The Clinics of Work: An Alternative Vision of Occupational Health

Las clínicas del trabajo: una visión alternativa de la salud ocupacional

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Abstract.

This theoretical paper depicts the clinics of work as a subdisciplinary and interdisciplinary field of the social psychology of work and organizations, interested in analyzing and intervening from a critical-clinical perspective in the subjectivity-work-context relationship, in the context of discomfort, suffering, and pleasure, and thus, in the mental health within this field. Consequently, it separates from traditional occupational health, which ignores subjective singularities. The subdiscipline of CW develops the determinants of pleasure, discomfort, and suffering at work, standing out in the process as a possible alternative of occupational health, based on research practice and intervention from a critical perspective.

Resumen.

Este artículo teórico presenta las clínicas del trabajo como campo subdisciplinar e interdisciplinar de la psicología social de las organizaciones y del trabajo, interesado en analizar e intervenir desde una perspectiva clínico-crítica sobre las relaciones subjetividad-trabajo-contexto, en clave de malestar, sufrimiento y placer, y, por ende, en la salud mental en este campo, deslindado de la salud ocupacional tradicional que se aleja de la singularidad subjetiva. Se desarrollan los determinantes del placer, el malestar y el sufrimiento en el trabajo y subraya desde la perspectiva crítica cómo puede ser una alternativa posible a la salud ocupacional como práctica investigativa y de intervención.

Keywords.

The Clinics of Work; Occupational Health; Discomfort; Pleasure; Suffering; Occupational Mental Health.

Palabras Clave.

Clínicas del trabajo; Salud ocupacional; Malestar; Placer; Sufrimiento; Salud mental laboral.

1. Introduction

The purpose of this work is to raise a conceptual discussion around the possibilities the clinics of work have as an alternative to do research and intervene in the occupational health field. The clinics of work (CW) are a subdisciplinary and transdisciplinary field that studies the work-subjectivity relationship in the context of pleasure, discomfort, and suffering, using the clinical method. The CW constitute a theoretical perspective of research and therapeutics, alternative from the studies of the hegemonic functionalist current, which was mainly developed in English speaking countries and is widely spread in Latin America. It is not the purpose of this work to make a comparative analysis of the two perspectives, since such endeavor was already undertaken in an exhaustive work by Orejuela (2014), in which is depicted a comparative analysis between the studies and interventions developed by the North American functionalist perspectives, which interpret subjectivity as satisfaction, and recently as happiness at work, all from a positivist and quantitative perspective. These quantitative studies aimed their intervention to the reduction of stress and to the analysis of the relationship between satisfaction, happiness, and productivity.

On the other hand, the CW are of French origin, and revolve around the visibility of the subjective experiences associated to the experiences of suffering and discomfort, generally invisible in the field of work, in spite of the existence and the evidence from occupational psychopathology that began with the studies about fatigue and that now is prominent in the studies about pleasure, discomfort, and suffering at work. The CW perspective is characterized for being a critical and clinical approximation, and thus for using the clinical method. It studies the singularity of case, its profundity and context, while employing qualitative approximations like the privileged forms of approach to testify the relationship between work and subjectivity. Therefore, it can be stated that while functionalism in relation to work subjectivity undertook the occupational binary of *dissatisfaction-satisfaction*, the CW instead undertook the occupational binary of *pleasure-suffering* (Orejuela, 2014).

This study starts by recognizing the advances in the research about the subjective dimension, and above all, the contributions to the development of strategies for the improvement of the quality of life at work made by the functionalist approach. It does not deny this great contribution, thanks to which work organizations today are generally concerned about the subjective wellbeing and the quality of life at work. Nevertheless, we believe that there are still some limitations of this approach that must be remarked, for which the CW are an alternative solution.

This study involves four phases. The first one consists of a general presentation of the CW, particularly focused on the psychodynamics of work developed by Christophe Dejours (1980). Subsequently, some determinant elements of discomfort and suffering at work are described, which are usually disregarded by the functionalist perspective. However, they affect without doubt the quality of life and the subjective wellbeing of laborers, especially those that belong to a work organization shaped by capitalism in its neoliberalism phase. The third phase provides conceptual definitions of discomfort, pleasure, and suffering at work as central categories in which the occupational subjectivity is ciphered under the CW. Finally, before the conclusions, the limitations of the dominant paradigm are discussed in terms of its approach to occupational health from the CW perspective.

2. The Clinics of Work: a critical-clinical perspective of occupational health

As any other discipline that defines an object of study and a method, the CW are focused on the *work-subjectivity-context* relationship, and it uses a clinical approach. Hence, they are focused on the impact work has over subjectivity, in the context of pleasure, discomfort, and suffering, examining as well the incidence of the sociocultural, politic, and economic context in the relationship subject-work and its effects on occupational mental health.

The CW, as a subdisciplinary field, were originated in France by the work of its pioneer, the physician and psychopathologist of work Cristophe Dejours (1980), who created this program of critical-clinical research with the publication of his first book: *Travail, usure mentale: Essai de psychopathologie du travail.* This perspective spread in the 90's and was developed considerably in Brazil by the researcher Ana Magnolia Mendes, from the University of Brasilia, who gave rise to a Brazilian clinic of psychodynamics of work (Mendes et al., 2014). These historical events lead to the specialized literature in this field, available mainly in French and Portuguese, while scarce in English or Spanish. With the exception of francophone Canada, this perspective has not been spread in North America, and only recently it has been incipiently spread in Latin-America, in countries like Argentina (Pujol & Gutiérrez, 2018; Wlosko & Ros, 2019), Colombia (Bermúdez, 2020; Orejuela, 2018), Chile (Guerrero et al., 2019; Zabala et al., 2017), Uruguay (Araujo, 2011; Close, 2019, 2020), and off course Brazil (Alves et al., 2018; Bendassolli & Soboll, 2011; Dos Santos & Traesel, 2018; Mendes, 2018).

The CW are named in plural because is a field that groups three analysis perspectives of the work-subjectivi-

ty-context relationship: the *psychodynamics of work*, developed by Christophe Dejours; the *clinics of activity*, by Yves Clot; and *clinical sociology*, by Eugéne Enríquez and Vincent De Gaulejac. They are not a clinic in the sense of an individual analysis on the divan, but an attitude whose study object is the subjective dimension, in terms of pleasure, discomfort, and suffering related with work, in which each worker is understood as a particular case that has its own profundity and context (idiosyncratic vision). This indicates that they criticize and separate from the functionalists' approximations that tend to interpret the phenomena of occupational mental health as occurrences susceptible of being individualized and standardized through interventions (nomothetic vision).

They compose as well an inter and transdisciplinary field nurtured by the developments of psychology, anthropology, psychoanalysis, medicine, sociology, philosophy, the management sciences, among others. This influx of discipline diversity allows to understand the work-subjectivity relationship as a complex phenomenon, multidetermined and multidimensional (Malvezzi, 2019), in which the widest context of the sociocultural frame and the regulation and relation modes that impose the capitalist discourse play an important role in the understanding of discomfort, suffering, and pleasure at work. A diversity that recognizes in the coordinates of the neoliberal model and the capitalist discourse the tendency of deteriorating social conditions and the individualization as characteristic features of the contemporary society and as conditions that determine particular forms of suffering (Dunker, 2017), which in turn are accompanied by work relationships equally individualized, inundated by strong competition, absence of solidarity, and the denial of mutual appraisal. Thus, conditions in which is possible to experience discomfort and suffering.

In a general sense, the CW can be understood as a critical-clinical approach proposal to the phenomena of occupational mental health, which aims to help comprehend, bring to light, and overcome the discomfort and suffering common in this world (Orejuela et al., 2019). In particular, they are understood as a theoretical perspective that has developed a conceptual constellation whose heuristic value and conceptual fecundity have allowed constructing a framework of intelligibility of subjective and mental health phenomena linked to labor, this is, of the occupational subjectivity (Orejuela & Ramírez, 2011).

Another way to understand them is from a quadruple perspective about the world of labor and organizations: as a *clinic* in the sense of analyzing case by case; as a *research program* of mental health, psychic or subjective health; as a form of *therapeutic intervention* oriented towards the reduction of discomfort and suffering; and as a *theory* that is interested in offering an intelligibility frame of the relationship work-subjectivity-context.

Contrary to the functionalists and rationalists traditions that excluded the subjective and emotional dimension from the analysis of subjects at work, the CW recognize the centrality of subjectivity in the performance of this field (Clot, 2009; Dejours, 1980; Malvezzi et al., 2012), to the point of considering it a corner stone for maintaining mental health and an adequate performance, and for resolving difficulties. Therefore, the *reality* of work, which are all those obstacles that find the workers in their jobs and that might generate anxiety accompanied by feeling loss of control.

In this sense, the CW highlight: a) the *singular dimension of the worker* as a subject; b) the *centrality of work* as a psychic organizer (psychodynamic function); and c) the *organization* as a symbolic structure, that depicts the order or sense of the interaction in that specific scenario of intersubjective relationships, inserted in turn in a bigger frame than influences it, like sociocultural, political, and economic aspects that define in part the occupational activity. Hence, they are an etho-political bet committed to denounce invisible suffering (imposed by the new capitalist spirit) and the resistance to banalize the social injustice present in the world of labor, and to contribute with a "cure" toolbox of collective hearing, to overcome suffering experienced at work.

While there are still subjects performing work, and this could have effects on psychic or mental health, disciplinary gaps must be overcome, not as something possible but indispensable. For example, the hiatus *psychology clinics-psychology of work* is resolved by articulating in an intradisciplinary manner both application fields and by using concepts and methods belonging to clinical psychology that intersect with work and organizational psychology. The conceived hiatus between psychoanalysis and analysis of occupational behaviour is more of a false opposition by ignorance than a gap, since from the beginnings of the CW, and in particular of work psychodynamics by Dejours (1987), they valued the psychoanalytical reference for the understanding of the subjective phenomena present in the occupational milieu, implicated in the act of work.

Moreover, this relationship has been cultivated and has allowed the use of theoretical and clinical contributions of psychoanalysis to the understanding of work-subjectivity, like the expanding of the Brazilian clinical psychodynamic perspective that has given place to the elaboration of a *psychoanalytic clinic of work* (Mendes, 2018; Orejuela, 2018) that integrates Lacan's theory to analyze critically the management, the organization, and the genesis and manifestation of discomfort and suffering at work (Cederstron & Hoedemaekers, 2010), as a psychoanalytic ecology that involves: *the divided subjectivity*, that is to say, the structural condition of the subject as subjectively divided between his unconscious desires and the demands of the external world (the *big Other*); the *non-transparency of the subject*, namely, the

recognition that the self is not center of the subjective experience and of the existence of order of the unconscious as a force that escapes from control and mainly determines behaviour, including the behaviour during work; and the *use* of the conceptual category of "jouissance", to revise and reinterpret the concept of *stress* at work.

From a Freudo-Lacanian perspective, it is stated that work is as structuring as traumatizing for the subject and the existence of a resonance between sexual and occupational traumas (Mendes, 2018), and, in addition, the effect of the discourse of capitalism as a form of social bond is recognized, in regard to the traumatizing discourse that aligns with the imperative of productivity and limitless accumulation that strives to erase the subject of desire (Mendes, 2018; Soler, 2009).

From the CW perspectives, occupational stress is interpreted as the social representation of the social discomfort at work (Lhuilier, 2006).

These articulations that surpass the disciplinary hiatus allow understanding that work meets with a series of psychoanalytic and social functions besides the economics of it, that is, *to work is much more than to earn a salary*, and to produce in the objective world and in the economical context; therefore, working entails several advantages for the subjects, since from the psychodynamic CW perspective:

> The hypothesis according to which work is not reducible to an activity of production in an objective world is defended. Work always puts in test the subjectivity, of which the latter can be developed, magnified or, conversely, diminished and mortified. Work constitutes, for the subjectivity, a test that transforms it. To work is not only to produce; it is also to be transformed, and in the best of cases, is an opportunity given to subjectivity to tests itself, and even to reach its potential. (Dejours, 2004, p. 30)

Therefore, let us consider how work provides a series of functions besides producing material goods for survival, and in this sense that psychosocial function that makes work as a mental health producer, and, conversely, when the psychosocial function of work is blocked, as it commonly happens in the frame of a deteriorating occupational flexibilization, work becomes a risk factor for the conservation of health and mental wellbeing. Henceforth, the subjects perceive themselves seriously disoriented, perturbed, and mentally vulnerable when they are unemployed, experiencing this as a trauma and obliged to grieve for the associated loss (Plut, 2016). The same happens when senior citizens retire, revealing the whole psychodynamic importance of work by leaving a space where postretirement depression can flourish (Robledo, 2020; Robledo & Orejuela, 2020). Work has an undoubtful centrality in the preservation of global mental health, not only at work, since "Without possibilities to sublimate trough work, it is very difficult to maintain mental health" (Dejours, 2019, p. 2).

3. Discomfort, suffering, and pleasure: nuclear subjective experiences for the clinics of work

The concepts of discomfort, suffering, and pleasure at work are central to the focus work-subjectivity and to understand their potential effects in the psychic dimension and occupational mental health. These are concepts that are usually treated indifferently, but that integrate qualitative difference in the subjective experience (Orejuela & Murcia, 2016).

Although tolerable, discomfort can be understood as a state of diffuse and undetermined psychic tension related with the work (task) and its associated factors (organization, conditions, relationships, etc.), while suffering is a state of intolerable psychic tension and not susceptible to symbolisms, because it corresponds to an experience of intense tension derived from a nonsense whose cause is unconscious. It is "a state of psychic tension experienced as deterioration (in mind and body) derived from the effort of reestablishing a psychic economy" (Orejuela & Malvezzi, 2016, pp. 21–22).

According to Dejours (1987), suffering at work derives from the incompatibility between the task structure (ergonomic content) and the personality structure of the working subject, and consists in "a mental state that situates between two extremes: from one side the mental health, of the psychical wellbeing and form the other side the decompensated mental illness; between these two extremes lays suffering" (p. 18). In a complementary manner, and to expand the definition of suffering, this can be understood as:

> Modality of discomfort that aspires to recognition, is the subjective experience of excessive tension and weariness that leads to the loss of self, to a nonsense, derived from the unconscious drive overload that has been prevented to discharge, to translate in the necessary pleasure that would reestablish the balance of the psychic economy. (Orejuela, 2018, pp. 126–127)

On the other hand, pleasure is understood as the experience of satisfaction and gratification subjectively interpreted and experimented (Aristizábal & Orejuela, 2020). Contrary to discomfort and suffering, pleasure is a state of psychic distension, of drive satisfaction derived from discharge of tension and satisfaction about the program of the principle of pleasure (Freud, 1930). Pleasure derives from conducting work in conditions of recognition, autonomy, and cooperation, among other aspects, and from the unlock of the relationship subject-work-organization (Dejours, 1987), or from the conscious ful-

fillment of the psychological function of work: to allow exiting oneself (Clot, 2007).

It is worth noting that from this perspective, discomfort, suffering, and pleasure are experiences strictly singular, in that they are susceptible of being interpreted in a particular manner by each of the subjects. In this sense, we consider the approach to mental health from a clinical perspective that recognizes subjective singularity to be very fruitful, as well as the importance and pertinence of the case-by-case approach, of each subject as a particular case.

According to Dejours (2013), due to the psychic tension and the experience of weariness from suffering, the worker enables defensive strategies, conscious or unconscious, and individual or collective, to manage and reduce discomfort and suffering. They are expressive forms of the subjective recursiveness that provide to the worker the capacity to cope with the threats to mental health at work.

4. The causes of discomfort and suffering at work

In general terms, we can consider that the occupational flexibilization model has implied a reordering of the world of work and brought a cluster of transformations that have accentuated in the first to decades of the XXI century. The socio-occupational landscape was reshaped in greater complexity, heterogeneity, fragmentation, and deterioration of work (Antunes, 2000, 2018; Harvey, 1998), which blocks the possibility for work to accomplish its psychodynamic function. This reinstitutionalization of the world of work under the model of occupational flexibility, work market fragmentation, imposition of the minimal neoliberal state, network enterprises, work by projects, hegemony of the financial market, and the dominance of the strategical managing bureaucracy, among others, expanded the subjective *extent of discomfort* and the *deepening of suffering* at work, as symptoms of the work-subjectivity relationship and it challenges us to develop theoretical and therapeutic instruments that help us to represent, comprehend, and transform this situation (Clot, 2009). In this sense, the CW can be constituted as a useful bet.

An analysis of the actual situation of work allows recognizing a set of determinant conditions of the experience of subjective discomfort and suffering as intensification, disregard, individualization, deregulation, and the regimens of contradiction and indifference.

The intensification of labor is the increase of the demands and loads of work without guaranteeing the resources to respond, which results in longer and more extenuating working hours, and imply an excessive psychic deterioration for the workers. For its part, the occupational disregard signals the inability of being recognized

for the efforts made to meet the goals at work, which usually end up being made in extra working hours that break the balance between work and personal life (Villa et al., in press), since workers give up private time to work in the intimate context of home, far from the gaze of their peers, but overall of their bosses, to fulfill the assigned work.

The case of occupational individualization involves the push of the responsibilities of individuals to face the demands of work and its reality, in a context of competition among peers and of loss of protections originated in the once prevalent work collectives that protected the worker and balanced the force and power of employers. Today, contemporary workers bear the solitude when facing the contingencies of work, including calamities or infortunes that occur. To this, it is added the occupational deregulation as evidence of an altercation of the game rules and the normative of work, which leads to experiment an anomic division that captures the subject in a state of judicial uncertainty, that is, the absence of the guaranteed recognition of his rights at work, which leaves him in a state of vulnerability and unprotection.

Finally, the regimens of contradiction and indifference are also causes of discomfort and suffering at work. The first deepens the subjective division of the worker, in a state of tension derived of being demanded of accomplishing goals without being provided the minimal resources to cope. Here, the subjects experience the tension of receiving orders without instruction or resources to execute them. In the regimen of indifference (Sennett, 2007), work is done without the fair recognition (symbolic retribution) for the good and useful things (effective contribution) (Dejours, 2013; Dubet, 2006). This blockage of the psychodynamics of recognition is perhaps one of the major sources of discomfort at work, since we have fallen into the reciprocal denial of legitimate recognition at work, given the effect of the excessive competitiveness among peers (Orejuela, 2018).

In addition to the cited conditions, Dejours (2005) depicts other factors that accentuate suffering: working without the hope of recognition; obligation to work bad, that is, against the own frame of values of the working subject (ethical suffering); fear of incompetence, or the blockage of the psychosocial function of work oriented to ascertain the personal capacity, and with that nourish the minimal narcissism as sign of self-esteem, self-respect, and self-care that guaranties the psychic stability; the privilege of management over the deterioration of work; the pressure to maintain the high-quality culture in spite the workers and their wellbeing, which requires more time registering activities in formats than really working; and finally, the individualized evaluation of performance, in which the significance of competence seems to impose in the relationships of work, blocking solidarity and loyalty among peers.

All this constitutes a source of discomfort and suffering and can become so intense that it pushes individuals towards suicide at work (Dejours & Bégue, 2010). It is undeniable when facing the increment of cases, still under-registered, of suicide at work, which allows to reflect on new nosographies for a modern occupational psychopathology.

The etiology of discomfort and suffering is double, since it comes from the interface between the *objective conditions*, symbolic and related to the world of work (symbolic order), which is characterized today by a strong deteriorating fragmentation, and the *subjective conditions*, articulated individually in the personal history of each of the workers (desire/"jouissance" order), and of the subjective recursiveness of each worker as an agent who is capable of deploying. In this manner, the emergency or lack of the experience of discomfort and suffering at work comes from the particular combination of objective and subjective conditions. Not even excellent conditions of the organization and of the work relationships guarantee happiness and pleasure, as limited occupational conditions not necessarily imply suffering at work either. Both depend on their articulation, interpretation of the subjective responsibility of each worker as a particular subject (Pérez & Orejuela, 2020).

Nonetheless, it is worth warning that, even if the workers count with some subjective plasticity and recursiveness to confront, defend themselves, and resist the misfortunes, in work reality one must not abuse of tensioning the psychic dimension of workers, since this can produce discomfort and suffering, and compromise their mental health.

That said, just as the determinants of discomfort and suffering exist, there is also a reverse of these concepts, since they have the dialectic potential of being a source of pleasure. This dimension feeds on work with autonomy, on cooperation and trust, on the fair recognition, on the balance of the ergonomic content of work, and the desire structure of the worker. In other words, when we work on something that we like, that we are passionate about, it allows us self-expression and the confirmation of our capacities, as well as making as feel that we are contributing to something of social transcendence. Consequently, these become clear sources of wellbeing and pleasure at work.

In accordance to what has been previously described, when recognizing the influence that the ample context of the world of life has on the particular world of work, it is possible to identify four contemporary sociocultural traits that are on the zenith of ideals, and also constitute conditions of possibility to experience discomfort and suffering at work. These four cultures are the *culture of urgency* (Aubert, 2003); the *culture of narcissism* (Lash, 1979); the *culture of the image*, that Debord (1995) posed as the hegemony in a *society of the spectacle*; and the *cult to performance* (Ehrenberg, 2010), making it necessary to commit doping to achieve the goals imposed by the hyper-productive neoliberal capitalism. The usage of psychoactive drugs at work (e.g. health workers and workers of the financial sector that self-medicate) is a phenomenon related to mental health at work that given its particularity is still underrepresented and not sufficiently examined.

5. A critical and alternative perspective of occupational health

The advancements of the traditional research and approach of occupational health are acknowledged. These embody a medical and functionalist perspective, in which the harmful effects of a badly organized job have been recognized as a psychosocial risk factor that can have an effect in the physical and mental wellbeing of the workers (Lemos et al., 2019). Among such advancements, there is abundant research about stress and its reduction, subjective occupational wellbeing; the possibility of developing strategies for the experience and possibility of positive emotions at work, studies about working life quality and theories about contemporary occupational psychopathology focusing in the harmful effects of stress. In equal fashion, there is also research around happiness at work and its last tendency, called *occupational clinical psychology*. All these constitute a contribution to this paradigm towards the betterment of working conditions and of working life quality of the majority of the laborers. Nevertheless, from the CW perspective, it is necessary to point out some of the limitations this perspective might have. It is a suggestion that perhaps can contribute in the future to the integration of both paradigms, from the recognition of the advantages each has.

Hereafter, the CW are proposed as a possible perspective of an occupational health psychology, as a research and intervention option with a strong humanitarian commitment that strives to avoid contributing to the invisibility and banalization of suffering at work (Dejours, 2005). On the same page, they manifest an etho-political commitment to bring to light and help reduce discomfort at work, while acknowledging the possibilities of a clinical intervention with individuals and collectives so that they can mobilize their practical intelligence and deploy strategies that overcome the reality of work and contribute to a pleasant experience, but in the work entourage and not outside of it, recognizing the symbolic efficacy of language to symbolize and overcome discomfort.

The CW part from the individualist vision that pulls out of the context the causes of occupational health or disease from a traditional perspective, and recognizes the dialectics between subject and work. Moreover, it deviates from the traditional interventions by rejecting to the psychosocial risks and the control of stress that

tend to place the responsibility directly onto the individuals for their incapacity to respond to the demands of work, and thus causing their own occupational mental health decompensation. This scenario leads into individualized interventions outside the working entourage (individual psychotherapy by external psychologists in private practices), but minimizes, unknowingly perhaps, the responsibility the employers have in guaranteeing minimal conditions of organization and work relationships that nourish the individual's wellbeing and mental health.

As mentioned before, there is a necessity of developing theoretical and therapeutic instruments that allow to understand and transform (Clot, 2009), and the CW revendicate the use of such clinical instruments, like projective tests for the diagnosis of mental health problems at work, sharing with them the clinical, qualitative, and idiosyncratic approximations, in complementary opposition of the technical, quantitative and nomothetic approximations. The projective instruments have declined in use (Blatt, 1975; Fabiano, 2014; Piotrowski, 2015). This has been due in part to the excess of prestige of "objective", standardized, questionnaires and their psychometric hegemony, that even if they are not the measure of all things, they have miscredited the projective techniques because they fail to fit the positivist paradigm in the evaluation of subjective matters. Hence, it is necessary to be critical against the traditional stance, since not recognizing the potential of projective techniques is an unthinking posture, almost naïve, because they are instruments originated from artistic and ludic activities, that is, they are native of an interpretative paradigm and they address subjectivity, but do not reduce it to a phenomenon susceptible of being standardized. The projective pioneers recommended combining their strategies with questionnaires since the 1940 decade (Auerbach, 1999), since the importance laid on understanding the subject, but this seems to have been forgotten due to political matters, a tension between the overvaluation and distrust (Fabiano, 2014).

It is not about denying the technical difficulties of projective techniques blindly against its detractors. The limitations have to be recognized, including those of the critics. That is why the historic and paradigmatic discussion (Burrel & Morgan, 1985) can bring to light articulation and potentiality points about the usage under the clinic-critical perspective that offer the CW and its focus on the relationship work-subjectivity-context, since the projective techniques can be used in the different fields of psychology, focusing in subjectivity and singularity, that is, they are idiographic, influenced by the context of the evaluation, such as mood states (Ganellen, 2007) and they favor the relationship between their participants (Fabiano, 2014). It is worth mentioning that the natural method of projective techniques has been clinical in the same sense as proposed in this text, and the nomothetic approximations that aim to answer the

psychometric guidelines have resulted in many cases in the composition of manuals, like recipe books in which the subjectivity is blurred.

These resonances between the CW and the projective techniques can be fruitful for the professional in the search of senses or nonsenses that emerge from work, to accompany the subject in its singularity in bonding with the psychodynamic function of work, foremost to reify it rather than to diagnosing it.

Finally, the clinics of work aim to complement the vision predominantly rationalist and biological of the laborer, and they commit with the revendication of subjectivity, of the affective life, and the emotional-symbolic body as central axis of the work experience and vectors of the behaviour at work. This conception of restituted subjectivity is conceived with the value of being an aid of high performance, high productivity, and working life quality.

6. Conclusion

The CW are a clinic-critical perspective of mental health that crosses the coordinates of an object (work-subjectivity-context relationship) and a method (clinical, of case by case) that define them as a subdisciplinary field, focused in the subjective singularity in the context of pleasure, discomfort, and suffering. Regretfully, a set of conditions of the capitalist discourse under the neoliberal spirit have fragmented the world of work producing more and more a generalized discomfort and a deepening of suffering at work. The CW are a possible critical alternative of research and intervention for the occupational health field, etho-politically committed with reducing this discomfort and suffering, avoiding individualization and banalization of suffering at work. In the same manner, its commitment aims to help the individual or collective deployment of practical intelligence and of strategies that overcome the reality of work, valuing the symbolic efficacy of language.

References

Alves, O., Almeida, C., & Peres, E. (2018). Psicodinâmica do trabalho e atividade pastoral. *Trabalho (En) Cena*, *3*(3), 115–138. https://doi.org/10.20873/2526-1487V3N3P115.

Antunes, R. (2000). La centralidad del trabajo hoy. *Papeles de población*, *6*(25), 83–96.

Antunes, R. (2018). *O privilégio da servidão o novo proletariado de serviços na era digital.* Boitempo.

Araujo, A. (2011). *Sociología Clínica. Una epistemología para la acción.* PsicoLibros.

Aristizábal, L., & Orejuela, J. (2020). Vivencias de placer y sufrimiento en la formación de un grupo de doctorandos de la ciudad de Medellín. *Trabalho (En)cena*, *5*(1), 15–28. https://doi.org/10.20873/2526-1487V5N1P285.

Aubert, N. (2003). *Le culte de l'urgence: La société malade du temps.* Flammarion.

Auerbach, J. S. (1999). Psychoanalysis and Projective Testing: A Review of The Interpretation of Psychological Tests. *Journal of Personality Assessment, 72*(1), 147–163. https://doi.org/10.1207/s15327752jpa7201_10.

Bendassolli, P., & Soboll, L. (2011). *Clínicas do trabalho: Novas perspectivas para compreensão do trabalho na atualidade.* Atlas.

Bermúdez, H. L. (2020). El voice picking: una organización del trabajo que atenta contra la subjetividad del trabajador. El caso de una cadena de comercio de la alimentación al detal. *Innovar, 30*(76), 37–50. https://doi.org/10.15446/innovar.v30n76.85193.

Blatt, S. J. (1975). The Validity of Projective Techniques and Their Research and Clinical Contribution. *Journal of Personality Assessment, 39*(4), 327–343. https://doi.org/10.1207/s15327752jpa3904_1.

Burrel, G., & Morgan, G. (1985). *Solciological paradigms and organizational análisis.* Ashgate.

Cederstron, C., & Hoedemaekers, C. (2010). *Lacan and organization.* May Fly.

Close, M. (2019). Incidences du modèle managérial sur la souffrance des cadres. [Doctoral dissertation, Université Paris Descartes, France]. https://ipdt.fr/images/These_M_N_Close.pdf.

Close, M. (2020). La salud mental en el trabajo. La Diaria. https://ladiaria.com.uy/articulo/2020/4/la-salud-mental-en-el-trabajo/.

Clot, Y. (2007). *A função psicologica do trabalho.* Vozes.

Clot, Y. (2009). *¿El trabajo sin seres humanos? Psicología de los entornos de trabajo y de vida.* Modus Laborandi.

Debord, G. (1995). *La Sociedad del Espectáculo.* Naufragio.

Dejours, C. (1980). *Travail, usure mentale: Essai de psychopathologie du travail.* Editorial 1980.

Dejours, C. (1987). *A loucura do trabalho: Estudo de psicopatologia do trabalho.* Cortez.

Dejours, C. (2004). Subjetividade, trabalho e ação. *Revista Produção, 14*(3), 27–34.

Dejours, C. (2005). *Trabajo y sufrimiento: Cuando la injusticia se hace banal.* ModusLaborandi.

Dejours, C. (2013). *Trabajo vivo II: Trabajo y emancipación.* Topia.

Dejours, C. (2019). Sin posibilidades de sublimar a través del trabajo, es muy difícil conservar la salud mental. *Página 12.* https://www.pagina12.com.ar/197853-sin-posibilidades-de-sublimar-a-traves-del-trabajo-es-muy-di.

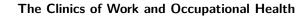Dejours, C., & Bégue, F. (2010). *Suicídio e trabalho: O que fazer?* Paralelo 15.

Dos Santos, A., & Traesel, E. (2018). Clínica psicodinâmica do trabalho: Sentidos do trabalho para agentes comunitários de saúde. *Trabalho (En)Cena, 3*(3), 18–33. https://doi.org/10.20873/2526-1487V3N3P18.

Dubet, F. (2006). *El declive de la institución: Profesionales, sujetos e individuos en la modernidad.* Gedisa.

Dunker, C. (2017). *Reinvenção da intimidade: Políticas do sofrimento cotidiano.* Ubu.

Ehrenberg, A. (2010). *O culto da performance.* Ideias & Letras.

Fabiano, M. (2014). Mitos e verdes no ensino de técnicas projetivas [Mitos y verdades en la enseñanza de técnicas proyectivas]. *Psico-USF, Bragança Paulista, 19*(1), 97–106.

Freud, S. (1930). El malestar en la cultura. In *Obras completas* (Tomo XVII). Amorrortu.

Ganellen, R. J. (2007). Assessing Normal and Abnormal Personality Functioning: Strengths and Weaknesses of Self-Report, Observer, and Performance-Based Methods. *Journal of Personality Assessment, 89*(1), 30–40. https://doi.org/10.1080/00223890701356987.

Guerrero, P., Gárate, M., Ansoleaga, E., Balboa, M., Saffirio, J., Nuñez, A., & Valentina, M. (2019). Clínicas del trabajo en Chile: tres experiencias de intervención en una sociedad dañada por la gestión 'managerial'. *Laboreal, 15*(2), 1–24. https://doi.org/10.4000/laboreal.15509.

Harvey, D. (1998). *La Condición de la Posmodernidad.* Amorrortu.

Lash, C. (1979). *The Culture of Narcisism.* Norton & Company.

Lemos, M., Calle, G., Roldán, T., Valencia, M., Orejuela, J., & Román-Calderón, J. (2019). Factores psicosociales asociados al estrés en profesores universitarios colombianos. *Diversitas: Perspectivas en Psicología, 15*(1), 61–72. https://doi.org/10.15332/s1794-9998.2019.0001.05.

Lhuilier, D. (2006). *Clinique du Travail.* Érès.

Malvezzi, S. (2019). The Clinics of Work : Subjective Distress Derived from Labour fragmentation. *International Journal of Psychological Research, 12*(1), 66–67. https://doi.org/10.21500/20112084.4111.

Malvezzi, S., Orejuela, J., Chiuzi, R., Vesga, J., & Riascos, W. (2012). *Gramáticas actuales de la relación hombre-trabajo: Propuestas de lectura.* Editorial Bonaventuriana.

Mendes, A. (2018). *Desejar, Falar, Trabalhar.* Editora Fi.

Mendes, A., Araujo, L., & Soares, F. (2014). Escucha política y clínica del sufrimiento en el trabajo: contribuciones desde las prácticas en clínica psicodinámica del trabajo brasilera. In J. Orejuela

(Ed.), *Psicología de las organizaciones y del trabajo: apuestas de investigación* (pp. 25-46). Editorial Bonaventuriana.

Orejuela, J. (2014). La identidad de la evaluación subjetiva del trabajo: de la satisfacción al sufrimiento laboral. In J. Orejuela (Ed.), *Psicología de las organizaciones y del trabajo: apuestas de investigación* (pp. 163-190). Editorial Bonaventuriana.

Orejuela, J. (2018). *Clínica del trabajo: El malestar subjetivo derivado de la fragmentación laboral.* San Pablo-Eafit.

Orejuela, J., & Malvezzi, S. (2016). Una revisión crítica de la noción de sufrimiento presentada por la psicodinámica del trabajo. *Trabalho (En)cena*, *1*(1), 15–28.

Orejuela, J., & Murcia, M. (2016). Malestar, sufrimiento y síntoma: sus cualidades subjetivas y su comprensión en el mundo del trabajo. In A. Moreno, J. Orejuela & T. Calderón (Eds.), *Abordajes psicoanalíticos a inquietudes sobre la subjetividad III* (pp. 51-70). Editorial Bonaventuriana.

Orejuela, J., Pérez, M., & Vásquez, A. (2019). Trabajo, subjetividad y clínicas del trabajo: Una aproximación al estado de su cuestión en el caso colombiano. *Laboreal*, *15*(2), 1–24. https://doi.org/10.4000/laboreal.15522.

Orejuela, J., & Ramírez, A. (2011). Aproximación cualitativa al estudio de la subjetividad laboral en profesionales colombianos. *Pensamiento Psicológico*, *9*(16), 125–144.

Pérez, M., & Orejuela, J. (2020). Sujeto, síntoma, dispositivo y terapeuta: Una mirada hacia la responsabilidad subjetiva en el campo de la salud mental. *Revista Affectio Societatis*, *17*(32), 191–213. https://doi.org/10.17533/udea.affs.v17n32a09.

Piotrowski, C. (2015). Clinical Instruction on Projective Techniques in the USA: A Review of Academic Training Settings 1995–2014. *SIS J. Proj. Psy. & Ment. Health*, *22*(2), 83–92.

Plut, S. (2016). *Trabajo y subjetividad: Estudios psicoanalíticos.* Psicolibro.

Pujol, A., & Gutiérrez, M. (2018). Enfoque clínico de las relaciones entre salud y trabajo: Contribuciones y desafíos. *Laboreal*, *15*(2), 1–16. https://doi.org/10.4000/laboreal.15506.

Robledo, C. (2020). Significados de la experiencia de envejecer construidos por un grupo de personas viejas de clase media alta de la ciudad de Medellín [Unpublished Doctoral dissertation, Universidad Eafit, Medellín, Colombia].

Robledo, C., & Orejuela, J. (2020). Vejez y ser persona vieja: Una aproximación al estado de la cuestión. *Diversitas: perspectivas en psicología*, *16*(1), 93–110. https://doi.org/.10.15332/s1794-49998.2020-001-08.

Sennett, R. (2007). *La Cultura del nuevo capitalismo.* Anagrama.

Soler, C. (2009). *De un trauma al Otro.* Asociación Foro del Campo Lacaniano.

Villa, N., Orejuela, J., Vásquez, A., & Lemos, M. (in press). Conciliación trabajo-familia en mujeres ejecutivas de empresas privadas de la ciudad de Medellín. *Cuadernos Hispanoamericanos de Psicología.*

Wlosko, M., & Ros, C. (Eds.). (2019). El trabajo: Entre el placer y el sufrimiento. aportes desde la psicodinámica del trabajo. Edunla. https://www.doi.org/10.18294/rdi.2019.176525.

Zabala, X., Guerrero, P., & Besoain, C. (2017). *Clínicas del trabajo. Teorías e Intervenciones.* Ediciones Alberto Hurtado.