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Occupational Health

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Reconceptualizing research on mental health, social class and working life

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Background

- Medical and psychological frameworks dominate the scientific understanding of mental health and occupational well-being.
- To grasp the mental health-related views, experiences and actions of people, it is essential that social scientists develop new frameworks for the study of mental health that provide less clinical and more social and functional view of mental health problems in today's societies.
- The presentation is based on two interdisciplinary project funded by the Academy of Finland: "Crafting the Ideal Employee" and "The Rise of Mental Vulnerability in Work Life".
- This presentation summarizes some observations of our sub-studies and makes some preliminary theoretical suggestions.



Objective

- This presentation introduces three concepts that try to describe the core social and cultural components of mental health problems often missing in the mainstream scientific debates on mental health and disorders
- The objective is to construct new conceptual alternatives for the understanding of mental health problems and their functional relationship with the normalized standards, codes and requirements of the society and its productive life.



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Example 1. Mental unease in the medical encounter in the 1960s vs. today (Interview data on senior physicians, N=41 interviews)

There has been a considerable change in the attitudes towards psychological symptoms and illnesses. A physician (male, born in 1945) describes the situation in the late 1960s:

- “I also happened to be a public health physician at the end of the 60s [...] this kind of minor stress, mental stress, wasn’t regarded as an illness. It was considered to be part of life, and illnesses were separate, if you can say that. [...], it [stress] was only minor bodily discomfort.”

Male physician, born in 1950, explains:

“Interviewee: The discomfort wasn’t so accepted or admitted, a psychological syndrome or mentally related illness was disguised as pain, back pain, strain-related pain, neck pain, headache, or whatever. Behind the wastebasket diagnosis were specifically those that are nowadays at least somewhat more correctly named [...]”

Interviewer: “Ergo physicians wrote this type of diagnosis even though...”

Interviewee: “Yes. Patients got the respite that they needed.”



Mental discomfort

- The expressions of mental unease became much more prevalent after the 1970s and severe physical problems started to decline. A milder form of melancholy became a reason to take sick leave. Emotionally burdensome situations at work, as well as personal life crises, entered the medical arena.
- The concept of mental discomfort refers to inadequate or unwanted mental functioning which has been perceived as problematic by individuals themselves and/or others such as work communities. Their manifestations are related to the resources, meaning-making and behavioral codes employees have in certain historical context.
- The acceptability of their expressions varies significantly both historically and culturally and their problematization is linked with various factors such as the growth of educational level and norms of emotional self-expression.
- The manifestations of mental discomfort became much more common as working life turned to service/knowledge economy and psychological filter spread in the population.



Example 2 – Job advertisements (archival data on job advertisements in 1949-2009 in the biggest Nordic newspaper)

The job advertisements until the 1960s typically followed a very simple form, in which the ideal manager, regardless of the managerial level, possessed a fixed set of trade-specific professional skills and a code of conduct:

"A sawmill foreman, fully competent and sober, to be hired." Helsingin Sanomat 6.2.1949 no. 35

Requirements related to the transformative "soft skills" (innovativeness, flexibility and readiness for changes) first appeared to the advertisements in the 1950s, but the proportion showed significant growth mainly **from the 1980s onwards**:

"[...] an entrepreneurial executive director [...] You are a strong and skilful personnel leader. You are able to motivate and spur your subordinates. You have previous, successful experience of profit responsibility. You thrive in tasks in which the solution of problems and opportunities merges with practical activity. You are flexible and profit-orientated." Helsingin Sanomat 18.9.1994 no. 252



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Workership

- The concept of workership refers to particular ways of understanding workers' role and normalized ways of talking about forms of being a worker. It reflects typical ideals and expectations of the historical era, also excluding some approaches and narratives.
- "Workerships" are manifested via ideals, codes and norms attached to the standardized way of being a worker. For instance, the older physicians stressed that in the early 1970s employees were still "*from a different world*".
- The emergence of contemporary workership has been heavily influenced by the post-industrial economy, the transformation of occupational structure, the diminishment of social hierarchies, and cultural individualisation.
- Societal transition has increased the value placed on worker qualities such as extraversion, flexibility, enthusiasm, innovativeness, social skills and many workers lacking these qualities have become devalued in the labour markets.
- Consequently, mental health, as a part of workers' core capacity ("workership"), has become an issue especially since the 1970s as Western societies have started to stress the importance of employee's inner life and work has started to require socio-emotional skills.



Example 3. Metal workers' codes vs emotional burden of social work (data: autobiographies and trade journal)

Metal industry in the 1950s: Hierarchical divisions dominated the work organization, and neglecting the order was punished by bullying and humiliation. Acceptance into the workgroup depended on competence and mastery of workplace codes. Physical environment had an important role as a source of burden. A machinist describes:

"I will always remember my first workday after Midsummer in 1951, when I started my job at the shipyard in Turku. I was driven to the foundry where my job would be. At the door I nearly panicked when I was faced with hundreds of sooty men and an infernal noise. A fine smut-dust hovered all over. But you get used to everything." Labour Archive 225/10486.

Social work in the 1990s and 2000s: emotional ambivalences originated from the inconsistencies between the demands for organizational effectiveness and the professional feeling rules, this caused strong emotional burden.

"At times, it feels horrible turn your back on your favourite empty-handed client [...]Therefore, I find myself unloading guilt to another client, and keeping another in suspense as to whether I'll grant them income support." Social Work 6/1998, 7-9.



Mental landscape

The forms of workshirts and discomfort change considerably over time and these transitions have a strong link to the broader shift in the understanding of health and incapacity.

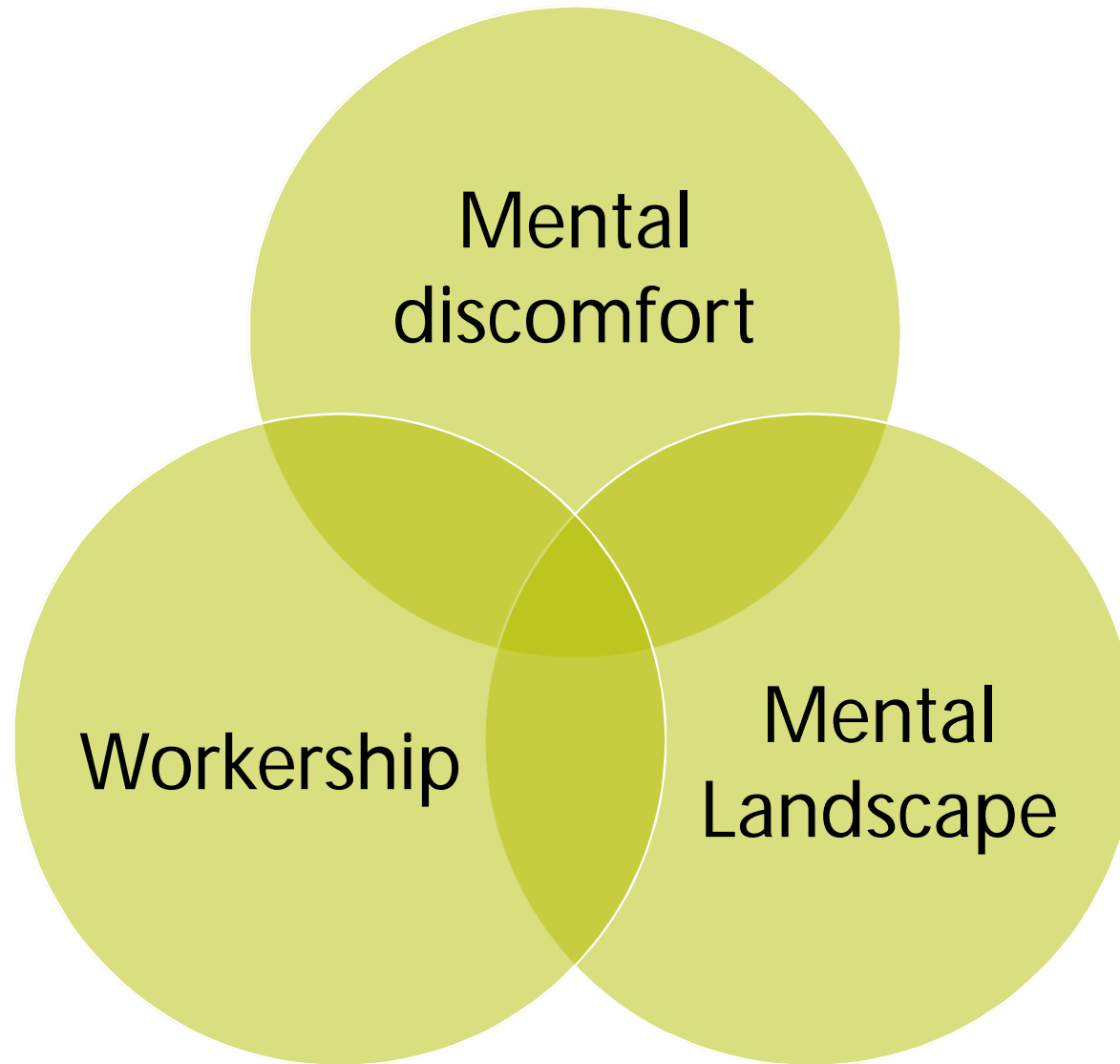
The concept of mental landscape is a prism that captures the social and cultural climate influencing workshirts and the role of mental health in the formation of workshirts. Mental landscape provides a social and psychological ground for our understanding of mental well-being. Therefore, the expressions of mental discomfort become meaningful in the broader context of mental landscape.

Mental landscapes are built in certain working conditions, organisational cultures, status positions, living environments, and institutional and social relationships. They influence the core challenges (e.g., typical sources of negative emotions) and normalised behavioral standards that characterize workshirts, and its relationship to mental health.

In the history, mental landscapes and representations of mental health vary considerably from one occupational group to another. In line with this, Diane Reay (2005) formulates “affective aspects of social class constitute the psychic economy of social class”.

However, our datasets and analyses of the substudies show drastic long-term changes in the overall mental landscapes and the manifestations of mental discomfort.





Conclusion (1)

Through the three heuristic tools the presentation intends to craft a new history-sensitive framework for the understanding of mental functioning in the context of changing working life and the transition of health.

Interestingly, Pierre Bourdieu (1984) defines habitus as follows: “Habitus consists of our thoughts, tastes, beliefs, interests and our understanding of the world around us and is created through primary socialisation into the world through family, culture and the milieu of education.”

Socially and materially constructed workships (“worker habituses”) influence deeply the way mental health is understood, conceptualized and valued.

Very often it is frustration, tiredness, boredom, irritation, being pissed off etc. that takes place, not some disorder or disability. That’s why we use the concept of mental discomfort instead of some psychological or medical category.

The form of discomfort is acted out in certain social and institutional framework. We suggest the concept of mental landscape for this macro-context.



Conclusion (2)

We propose that it is not possible to understand the essential social and historical nature of mental health by applying universalistic explanations without understanding of the socio-cultural nature of workers' discomfort and the order of mental landscape.

The manifestations of mental discomfort are formed and shaped in the mental landscapes where employees live, set their goals and encounter their difficulties – build their workership.

More research in the cross-roads between history, workership and mental health is needed as these kind of approaches can provide fresh insights for the whole “crises of mental health”.

Methodologically, this also signifies challenges and a need to develop more comprehensive analytical tools that may also help in developing socially sensitive interventions.



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Therefore

- Perhaps we should try:
 - to understand workship (forms of habituses) instead of universal occupational, environmental and/or individual exposures
 - to analyse the mental landscapes (=cultural and work-related) instead of risk environments (as stress factors)
 - to promote interdisciplinary research on mental discomfort (as a societal challenge) instead of focusing only on mental disorders (as medical challenges)



Current publications

- At the moment we have >25 scientific publications about these topics, mostly in English
- We have published a book in Finnish entitled "The Finnish Workship in 1945-2013"
- The book on "mental discomfort" and "mental landscapes" is in the planning list.



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**SUOMALAINEN
TYÖNTEKIJYYS
1945-2013**



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Thank You!

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