
WORKPLACE MOBBING COMPLAINT AND PSYCHOTHERAPY

Carla Júlia Segre Faiman¹
University of São Paulo – School of Medicine, Brazil.

ABSTRACT. Interpersonal relationships at work can be complex, with multiple meanings. Sometimes people experience emotionally painful or even humiliating situations at work. Psychological harassment and mobbing are expressions used to refer to situations in which emotional violence is deliberately and repeatedly committed against a person in a professional environment. Given the importance of work to people, difficulties experienced in work context may have important subjective repercussions. There are people who seek psychotherapy for experiencing disorders caused by situations qualified as mobbing at work. This paper aims to discuss psychotherapy in such cases, focusing on the clinical handling that should take into account combinations of aspects of the social context of work, which are eventually violent and unfair, and the subjective aspects of the psychic constitution of each individual. Based on authors like Ferenczi, emphasis is given to the importance of recognizing the traumatogenic potential eventually presented by some situations in which the individual is involved. On the other hand, there is also discussion on the risks that psychotherapy runs when the psychotherapist's understanding is supported on social criticism, thus compromising the specificity of clinical listening.

Palavras-chave: Psychological violence; psychotherapy; occupational health

A QUEIXA DE ASSÉDIO MORAL NO TRABALHO E A PSICOTERAPIA

RESUMO. As relações interpessoais em ambientes de trabalho podem ser complexas, permeadas de múltiplas significações. Por vezes, alguns trabalhadores podem chegar a ser submetidos a situações emocionalmente penosas ou mesmo humilhantes. Classificam-se como assédio moral as situações em que a violência emocional é deliberada e repetidamente provocada contra uma pessoa. Dada a importância que o trabalho tem para as pessoas, dificuldades experimentadas no seu âmbito podem ter importantes repercussões subjetivas. Há pessoas que buscam atendimento por distúrbios desencadeados por situações consideradas como assédio moral no trabalho. Neste artigo, discute-se a psicoterapia nestas situações, chamando à atenção o manejo clínico no que se refere às conjugações de aspectos do contexto social de trabalho, eventualmente violentos e injustos, e os aspectos da subjetividade característicos da constituição psíquica de cada um. Recorrendo a autores como Ferenczi, valoriza-se o reconhecimento do potencial traumatogênico de algumas situações do contexto em que o indivíduo se insere. Por outro lado, são apontados os riscos que a psicoterapia corre quando o entendimento do psicoterapeuta passa a ser pautado pela crítica social, comprometendo a especificidade da escuta clínica.

Palavras-chave: Violência psicológica; psicoterapia; saúde ocupacional.

LA QUEJA DE ACOSO MORAL LABORAL Y LA PSICOTERAPIA

RESUMEN. Las relaciones interpersonales en los ambientes de trabajo pueden ser complejas, con múltiples significados. A veces algunos trabajadores están sujetos a situaciones emocionalmente penosas, aun humillantes. Son clasificadas como acoso moral aquellas situaciones en que ocurre violencia emocional deliberada y repetidamente dirigida contra una persona. Dada la importancia que el trabajo tiene para la gente, las dificultades allí experimentadas pueden tener importantes repercusiones subjetivas. Hay personas que buscan la psicoterapia a partir

¹ E-mail: cfaiman@uol.com.br

de trastornos posiblemente relacionados a situaciones de acoso moral en el trabajo. Este artículo tiene como objetivo discutir el manejo clínico de la psicoterapia en estas situaciones, marcadas por combinaciones de aspectos del contexto social del trabajo, a veces violento e injusto, y aspectos característicos de la constitución psíquica de cada uno. Utilizando autores como Ferenczi, se valora el reconocimiento del potencial traumatogénico de algunas situaciones del contexto en el cual se inserta el individuo. Por otro lado, son discutidos los riesgos a que la psicoterapia está sujeta cuando la comprensión del psicoterapeuta queda marcada por la crítica social y por posiciones políticas tomadas *a priori*, resultando en perjuicio de la especificidad de la escucha clínica.

Palabras-clave: Violencia psicológica; psicoterapia; salud ocupacional.

Introduction

People usually seek psychotherapy for feeling distressed. Psychotherapy is a resource that helps them face difficulties that may have being manifested recently, after situations they have been through, or as a consequence of old issues following them throughout their lives. It is not rare for patients to establish a causal relationship between the disruptive impact of experiences in their lives and the triggering of a configured disorder, in which intense suffering and symptoms that may vary according to the case are present. In these situations, those experiences are considered traumatic events, that is, something capable of causing a disorder that threatens one's psychological balance and organization. At services targeting the health of workers, work-related situations are oftentimes reported as traumatic events.

The work environment can be regarded as a complex universe where interpersonal relations are permeated by multiple significations and where power is a special factor of importance, given the relevance that work has in people's lives. As noted by Faiman (2012), the work context can, at times, allow some workers to be subjected to very emotionally painful or even humiliating situations, due to several factors, meaning violence. Pressure to achieve impracticable goals, rivalry between colleagues and even sadistic and/or masochistic components which have an expression in professional environments may have important effects on the psychological functioning and health of people involved. There are, then, work situations eventually stimulated by rivalry, internal political aspects, or even sadism, in which a worker may become the target of an important aggression, and these situations are potentially traumatic (Faiman, 2012).

In work organizations, workers tend to base their self-evaluation on the recognition received or on how close or far they think they are from what is expected from them. In other words, the ideals of production and behavior conveyed by employers, bosses or colleagues can play in the worker's mental functioning a superegoic role, supporting aspects of the ego ideal and thus influencing the love of oneself. In this psychological dynamics, lack of recognition and/or cruelty as to evaluation within work context has a great impact on the worker's psyche, and he might judge himself in a derogatory or even self-accusatory manner. Moreover, the fear of not being able to keep the job, which is his livelihood source, tends to intensify the anguish experienced about work. The consideration of these issues helps clarify the emotional impact derived from some adverse experiences that people sometimes go through in the professional arena.

Concerning violence at work, in the Health and Law fields, psychological harassment is conventionally classified as the repetitive incidence, against the same person, of behaviors aimed at one's emotional damage such as disrespectful treatment, insults, lies, withholding of information, exposure to humiliating situations, unworthiness, lack of recognition, isolation, blackmailing, exaggerated work demand or exclusion from activities (Heloani, 2004).

According to Soares (2012),

... psychological harassment is a multi-causal process with different approaches and analyses which are at times focused on the individual, at times on the context, or even on both individuals and context. It is not due to bias, but to different methods and approaches. Thus, the psychological approach will be more centered on the individual, while a sociological approach will be more focused on social relations and their context (p. 285).

Conceptions about mobbing and its determinants may vary, setting different strategies to approach situations. Vieira, Lima and Lima (2012) made a criticism of what they consider to be the two traditional ways of explaining the matter, which, according to them, are limited and guided by undesirable biases. One of them would be defined by the tendency to psychologize interpersonal conflicts at work and, the other one, by the tendency to judicialize these conflicts. For the authors, these approaches fail for not giving the due importance to the organization of work in the determination of conflicts. Both psychologization and judicialization tend to outline the situation as a conflict between people, while Vieira and colleagues consider that work management plays the most important role in situations experienced as violent in work context.

The fact that patients seek assistance due to situations experienced as violent at work calls us to reflect on forms of articulation between aspects of the social context of work, eventually violent and unfair, and subjectivity aspects referred to the individual's psychic constitution, and especially on the consequences of this matter to psychotherapy. Workplace mobbing complaints is herein addressed for being emblematic to this matter.

Development

It is not uncommon that patients cared for at occupational health services report having suffered some type of work-related violence, some of which come specifically complaining about having been victims of mobbing. When the triggering of the disorder or the suffering experienced is attributed to this type of situation, in this kind of service patients usually report what happened and the situations to which they were subjected. We have learned, from Freud (1976), that the report always refers to the psychic reality, that is, it is a personal interpretation of facts in which their signification is always shaped in accordance with fantasy. In other words, what is lived reported and remembered is a personal interpretation (or creation) based on the possibilities, characteristics and emotional story of a person. Considering that it is the psychic reality that has an effect on mental functioning and what counts in the psychic economy of the subject, the work of psychoanalysis began to base itself especially on it. This tends to mean leaving the "concrete reality of facts" outside of the research field in psychoanalysis, a position supported by two aspects: first, this "factual" reality is inaccessible to the psychoanalyst, who guides his work on what is reported by his patient (or even non-existent, since facts always depend on the interpretation attributed to them) and, second, it is considered that it is the psychic reality that determines what happens to the patient, and it is not important to know the "concrete" reality for the analysis work.

Patients whose main complaint refers to situations of violence speak of an unfair harm they have suffered. Their reports, as a rule, repeat experiences lived, in the search of a sense, of new re-significations which can relieve their pain, and also in the search of some sort of reparation. In psychotherapy, the repetition of reports that gain details and nuances also shows a need most patients have to make the violence be recognized as such, in its arbitrary and unfair character, which calls professionals to reflect on the violation of rights engendered in some situations reported by their patients, and on their role, as psychotherapists, in that recognition. This is because, in certain situations, recognition by others of the violence suffered is what allows giving a truth status (shareable, concrete) to the experience, legitimizing it and removing the subject from a maddening situation in which he may question his perceptions. Failure to properly consider the weight of "external" facts can therefore be a serious omission, reiterating the traumatic aspect of what has been lived. The very distortion of reality is violence. Failure to give credit to the report of an experienced aggression may lead to the same outcome.

One of the most important contributions from Ferenczi to psychoanalysis refers to this matter: valuing the recognition of aspects of the subject's external reality that constitute the violence. The author draws attention to events to which the person (especially a child) may have been subjected, to the possibility or impossibility of communication about what has been experienced and, especially, to the reception and interpretation of what is reported. In "Confusion of the Tongues between the Adults and the Child" (Ferenczi, 1992), the author takes a situation of sexual abuse of a child by an adult as a

model of a situation which constitutes a trauma. Sexual abuse itself has a great harmful potential and, according to Ferenczi, the intense fear experienced causes children to react to what happens in an autoplasmic way, that is, they begin to act to satisfy the abuser's wishes in a kind of adaptation to the situation aimed at survival. However, regarding the configuration of the trauma as such, Ferenczi calls our attention to a moment after the abuse itself. The author notes that adults in general react badly to the reports of children, discrediting them and even reproaching them for what they have said. The experience reported, responsible for intense emotional burden, when disowned by the adult in whom the child sought support and/or understanding, becomes a trauma. That is, the disownment, by denying the truth status of the experience, by putting what has been lived in a place of incommunicability and isolation, hinders the attribution of a meaning and its psychic elaboration – in the words of Ferenczi: it blocks the *introjection* of what has been lived (Pinheiro, 1998), and therein resides the seriousness of the situation. From then on children may doubt themselves, their perceptions and the dividing line between reality and non-reality. Since he is a psychoanalyst, the author perfectly understands the fact that the psychic reality does not match exactly the concrete reality, and knows that the psychoanalyst has access only to the psychic reality, and that the latter is indeed what counts in the emotional configuration. In addition, as someone who knows it well, Ferenczi criticizes properly the risk in disregarding relations between that which has been lived and the factual (in other words, between the psychic reality and the “concrete reality”), and values the recognition that certain situations are – in themselves – potentially very disturbing.

A psychoanalytic interpretation according to which every attribution of meaning remains within the psychic reality, disregarding the weight of factors external to the subject, would bring the risk of the psychoanalytic process reiterating the trauma, in the same line as the effect of the disownment that Ferenczi describes when observing the genesis of trauma.

From a completely different point of view, Hannah Arendt also dedicates herself to the matter of what is recognized as being true and the problems involved in this recognition or lack of it. In an essay entitled *Truth and Politics* (Arendt, 1972), the author reflects and distinguishes ‘truth’ and ‘opinion’ saying that “The opposite of a rationally true statement is both error and ignorance, as in the sciences, or illusion and opinion, as in philosophy” (p. 288). The factual truth opposes to the ‘mere opinion’, equated as illusion. For Arendt, the erasure of the dividing line between factual truth and opinion is a form of lie. Since the factual truth is not more self-evident than the opinion, those who support opinions think it is relatively easy to discredit a truth, diminishing it, considering it as just another opinion (p. 301). The author also problematizes the fact that the truth is established by witnesses, depends on proof, and discusses the relationship between facts and their interpretation, concluding that difficulties in determining facts do not justify the erasure of the dividing lines between fact, opinion and interpretation (p. 296).

In the same essay, the author notes that institutional micropolitics, with the possibility of multiple views of one same fact and manipulation of people and versions (deliberate distortions), can compromise the “truth”. We can relate this observation to situations which may develop in work environments and have very violent effects on the people involved. If the psychotherapist, with his attitude, disregards the weight of factors of the “factual” reality, he ends up reducing a “fact” to the status of an “opinion”, running the risk of reiterating the violence once suffered and boosting its effects.

Guilis (2005), an Argentinian psychoanalyst, writes about the possibility of symbolic reparation for people who have suffered violence committed by the state in her country. She refers to those who have lost family members during political persecutions (*Las Madres de Plaza de Mayo*), but her remarks are useful to think about the importance of recognizing acts of violence in general and the accountability of their agents. Assuming that, in fact, some complaints of patients who report having suffered mobbing at work come from important situations of violence and injustice, it is worth considering the possibility and the psychic role of symbolic reparation to which Guilis refers for the worker.

Following the reasoning of the author, we should consider that it is impossible to return to the state prior to the occurrence of the damage produced and, therefore, any reparation can only be symbolic. Repairing would mean a cicatrization which would allow access to a rearrangement of the psychic and social life of somebody who has suffered a violation of human rights. In a simultaneous establishment of truth and justice, naming the guilty as guilty and the victim as victim has, according to Guilis, an

indispensable symbolic reparatory power. It is about bringing to light in reality that which proves the violation committed. The victim is recognized by the other as a psychic subject to whom suffering was caused, and that, in itself, is reparatory.

The violence originally suffered, which may be political or come from the work context, articulates with the helplessness and rage caused by the injustice, by the feeling of not having anybody on whom to count. And, in this sense, the judicial decision has a reparative role, because judges, with their sentences, “write the history and built memories”² (Guilis, 2005, s. p.), and this is the most important reparatory effect of justice. These considerations show the psychic effects that restorative judicial measures can have and the importance of the recognition, socially validated, of injustices suffered.

Fuks (2010), when writing about trauma, also observes the relationship between social recognition, which can also occur through juridical means, and the possibility of psychic elaboration of the occurrence:

If the surroundings, necessary as the guarantor of the experience, respond with indifference, do not welcome and ratify the facts, ignore them or partially deny them, blaming the victims, making them suspect and devaluing them, the occurrence will not be registered in a way that enables its elaboration. This touches the matter of impunity and its effect – the tragic state of loneliness and helplessness of the victim – in the face of the absence of reliable instances of recognition and appeal (s. p.)

The author continues, explaining how this state of helplessness and loneliness can be devastating, since we, humans, constitute ourselves from the eyes of the other, who welcomes us and validates our experience. Since the genesis and maintenance of the psychic life and subjectivity depend on the interaction with the other, the state of loneliness and helplessness shakes the individual in his identity reference (Fuks, 2010).

While assisting patients who have fallen ill due to work, the French psychoanalyst Marie Pezé, author of “Not all of them died, but they were all stricken: ‘Suffering and Work’ consultation diary”³ (Pezé, 2008), is touched by the injustices to which some workers are exposed and by the magnitude of their effects. From there, the author raises the question about what could be reparation that would do justice to the job lost or to the loss of meaning of the job, or also to the attack against one’s psychological health. For her, what concerns work should not be reduced to the story of the individual and his internal conflicts, but rather be seen as a reality in itself. Pezé explains that, from this understanding, she begins to develop a work in which she leaves her place of psychoanalyst turned to the internal world of patients and their ghosts, and carry out an active work in the defense of the rights of her patients, seeking the best use of applicable juridical resources. Thus, she begins to compose a network with occupational doctors, labor inspectors, lawyers, jurists, psychiatrists and psychotherapists.

This attitude, through which the psychotherapist takes on a more active role in the fight for correcting injustices, is not far from what happens at some centers turned specifically to the health of workers in Brazil. In these contexts, demands of assistance, orientation and supply of subsidizes for welfare or juridical processes emerge in conjunction, hindering the delimitation of the role and field of practice of the psychotherapist. It is necessary to recognize that, by taking on an active role in the fight against injustice in the concrete case of the patient being assisted, walking towards acting in the territory of “concrete facts”, the psychotherapist waives without realizing the possibility of helping his patient in another sphere, which is proper of the work of a psychotherapy based on psychoanalysis. That is, one loses the possibility of carrying out a psychotherapy that contributes to the development of psychic resources of patients and to the expansion of their possibility of realizing what happens in them and with them. This is because the performance of the role of psychotherapist requires a type of position in the relationship with the patient that is different from that established by the professional engaged to transform situations reported by those who seek help.

² Free translation of: *escriben historia y construyen memoria*

³ Free translation of: *Ils ne mouraient pas tous, mais tous étaient frappés: journal de consultation “Souffrance et Travail*.

It is this matter which Thomas Perrilleux (2010), a Belgian sociologist, addresses when pointing out that the psychodynamics of work brings as a complex and fundamental issue the connection between the *clinic of work*, which is the field of psychotherapy, and *social critique*, two heterogeneous practices. For the author, occupational practitioners are faced with the difficulty in defining their role and may question whether they should publicly denounce the “pathologies” identified in their workplace. In other terms, they wonder how they can prevent the clinic from being a device for the adaptation of individuals to their workplaces. On the other hand, it is also clear that the practitioner taking a stand publicly has serious effects, putting individuals back in the space of powerlessness.

Based on the reading of authors from critical sociology, Perrilleux notes that the clinic and the social critique differ for having different planes of experience: while the clinic is interested in the singular, individual experience, the critique turns itself to what can be generalized and made objective. The social critique invokes principles which go beyond the experience of individual cases. There is a contradiction between the affective investment in the singular individual experience and the objectivity required for denunciations of work conditions.

The author adds in his analyses that the social critique model acts in the sense of denouncing what is considered as mechanisms of oppression by holding accountable one of the parties in the conflict. The involvement of the social critic happens through an *armed listening* in which “executioner” and “victim” are defined a priori and theoretical knowledge operates as tool for the interpretation of reality. In this sense, it is about a disjunctive reasoning because the role of each participant in the situation is clearly defined as being that of oppressor (or executioner) or oppressed (victim). Contrarily, the clinical model has as characteristic the conjunctive reasoning, seeking the integration (elaboration) of the experience and an assistance rooted in the latter, in which factors do not exclude each other, and the dynamics established in interactions presupposes complexity and possibility of ambivalences. For the clinic, there is no opposition between normal and pathological, responsible and irresponsible, victim and persecutor. Workers suffer the impositions of work at the same time they become involved subjectively in the situation, when they begin to take their place in their psychic dynamics. Perrilleux (2010) rescues an idea by Dejours (2008) according to which the listening of the psychotherapist is defined as the “risky listening”, in which there is room for the unexpected, since this professional waives any control over the truth of his interlocutor.

A style of clinic that do not recognize injustices and do not question the work context would put the clinical device at the risk of operating as a means to seek to readapt individuals to their work, causing workers to be considered fully blamed for the difficulties they have experienced. And, in the opposite direction, in case the psychotherapist has a tendency to interpret any situation of work-related suffering as a reflex of social injustice, the development of psychotherapy is threatened as well, because this type of understanding reduces the complexity of the individual experience, with its dynamic and possibly contradictory aspects, to a conflict of classes that is allegedly known beforehand, in which the patient is placed in the passive role of a victim. This is, in this case, a way to interpret reality, and what is reported, which is influenced by political and social theory precepts or is too attached to the manifest content of the patient’s discourse. The role the psychotherapist plays in the contact with his client has a major influence on the senses and meanings the patient will attribute to his experience.

Very different from that is what can be enabled when the clinic favors the expression of desires and longings of patients, which allows awakening their critical potential and changing the individuals’ positions in their claims. Perrilleux (2010) points out that, seen this way, the clinical work has an important potential of transformation, and its field of action is the individuality of the people assisted, not the direct action in the social ground. This means that the political dimension of clinical assistance is expressed by the mobilization of the patient’s subjectivity, which may contribute to him developing his resources so as to realize and transform his reality, whether psychic or from the context he is inserted.

To illustrate the reflection on the theme, let us imagine the assistance to a patient at the clinic who reported having suffered embarrassments in his work environment. In that situation, during the sessions, he would say he was being the target of unfair decisions and/or that he noticed that his work was not duly appreciated, and that he felt socially excluded in the professional environment. The outcome of the situation could be him fired, a fact which, for the patient, would have the connotation of an extreme injustice, intensifying his suffering.

In psychotherapy, the work context, the hierarchy of the company staff, the arguments and difficulties experienced are told and told again in an apparent search for elaboration, search for a sense to the experience lived. The patient thus shows he has the need to have his qualities and point of view ensured seeking to show, in his report to the psychotherapist, how the conducts in his former workplace can be unfair and favor interests which are not rightful. Detailed reports the patient provides about conflicts suffered and situations through which he may have gone denote the search for an external confirmation (for the other's person perception) of a reality he apprehends and which makes him suffer. It is about showing himself and the other that the situation was hostile and destabilizing, regardless of individual susceptibility. In other words, there is a search for recognition of the unfair and arbitrary nature of the situation experienced as violent. This desired confirmation refers also to the patient's own ability to interpret the facts, a confirmation that he has not gone crazy.

It might happen that, during the assistance, in association with the malaise attributed to the experience at work, the patient also brings reports about family-related situations, both recent and past, in which he feels or has felt harassed. Concerning the approach of the patient's psychic reality typical of a psychotherapy based on psychoanalysis, we consider that matters related to the initial complaint – violence –, can be expressed and approached from situations involving one's job, family, friends or even the contact with the psychotherapist (in psychoanalysis, by the way, the special work route is precisely the revival of different aspects in the contact with the psychoanalyst). What matters is the possibility of favouring insights, the elaboration and expansion of possibilities for the patient to perceive himself in those situations. It is about helping the patient to psychologically elaborate what has happened to him, allowing him to leave a position of subjection and paralysis typical of situations of violence and trauma.

The clinical service should be carried out in a way that the recognition of the violence suffered does not end up identifying the individual with the role of a victim that keeps him in a position of passiveness and powerlessness. Favoring the psychic development, according to the objective of the service above exposed, should be a priority in psychotherapy because, in this way, in addition to the elaboration of the experience lived, there is the development of precious resources so that the patient can take a different place face his own story and in relation to his work conditions and future.

The field of action of the psychotherapist keeps being the internal reality of his patient and his subjective apprehension of reality, since the work context, as an external reality to which the individual has been subjected, is not accessible to said professional. Occupational health clinics receive patients with very different profiles who may complain about having being a target of violence. An interest in being financially reimbursed or receiving a special aid from the social security can be an important extra factor in the demand of some patients who take legal action and attempt to prove they have suffered losses at work. It is not always about actual situations in which the person has been the victim of an injustice, and issuing an opinion on this matter is not the psychotherapist's role.

There are also patients whose interpretation of situations can be marked by paranoid aspects of their mental functioning. For them, the violence suffered and reported may have more to do with their own mental constitution than with the hostility of the environment. In this sense, the relations reported might be greatly disturbed due to projective movements or be impregnated with projective identifications. An aspect that can complicate diagnosis is the observation that a situation of intense emotional mobilization (traumatic) may favor the intensification of the projective functioning. Vieira (2005), resuming Freudian concepts, notes that the trauma mobilizes a great amount of energy (excitation) that floods the psychism, and which is expressed as a traumatic distress, without representations associated with it. Since it is not possible to attribute to the external environment the cause of the anxiety experienced, projection is the mental mechanism that operates this change and subsidizes paranoid ideas. Then, it is also possible to admit that the crisis presented may have been triggered by situations of injustice lived at work. Therefore, distinguishing what can be related, even indirectly, to situations of violence and/or their repercussions, considering the possible increment of projective movements, of that which could be considered as a disorder in the apprehension of interpersonal relations due to constitutional persecutory trends with no relationship with the work environment, can be hard.

Moreover, some people might experience overwhelming situations of social injustice, presenting or not this type of complaint in psychotherapy.

The possibility to differentiate between these situations is in the assistance experience. The way the patient interacts with the therapist, that is, transference data will be able to guide the clinical service and the handling of psychotherapy. There are, for instance, patients who impose themselves in such a way that the therapist feels cornered or with his hands tied during the session. This could be a sign that that patient had a tendency to make himself prevail, in a manipulative way, in the workplace as well, and that the eventual mobbing complaint was hiding other difficulties of relationship in the professional environment and might even have been formulated in an attempt to distort a situation and triumph over it. The very evolution of the contact between patient and therapist points the way of psychotherapy.

Final considerations

The recognition of injustices and the social dimension of the matter that is manifested in the illness complaint are part of the individualized attention in the clinical service. Emotional aspects of patients and their subjective reality are the basis of the psychotherapy work; however, the psychotherapist should bear in mind the broader context in which patients and their suffering are inserted in order to prevent his work from being confounded with an uncritical re-adaptation effort that reduces to the individual suffering or illness issue (treatable) that which belongs to the social sphere. If injustices at work are disregarded, in addition to the possible serious harmful effects well described in the Ferenczian idea of disownment, the problem brought by the patient is shifted from the social stance to the individual stance, contributing to his long period away from work being experienced as personal failure and illness, and sick leave the only way to those who no longer have strength to resume their activities.

At the same time, the psychotherapist should bear in mind that what is reported to him is always a personal version reconstructed countless times of an aspect of the patient's experience, which is unique for each individual. The psychotherapist's understanding, on one hand, cannot be reduced to interpretations impregnated with sociological theories nor be confined to the complaint manifested, but, on the other hand, it cannot ignore the importance and impact of eventually unfair and hostile aspects of the social and work context in which the subject is inserted.

References

- Arendt, H. (1972). Verdade e política. In H. Arendt (Org.), *Entre o passado e o futuro*. Coleção Debates. São Paulo: Perspectiva.
- Dejours, C. (2008). Avaliação do Trabalho [Vídeo]. Comunicação oral em mesa redonda realizada no *Ciclo de Palestras em Ergonomia e Psicodinâmica do Trabalho*. Realizada pela Escola Politécnica da USP, em São Paulo, em 24 e 25 de março de 2008. Disponível em <http://www.pro.poli.usp.br/eventos/ciclo-de-palestras-em-ergonomia-e-psicodinamica-do-trabalho>.
- Faiman, C. J. S (2012). *Saúde do trabalhador: possibilidades e desafios da psicoterapia ambulatorial*. Coleção Clínica Psicanalítica. São Paulo: Casa do Psicólogo.
- Ferenczi, S. (1992). Confusão de língua entre os adultos e a criança. In S. Ferenczi (Org.), *Psicanálise IV*. Obras Completas de Sándor Ferenczi. São Paulo: Martins Fontes. (Original publicado em 1933).
- Freud, S. (1976). Extratos dos documentos dirigidos a Fliess. In S. Freud, S. *Edição standard brasileira das obras psicológicas completas* (Vol. 1). Rio de Janeiro: Imago. (Original publicado em 1892-1899).
- Fuks, M. P. (2010). Trauma e dessubjetivação. *Boletim Online*, n. 13. Recuperado em 06 de março, de 2015, de http://www.sedes.org.br/Departamentos/Psicanalise/boletim/noticias_departamento5.html.
- Guilis, G. (2005). El concepto de reparación simbólica en el contexto jurídico de lo Sistema Interamericano. *IV Encontro Latino Americano Dos Estados Gerais Da Psicanálise*. São Paulo. Recuperado em 14 de março, de 2011, de http://www.estadosgerais.org/encontro/IV/ES/trabalhos/Gra ciela_Guilis.pdf.
- Heloani, J. R. M. (2004). Pensata – Assédio Moral – Um ensaio sobre a expropriação da dignidade do trabalho. ©RAE

- eletrônica, 3(1). Recuperado em 13 de junho, de 2014, de www.rae.com.br/eletronica.
- Périlleux, T. (2010). Clínica do trabalho e crítica social. In A. M. Mendes & cols. (Orgs.), *Psicodinâmica e Clínica do trabalho: temas, interfaces e casos brasileiros*. Curitiba: Juruá.
- Pezé, M. (2008). *Ils ne mouraient pas tous, mais tous étaient frappés: journal de consultation "Souffrance et Travail"*. Paris: Pearson Education France.
- Pinheiro, T. (1998). *Do grito à palavra*. Rio de Janeiro: Jorge Zahar.
- Soares, A. (2012). As origens do conceito de assédio moral no trabalho. *Revista Brasileira de Saúde Ocupacional*, 37(126), 284-286. Recuperado em 23 de junho, de 2015, de http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0303-76572012000200009&lng=en&nrm=iso
- Vieira, C. E. C., Lima, F. P. A. & Lima, M. E. A. (2012). E se o assédio não fosse moral?: perspectivas de análise de conflitos interpessoais em situações de trabalho. *Revista Brasileira de Saúde Ocupacional*, 37(126), 256-268. Recuperado em 23 de junho, de 2015, de <http://www.scielo.br/pdf/rbso/v37n126/a07v37n126.pdf>.
- Vieira, C. M. S. (2005). A metapsicologia do trauma. In O. Vieira Neto & C. M. S. Vieira (Orgs.), *Transtorno de Estresse Pós-Traumático: Uma neurose de guerra em tempos de paz*. São Paulo: Vetor.

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Carla Júlia Segre Faiman: Psychologist at the Department of Legal Medicine, Medical Ethics and Social and Occupational Medicine of the University of São Paulo Faculty of Medicine [Faculdade de Medicina da Universidade de São Paulo] (FMUSP) and at the Occupational Health Service of the FMUSP Clinics Hospital. PhD in Clinical Psychology from the University of São Paulo Psychology Institute.