

# Can activity be understood out of subjectivity?

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**Abstract.** The PSR echo a crisis of the relation of the organization with the subjectivity, which is at the same time a crisis of the relation of the organization with the reality that subjectivity is confronting through activity. Thus, they also raise, with ergonomics, the question to know which place it grants itself to subjectivity in the relation health-effectiveness.

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The question related to the discussion about “Psychosocial Risks” (PSR) reminds us that working activity is always a matter of commitment. That is the very reason why PRS sound so different: they call for understanding the activity as subjectivity related.

All of us here (ATWAD) surely agree that activity is experiencing the real world. But there is no evidence that we share the same way of considering how this experience improves subjectivity. This is a very important matter to discuss if we keep feeling within the aim of this Technical Committee related to activity development.

1.

First of all it is important to put in evidence our point of view about what activity means. For us, subjectivity is related to the *capacity to let oneself be affected by, concerned about what occurs*. This involvement testifies to the sensitivity of the subject, his vulnerability, i.e. the way in which what happens

in the world also happens to *him* and how it relates to his health, considered as the resource that enables him to act. Such a definition of subjectivity needs to meet an echoing concept about the health. The reason for us to agree with Georges Canguilhem conception that sets Health as the ability *to feel being a part of something in the way in which things are related, in which the world keep standing up* (Hubault & Sznclwar, 2011). Such a way, related to the dynamics of life, leads to consider Health as a stake and Disease as the loss of the capacity to act.

As a result, the question of the place of the subjectivity in the Health-Activity relationship could be considered as central.

Subjectivity contents, as well as its relation with work, put in evidence the differences between the ergonomics of the task and the ergonomics of the activity. It seems for us that the sense of the activity is related to how it provides to the subject the resource for his own aims, i.e. how the activity affords conditions to the development of the subjectivity by working. Since this stake inevitably

conflicts with the economic stake of the activity, it invites us to revisit the performance model itself: the adjustment Health-Usefulness is dealing with the activity ability *to remain faithful to what “makes good”* (to oneself, to others, to the company, to the society, to the world). In other words, with *how the subjective projection anchors in a strategic perspective* (how ordinary work stays in tune with culture, how the activity helps to the development of the common world).

Understanding how the activity is committed to the development of the subjectivity is thus a central issue of work, and then for ergonomics.

It is indeed a central responsibility for organizations to propose assignments which have sense. “To have sense” means to make it possible that, among the constraints of the task, the workers find sufficient conditions to maneuver, to allow them to build a relationship with the hierarchy concerning the utility of their work, the relationship with colleagues on co-operation and the compliance with the rules of their trade and, in the particular case of the service sector, the relationship with the customer based on good.

This matter interests any work activity and also does the matter of the subjectivity. But the question becomes more critical in the services (Hubault F. & Bourgeois F., 2001), because activity, in this field, is entirely developed in the inter-subjective register. The worker is linked with the customer-patient-user, either directly or by phone. In these cases, the activity is built on keeping not only within the task defined by the organization, but also, and sometimes especially, within the requirements of the relationship that it must establish, and then maintain, with the customer who acts as a true co-producer of the relation, and thus as a co-prescriber of the task.

Thus, health questions explode in the service sector as well as the questions of efficiency, whatever it is immediate (decrease of the quality of the service) or mediate efficiency (negative externalities, common world depression that echoes, in the economy of the service, the industrial risks in the standard economy...).

This is especially true, when the organization seeks to articulate the requirements of a service relationship economy and those of mass production. There, the economic model aims to develop on two heterogeneous axes: one is the industrialization of the service –according to the logic of supplying –; the other is the personalization of the service – according to the logic of relationship –. However,

all depends on how the compatibility is developed between those requirements, because it’s where the real creation of value is processed (du Tertre C., 1999, 2002). When the methods for value creation are insufficiently developed, all tensions are transferred to the activity of workers who must carry the weight of it, in a register where their subjectivity is highly exposed. The emerging questions cannot be answered by the ergonomist alone. This requires that he cooperates with other work clinical approaches, either work psychology (psychodynamics of work, clinical work psychology), occupational medicine (medical clinics of work), and economics and management, as well.

The adjustment of the development of the subjectivity is thus *at the same time*, a health question – whose pathological expressions may concern the psychic economy (depressions, suicides) as much as the physical (MSD) – and a matter of efficiency, and it is thus on the perimeter of these two stakes that organizational performance must be dimensioned.

It seems to us that this perimeter relates to the way in which three principal questions are articulated:

- The question of the evaluation (Dejours C., 2003; Hubault F. & du Tertre C., 2008), where the principal problem relates to how the dissensions on the relation with reality may turn into pathogenic sufferings. The invisibility of the reality of work as much as the invisibility of the involvement of subjectivity pose in fact a formidable problem to evaluation, and appeals for designing devices which do not limit in advance the evaluation to measurement.
- The question of autonomy is also central. In most situations the employees are prevented from solving the problems of the customers with whom they are yet asked to keep closely in touch. These situations constitute true traps for their mental health, and when they come to get out only by the means of more or less deliberated lies, this “solution” can be a problem for the management as much.
- And finally the question of co-operation (Dejours C., 2009), which partly brings together the above questions, but also steps beyond them:
  - hierarchical relations challenge the vertical co-operation, and with it the question of authority, i.e. the capacity of hierarchy to offer an exit to the tensions of work by

connecting them to the stakes of the company, and also to those of culture and society;

- the relation with the customer challenges the transverse co-operation;
- the collective of work challenges the dynamics of the horizontal co-operation which regulates the nature and the quality of the exchanges between the parts.

Evaluation challenges all forms of cooperation, transverse, horizontal and vertical.

The balance between these 3 registers of co-operation is fragile. For example, worsening the horizontal co-operation increases the difficulties in learning from the colleagues and exchanging on the tricks of the trade that help solving questions asked by the customers, so that the competition replaces the co-operation, and that in the end, loneliness, isolation and its pathogenic procession succeed the collective. Saying nothing of how the individual evaluation wreaks havoc upon the horizontal co-operation which is yet a main support of the collective performance.

2.

Placing subjectivity in the center of the activity obliges to reconsider the strategies of prevention of occupational health hazards.

First, it obliges to stop separating physiological, psychological, social dimensions of the activity, and thus to cease distinguishing physical load, mental effects, cognitive load. From this point of view, the raising of the PSR is an opportunity to reshuffle the charts that usually dispatched the roles in the field of the prevention.

It also means that worrying about psychosocial risks requires special attention to low signs and infra clinical events. Thus it concerns a *strategy of listening* which combines professionalization of an “educated” form of listening and legitimizing the right to speak. It implies clearly an increase of communication in the workplace: results that are public (epidemiological investigations for example), individual exchanges and collective speeches (particularly, public debates about the expressions of work); more still, to ensure they echo each other through collective deliberation helping the activity to be *spoken* (semiotic stake).

But it is as much the matter to understand that “spontaneous” words let the complaint go rather than the suffering, and that “defenses” precisely aim

to conceal and hide what can be heard, thus, only if one learn how to listen beyond “what is said”... Thus, since the market of the prevention is mainly developing through the management of the complaint, it can just improve it... Managing the stress caused by the management can only consolidate, finally, one and the other.

Such a proposal to cope with prevention calls for a small steps strategy, modest, that is at the same time quite demanding. It needs to combine four different, distinct parts:

- Time: the status of the day-to-day. Between the time of the program which reasons in the universe of “what must/should be”, and the time of the strategy which reasons in the universe of “what will be/have to be”, day-to-day activities are anchored in the universe of “what occurs/what happens” in the *real* world.
- Space: the status of the presence. Understanding each other needs sharing the experience of what happens, and the assumption then *to be there and when that occurs*. To live in a place, thus, is very different from simply occupying the space.
- Person: what the person does not experience, what he *does not live*, he does not understand. Clearly, “feeling and thinking cannot be separated” (Böhle F. § Milkau B., 1998): if “reporting” makes it possible to disregard experience, it is only when it confuses information with comprehension, data with knowledge, providing then for a misleading confidence in a knowledge that is not a true understanding of the event. The body is not a thing but an access to the things, it has the capacity to feel and react; all in all, it is the other name of subjectivity.
- Objectivity: PSR completes an epistemological and political breaking off. It calls for reversing the posture of traditional objectivity (Hubault F. & du Tertre C., 2008): the more the manager stays out and keeps his distance, the less he can understand... On the contrary, the more he steps in and commits himself, the more he is a resource in the evaluation device. Then, since it depends now on how he will be affected by this experience, one must improve the “forms of thoughts” and the doctrinal tools that may lead to real change.

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RPS offer an good opportunity for re/designing the place of the subjectivity in work sciences, and thus in what ergonomics calls “activity”, because they ask for regarding whether/how ergonomics really worries about subjectivity improvement and the matter of emancipation. Indeed, one cannot think in terms of development and emancipation if the subjectivity stays aside.

For “traditional” ergonomics, the prescription relates to *the use of oneself by the others* (Schwartz, 2000). It ratifies an epistemological, social and political distance of which the couple designer/subordinate is the completed form. While saying “traditional”, we do not claim to decrease this position, it remains ours, only to say that it must be thorough, owing to the fact that there are many prescribers in the prescription, including the worker himself, an individual as a collective subject, who seeks through his activity, not only to correct the insufficiencies of the task regarding the singularity of the real, but also to give way to his own needs and expectations... the prescriptions of *an use of oneself by oneself*, attesting to the inalienability of autonomy in heteronomous activities.

An analysis of the activity must give evidence of this development standpoint and this emancipator perspective. More, it must implement it by adding the power of the analysis which is not only to reveal, but especially to *make it possible*.

This point is a key point. Intervening is not only to report on what is possible but to make it possible. There is the emancipator mission of intervention, whose political value echoes the epistemological distinction between the real and the reality.

Real goes beyond the scope of reality. It cannot be reduced to the realized or to the actualized. Virtual belongs to the real and the (im-)possible too, so that work analysis cannot pay only attention to what the worker *does*, but also to what he cannot do, what he does not do, what he would like to do, what he could do, what he should do. PSR are precisely to testify how achieving or closing these *possible*, not to say refusing them, help for the implication or for the suffering, or also for the opposing of the “operators”. PSR is also a concept to be postponed, since it is a reminiscence of a hygienic point of view. It should be replaced by a more comprehensive approach where worker’s experiences should be linked to the possibilities of accomplishing themselves as professionals, citizens and subjects.

Thus, the intervention proposal is not a by-product of the question of translating knowledge into action; it is first a particular form of the very nature of the scientific knowledge. Science fully objectifies what exists only when that means also to actualize and create what is possible: objectifying the work is to open it to shifts of frame, changes of perspectives: “to imagine” is a scientific need. Making science, thus, is also to build hypothetical models for possible worlds in deliberated projects.

### Bibliography

- [1] F. Hubault and L.I. Szelwar, Psychosocial risks: when subjectivity breaks into the organization. Grahamstown, ODAM2011.
- [2] F. Hubault and F. Bourgeois F., La relation de service: une convocation nouvelle pour l’ergonomie? In: La relation de service, opportunités et questions nouvelles pour l’ergonomie, F. Hubault, Toulouse: Octares Editions, 2001, pp. 5-32.
- [3] C. Du Tertre, Intangible Interpersonal Services, Adjointment and Reduction of Working Hours, Toward New Political Economy Tools, The french Case, Services industries Journal 19 (1999).
- [4] C. Du Tertre, Activités immatérielles et relationnelles : quels nouveaux enjeux pour les secteurs et les territoires. Paris: Géographie, Économie et Société 4 (2002), 181-204.
- [5] C. Dejours, L’évaluation du travail à l’épreuve du réel, Paris: INRA Editions, 2003.
- [6] F. Hubault and C. Du Tertre, Le travail d’évaluation, In : Evaluation du travail, travail d’évaluation, Actes du séminaire Paris1 4-6 juin 2007, F. Hubault F (Ed.), Toulouse: Editions Octarès, 2008, pp.95-114
- [7] C. Dejours, Le travail vivant – Travail et émancipation, Paris: Payot, 2009, tome II, pp.73-112.
- [8] F. Böhle and B. Milkau, Crank with the screen; evolution of the significant experiment of the workmen at the time as of technological changes, Paris: Eyrolles, 1998, collection of the DER/EDF
- [9] Y. Schwartz, Le paradigme ergologique, et le métier de philosophe, Toulouse: Octarès editions, 2000
- [10] Y. Clot, Le travail à cœur ; pour en finir avec les risques psychosociaux, Paris: La découverte, 2010.
- [11] L.I. Szelwar, Working and Impediment: The Causes and Consequences of Inadequate Task Content and Work Organisation, XVth Triennial Congress of the International Ergonomics Association, 7th Joint Conference of Ergonomics Society of Korea/Japan Ergonomics Society. Seul: Ergonomics in the Digital Age, 2003.
- [12] C. Dejours, La psychodynamique du travail face à l’évaluation : de la critique à la proposition. Paris: Travailler, n°25, 2011, 15-28