from external work, to avoid coping it if becomes very demanding. This allows better assimilating the fact of a woman withdrawing from work. Being man or woman does not influence only in workload or in the possibility of leaving it. It also interferes in its insertion and orientation. There is a sexual division of work. We have seen a gradual entry of women in certain professions, rather shy at the beginning and then massively: this has been the case in medicine. However, after joining these professions it becomes easier for them to access certain segments. For example, in certain specialized such as Surgery, access is difficult. Our research shows how surgical instructors' ostracism brings women suffering (Bercot, 2015).

While power relationships are visible and in occasions violent, gender traits are apparent. Due to this we have observed women giving up being oriented in prestigious and competitive areas, even if they are brilliant (Bercot et *alii* 2011, Buscatto 2007, Marry 2004). Withdrawal or opting by other field are movements to be considered as ways of preserving their health, and avoid unpleasant situations. It could also have a sense to which we don't pay due attention. For example, withdrawing can be a way of reorienting their careers. Marie Buscatto has described how jazz musicians are brought to leave this world where permanent competition does not bring them satisfaction.

There is a possibility of malaise being included in these escapes. Leaving the activity can reveal the malaise. As an example, researches show that nurse's turn is really high; this could lead to a hypothesis that their malaise did not necessarily have the time to be revealed in researches.

So, while the working context triggers off difficulties especially regarding acting attitudes, mobility and withdrawing from work allow relieving malaise, although this does not appear in interviewed statements.

Now we will mention data gathering methods. The SUMER research is based in employees' answers to closed questions, something vital given broad collected sample. Researchers' qualitative field work done shows difficulties to make women commenting encountered problems. They are reluctant to spontaneously recognize rejection or differences in the treatment to which they were submitted. On the contrary, they frequently have tendency to self-responsibilizing from situations they faced. This is why it is important to distinguish between suffering becoming a complaint, from silenced suffering (Foli, 2009). Complaining is related to the management context and predominant social representations. Studies from different ergonomics specialists or sociologists mention invisibility of certain women's health problems. (Messing K., Chatigny C., Courville J. 1996; Messing, 2014; Teiger, 1995; Bouffartigues et alii, 2010). Carcinogenic product related researches enhance lower visibility of these diseases in sectors dominated by women, such as perfumery. If officially

women are less affected by cancer as occupational disease, we may ask if this is not tied to a question put into visibility to evidence or recognize specific women cancer types they could develop.

In certain contexts, female work is considered light while men's is considered heavy, being difficult to see working conditions better spotted in men. Regarding work at slaughterhouses, Karen Messing states how women are subject to musculo-skeletal disorders never taken into account neither by women workers nor by the management since they work seated without shifting weight, fact classifying task as light (compared to men working with carcasses). It is also verified that housekeepers do not pay attention to exposure to hazardous chemicals; since they are commonly used when working, they do it without thinking they have ingredients that could be hostile and dangerous for health. (Polesi, 2014).

These different dimensions of invisibility contribute in favor of a field work putting together two methods: comprehensive interviews and observations. Choosing a comprehensive interview is justified because problems are not mentioned and appear with higher intensity in debates about working stories and incidents... In some cases, time is needed to allow actors telling intimate matters where emotion is very present, and therefore revealing what is considered ordinary or not deemed worthy of some attention. This attitude assumes certain similarity with psychodynamics by trying to rebuild with people dynamics related to work and its environments. This observation comes also as counterpoint to words enabling revealing discrepancies between declarations and facts, by relying on these to be analyzed by actors.

The analysis done by researchers working in the field enhances the fact that in different social worlds, including the intellectual one, women may face difficulties in relationships or activities, without considering them and sometimes, even silencing them consciously, making them become invisible. We have identified four conscious causes of non declaration. 1) In certain contexts, mentioning difficulties would prevent women of modifying the situation. On the other side, these relationships seem to be so usual and customary since there is no need to pay very special attention on them. 2) They do not think this can be modified; we have seen this attitude among surgery residents (Bercot, Horellou-Lafarge, Mathieu-Fritz, 2011). Within visceral surgery field, many women may describe these relationships and explain raised problems. However, they do not speak on this subject unless these issues could be specifically mention facts or situations. But this is rarely 'repeated' more than a few times at the end of an interview. Marie Pezé (2008) has verified this. 3) Women living problematic situations are not necessarily interested in disclose them. In some cases it is denied, and acting in a defensive attitude is considered commonplace. If when mentioning this surge in their conscience they will not consider it «too much important», allowing taking over the issue and defuse any desire of action or allowing any defense mechanism to become vulnerable. 4) This failure can also be tied to the fear of being devalued by opinions that could arise

regarding a complaint: this person then will be judged as somebody scheming if talking about the issue or incompetent if she does not seem able to overcome emotion related to these tensions.

We may also state that women's entrance as a whole in the working market is a recent fact, but they do not see it as something evident. Being satisfied for having granted access to certain professions or jobs, they minimize and relativize their working position disadvantages. An immigrant woman working as laborer declared to the researcher that although the work she did had exposed her to toxic products that probably were the origin of her cancer, she could not think of being sad due to it. On the contrary, she was thankful for the greeting France offered to her and the fact that she got a job[3]. This shows diversity of statements which may arise in interviewed declarations. In other words, they consider at the same time relationship with themselves and jobs. Certain categories of population mentioned resistance to «physical pain» especially in manual occupations. So, could we by analogy talk about women «sexist grief»?

The qualitative research shows then being particularly relevant to improve comprehension of differences between men and women. To do so, it is very useful understanding concrete functions of the activity. Guignon, with many other field researchers states that «in a same socio-professional category, tasks to be done and working organization differ from men to women, and therefore also working conditions and professional risks derived from it» (Guignon, 1998). Therefore it is worth doing a joint health diagnosis, a researcher's reflection related to actors statements and observations done to better identify dynamics regarding precise situations and a specific scenario. To conclude, assessing the malaise also leads to consider it an attitude described as standing huddled in hollows when escaping: leaving the job, or changing it for another.

Diversity of worlds and spaces

We may observe that in quite opposite male worlds from a professional point of view, division of work is frequently based in masculinity traits. Some of these traits – such as physical strength for example, are not always needed for the activity. Therefore this issue may also be mentioned by surgeons to justify their hostility to accept women working in their area as truck drivers into a loading dock when all goods' shifting and transfers are mechanized. Masculinity traits are in fact mobilized to prevent women's access to these areas, restricting certain territories: unloading docks, operating rooms, and police street work.

Masculinity traits arise as engine of a not very comfortable competitiveness between men and women, excluded since the beginning from these areas. In some way, this profession is symbolically seen as typical masculine and difficult for women to access. Women which managed to get into had to overcome many difficulties. Especially because job desegregation is not something granted (Fortino 2002). Women are oriented to assume positions they do

3 See Michelle Paiva's thesis work

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not want to occupy. For example, in prisons (Malochet, 2005) we see how policemen try preferably to assign administrative roles to women. Tensions arising there and role women occupy are seen as related with desire to protect them in rendering some services. It is them which have to note that not always have much choice. (Pruvost 2007; Loriol 2015). Most prestigious police activities, such as drug squad or most specialized such as the anticrime brigade are the least feminized. Men reject undervalued tasks; they avoid the "dirty job", worst part of work (Hughes, 1996[4]). They must engage to build power and strength relationships, not mentioned and hidden by gender imposed norms.

The expectations, tolerated attitudes and interpretations of behaviors are not the same for men and women. Isabel Boni investigated administration boards of several companies and verified how relationships are guided by importance of some symbols, particularly dressing codes. Relationships with clients presuppose there is a certain seduction approach, ambiguous and hard to manage by women. This could shift to stigmatization, ratifying women's difficulties to modify already built images.

It is known than collective agreements may play an important role to favor developing expertise, to go back to one's roots and support employees. This grants holding professional positions and freedom to do a good work. This support is mentioned in the Karasek model as one of the elements allowing maintaining employees' good health. However this working group support and requirements vary in each profession. The way working group protects and what demands from its members depends on values of each profession and what is considered essential on it. If the group is a mean and help for the employees, it is also a reference regarding requirements, regulations of practices and severity, present not only in male groups, but also in female. These are different issues based in cultural norms and difficulties faced in each profession. It is always interesting, as Hughes advises, to compare different worlds to find eventual resemblances. So the police try to harden newcomers by requesting them to bear a speed chase of a car, or not shying away when doing checks or controls, or being able to assume tension of confronting an accused. On the other side, most experienced police mates will protect and save newcomers by not imposing to see a dead person. In the case of nurses, symmetrical opposite is what counts. They cannot accept a young colleague being afraid of somebody's death or getting desperate when seeing a patient, because they are forced to face this. On the other hand, they will easier accept young colleagues not being capable of facing violence of a patient, since in this profession violence is not admitted. In other words, these professions frequently have male or female dominated areas. And this leads to understanding explanations related with gender and profession are mixed, making more complex its analysis. (Loriol, 2015). From a professional point of view, gender plays a noteworthy role regarding expectations and resources the working group offers to its

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4 Everett C. HUGHES, 1996, Le regard sociologique, chosen essays, texts gathered, introduced by J.M. Chapoulie, publisher L'EHESS.

members. What lies at the heart of its specificity variates, making at the same time to variate requirements vis-à-vis the members concerned. We also think that sources of explanation regarding gender and profession get confused, making analysis become more complex.

To conclude, many dimensions have to be considered when analyzing the effects of work regarding gender: we must recognize legitimacy of a working post in the social world, recognize competences without naturalizing regarding male and female qualities.

To establish the existence of malaise, we have to differentiate two levels. A first stage of malaise could be defined as a discomfort experienced in different situations without becoming pain due to lack of conscientiousness, since situation and/or interactions look as being normal, natural, and not aware. The malaise is a diffuse feeling, an state which does not always suppose precise conscience of causes generating it. It may be related to suffered tensions, it may be revealed when certain injustices or discriminations can hardly be supported. The actors will not automatically take it as a health problem. Therefore the need of «going back to the issue» of this health problem to explain through statements which difficulties arise and how they are felt by the actors. Second level is characterized as an emotional suffering, born from interactions and a peculiar tension between a person with social traits and values of a society or social world (Cousteaux, Pan Ké Shon, 2008). The malaise then becomes a suffering regarding sense the actors give to known situations. This can particularly be noticed when perceiving an injustice or inequality. The confidence actors have in their capacities for acting reflects on claims that will be made and expressed.

Being exposed to the malaise does not mean it will not be possible facing it; however this is a much higher possibility of going from malaise to suffering, or developing certain physical pathologies (musculo-skeletal disorders, back pain or heart problems).

The disease can totally affect the person, modifying his capacity of interacting with life. Armelle Testenoire (2015) based her work in Georges Canguilhem researches to state that we must start from a person's experience and not from medical classification to assess health or disease. If we cannot do this with total objectivity regarding pathology, it is important to remain nearest possible of working situations and power relationships to face specificity of processes driving to health deterioration regarding gender.

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