Mental health and psychosocial processes in institutional work: contributions from the study of the military environment

Mental health and psychosocial processes in institutional work: contributions from the study of the military environment

Paloma Lobato Gentil Sampaio1
Fabrício Augusto Menegon2

Summary

This article analyzes the relationship between mental health and psychosocial processes in institutional contexts, using the military as a case study. Although the literature on occupational health often prioritizes individual indicators, such as burnout, stress, or depression, there are gaps in understanding the organizational and cultural dimensions that shape illness and work capacity. Based on data from research on institutional mental health policies in the Brazilian Army, the article discusses the implications of hierarchy, organizational culture, and institutional management practices for workers' subjective experiences. The findings highlight the need to understand mental health in its articulation with psychosocial and institutional factors, going beyond individual boundaries. Based on the analysis of the military context, contributions applicable to other institutions, such as public security, health, and social assistance organizations, where norms, values, and organizational practices play a central role in the dynamics of suffering and well-being, are identified. The study reinforces the importance of integrating institutional and psychosocial dimensions into policies to promote mental health in the workplace, contributing to advances in Organizational and Work Psychology.

Keywords: Mental health. Psychosocial processes. Institutional work. Organizational culture. Work psychology.

Abstract

This article analyzes the relationship between mental health and psychosocial processes in institutional contexts, using the military environment as a case study. Although the literature on occupational health often favors individual indicators such as burnout, stress, or depression, there are gaps in understanding the organizational and cultural dimensions that modulate illness and work capacity. Based on data from research on institutional mental health policies in the Brazilian Army, the implications of hierarchy, organizational culture, and institutional management practices for the subjective experience of workers are discussed. The findings point to the need to understand mental health in conjunction with psychosocial and institutional factors, exceeding individual limits. From the analysis of the military context, contributions applicable to other institutions, such as public security organizations, health, and social assistance, are identified.

Keywords: Mental health. Psychosocial processes. Institutional work. Organizational culture. Work psychology.

---

1 Graduated in Psychology from the Instituto Esperança de Ensino Superior (2012). Master's degree in Mental Health and Psychosocial Care from the Federal University of Santa Catarina (2023). Specialist in Neuropsychology from the Center for Psychosurgical Studies (CEPSIC/HC/HCFMUSP 2014). Specialist in Psychological Assessment and Psychodiagnosis from the Brazilian Training Institute (2019). Currently works in the clinical and hospital area at a Military Hospital and conducts research on the mental health of military personnel.

2 Bachelor's degree in Physical Education from the State University of Maringá (1999). Master's degree in Physiotherapy from the Federal University of São Carlos (2003). PhD in Public Health from the University of São Paulo (2011). Professor in the Department of Public Health, the Graduate Program in Public Health (PPGSC), and the Graduate Program in Mental Health and Psychosocial Care - Professional Master's (currently, Program Coordinator) at the Federal University of Santa Catarina.

1

1. INTRODUCTION

Mental health at work has consolidated itself as one of the main fields of
research into Organizational and Work Psychology, especially in light of the growth
of conditions related to occupational stress, burnout and occupational psychopathologies.
Recent studies show that mental illness resulting from living conditions
work is not restricted to individual manifestations, but also involves factors
contextual and organizational factors that modulate the worker's subjective experience
(GIANASI; OLIVEIRA, 2017; MASLACH; LEITER, 2017). In this sense, understanding the
mental health in its complexity requires integrating individual, collective and
institutional, recognizing that suffering at work is, to a large extent, a product of
forms of organization and labor management (DEJOURS, 2015; LOURENÇO, 2002).

Despite advances, the literature still tends to privilege individual indicators of
suffering, such as stress levels, depressive symptoms or prevalence of burnout,
leaving in the background the analysis of the psychosocial processes that emerge from culture
organizational, institutional hierarchy and occupational health policies (BARDIN,
2011; COSTA, 2023). This limited perspective can compromise the understanding of
work capacity, since the interaction between norms, values and institutional practices
plays a decisive role in how workers become ill, seek help and are evaluated
by the organization itself. Thus, it becomes necessary to broaden the perspective beyond the individual,
including the psychosocial and institutional determinants of suffering.

The military environment represents a paradigmatic field for this discussion, as
which combines unique institutional characteristics: rigid hierarchy, discipline
normative, high degree of control and own mental health policies (MIRANDA, 2011;
MARTINS, 2019). These elements create an environment in which the experience of
illness cannot be dissociated from the organizational context, as related decisions
to the readaptation, removal or maintenance of functions are intrinsically linked to the logic
institutional. Thus, the study of mental health in the military environment offers subsidies
valuable for understanding psychosocial processes in organizations that, although distinct,
share similar challenges, such as police forces, firefighters and health professionals.
health.

2

This article aims to analyze the interactions between mental health and psychosocial processes in institutional work, taking the military environment as a study of case. Based on this analysis, we seek to discuss contributions that can be transposed to other organizational contexts, reinforcing the relevance of understanding illness as a psychosocial and institutional phenomenon. This aims to contribute to the advancement theoretical and practical aspects of Organizational and Work Psychology, by proposing an approach that articulates psychological suffering, organizational culture and institutional policies, expanding the debate on occupational health in complex contexts.

2. THEORETICAL FRAMEWORK

2.1 MENTAL HEALTH AND OCCUPATIONAL PSYCHOPATHOLOGIES

Mental health at work has become a central theme in Workplace Psychology. Organizations and Work, especially from the recognition that illness occupational is not limited to isolated clinical conditions, but involves a complex interaction between labor demands, institutional resources and meanings attributed to work. The Occupational stress and burnout, in this context, stand out as widely occurring phenomena documented, being considered indicators of psychological suffering associated with precarious working conditions and the intensification of emotional and productive (MASLACH; LEITER, 2017; GIANASI; OLIVEIRA, 2017). These conditions, in addition to having a direct impact on quality of life, they also affect the ability functional, increasing absenteeism and turnover rates.

Dejours (2015), when developing the psychodynamics of work, argues that the suffering is not a merely individual experience, but a socially constructed, resulting from the organization of work. For the author, the rigidity of standards, the lack of recognition and institutional contradictions generate ethical dilemmas and emotional issues that can lead to burnout and alienation. This perspective broadens the understanding of occupational mental health, shifting the focus from individual symptoms to structural conditions that favor or mitigate illness. Thus, understanding health mental health at work requires considering both the classic psychopathological aspects and the organizational processes that modulate suffering.

3

In this sense, international and national literature points out that, although the diagnoses of burnout and stress are consolidated, their isolated understanding limits the scope of analysis. Lourenço (2002), when discussing the psychology of organizations, highlights that Occupational health must be seen as a relational process, in which the individual and the institution interact continuously. Martins (2019), in research carried out in Portugal, reinforces this argument by demonstrating that motivation at work and occupational stress are crossed by organizational factors, indicating that satisfaction is not just a result of individual resilience, but of the way the institution recognizes and structures the performance of its workers.

Furthermore, occupational psychopathologies do not only manifest in classic indicators of burnout, but also in more subtle forms of suffering, such as the feeling of injustice, loss of meaning and depersonalization. Gianasi and Oliveira (2017) analyzed health professionals and found that institutional support conditions or neglect play a central role in the intensification of symptoms, indicating that burnout does not can be understood only as a failure of individual coping. This finding is in line with research by Costa (2023), who, when investigating psychological contracts in organizations Portuguese, showed that the breakdown of institutional expectations amplifies the wear and tear psychological and contributes to illness.

Therefore, the study of mental health at work cannot be restricted to clinical diagnoses, but must consider the institutional processes that structure the experience of suffering. Mental illness, stress, and burnout are expressions of a greater dynamics, in which working conditions, organizational culture and policies institutions interact continuously. This integrated perspective underpins the present study, as it proposes to analyze mental health as a psychosocial phenomenon and institutional, going beyond the explanatory limits of models focused exclusively on individual.

2.2 PSYCHOSOCIAL PROCESSES IN INSTITUTIONAL CONTEXTS

Psychosocial processes in institutions are constituted by the interaction between subjects and the normative, symbolic and cultural system that organizes work. Schein (2010) defines organizational culture as the set of shared assumptions that guide perceptions, thoughts and feelings in the work environment, influencing

4

directly how workers perceive suffering and mental health.
Organizations with hierarchical and normative cultures tend to value resistance,
silence and conformity, making it difficult to express emotional weaknesses (MIRANDA,
2011).

This institutional dynamic strongly impacts the experience of illness, a
since the way the institution deals with suffering determines whether it will be recognized,
welcomed or made invisible. Costa (2023), when discussing implicit psychological contracts, shows
that the incongruence between individual expectations and organizational practices is a source of
exhaustion, demotivation, and burnout. From this perspective, psychological suffering can be
understood as a product of the relationship between subjects and institutional systems, and not just
as individual fragility.

Another relevant aspect refers to organizational mental health policies, which,
although created with the intention of preventing or mitigating illness, they often do not
achieve the expected effects. Gianasi and Oliveira (2017) identified that programs
Institutional measures for preventing burnout in health services showed limited effectiveness
when they disregarded organizational determinants such as workload and
lack of management support. This finding reinforces the need to understand the
policies as psychosocial devices, which produce different effects depending on
articulate (or not) with culture and institutional practices.

Collective relations and the meanings attributed to work also constitute
central elements of psychosocial processes. Dejours (2015) points out that work can
be both a source of suffering and pleasure, depending on how the activity is carried out
recognized and valued in the institutional space. When institutions fail to guarantee
spaces of recognition and dialogue, workers tend to develop mechanisms
defensive mechanisms, such as denial or rationalization, which, although functional in the short term,
perpetuate suffering.

Therefore, the study of psychosocial processes in institutional contexts requires a
approach that considers the articulation between culture, norms, policies and practices
organizational. This perspective allows us to understand that suffering at work is not
reduces to a sum of individual symptoms, but constitutes a collective and structural phenomenon. It
is in this framework that this article inserts its analysis, by proposing the military environment as

paradigmatic example to discuss the interactions between mental health, processes
psychosocial and institutional dynamics.

2.3. THE MILITARY ENVIRONMENT AS A PARADIGMATIC FIELD

The military environment is a unique environment, in which hierarchy, discipline
and organizational culture play a structuring role in the workers' experience. This
configuration makes the Brazilian Army and similar institutions a paradigmatic field
to analyze the relationship between mental health and psychosocial processes. Miranda (2011)
demonstrated that, in military organizations, occupational stress and burnout cannot
be dissociated from the hierarchical logic that regulates both the way work is organized
as the expression of suffering.

Military organizational culture values resilience, physical and emotional resistance
and subordination to norms, creating an environment in which vulnerability tends to be
interpreted as weakness. Santos and Lima (2020) point out that this logic reinforces silence
institutional framework surrounding mental health, creating barriers to recognition and
treatment of illnesses. In this sense, mental health policies, although
formally established, often encounter limitations in their implementation
due to the weight of institutional culture.

The experience of the military environment therefore offers a privileged example of how
institutional processes shape the mental health of workers. Illness, in this
context, is not restricted to individual wear and tear, but is crossed by decisions
institutional aspects related to the readaptation, removal or maintenance of functions, revealing
the centrality of the organizational factor. Costa (2023), when discussing the psychological contract in
Portuguese organizations, shows that institutional logic is decisive in the perception of
justice and support, elements directly related to mental health at work.

At the same time, the study of the military environment allows us to draw parallels with other
institutions that share similar characteristics, such as police forces, firefighters and
health professionals. In these contexts, the combination of high emotional demands and
rigid institutional norms produce dynamics similar to those observed in organizations
military, albeit with their own specificities (GIANASI; OLIVEIRA, 2017). This
In this way, the analysis of the military environment provides support for understanding illness in
different institutional fields.

6

Thus, the military environment is configured as a paradigmatic field for the Psychology of

Organizations and Work, as it shows that mental health at work must be

understood as a psychosocial and institutional phenomenon. The military case not only illustrates

the limits of individual-centered approaches, but also offers an analytical model

for future studies that seek to integrate cultural, normative and organizational dimensions

in understanding labor suffering.

3. METHODOLOGY

This study is characterized as a qualitative research, of a

exploratory and descriptive, whose objective was to analyze the interactions between mental health,

psychosocial processes and institutional policies, taking the military environment as a field

empirical. The research was based on empirical data from the master's dissertation

by the authors, developed in the Postgraduate Program in Mental Health and Care

Psychosocial of the Federal University of Santa Catarina, which examined the policies

mental health institutions in the Brazilian Army.

The corpus of analysis consisted of normative institutional documents, reports

of management and institutional records relating to mental health policies within the military,

complemented by semi-structured interviews conducted with health professionals

linked to the institution. Data collection followed ethical protocols approved by the Research Ethics Committee,

ensuring free and informed consent of participants and

confidentiality of information. This methodological strategy allowed us to gather both the

official discourse of institutional policies regarding the experience lived and narrated by

professionals directly involved in psychological care in the military context.

For data analysis, the content analysis technique proposed by was used.

Bardin (2011), with thematic coding and progressive categorization. This procedure

made it possible to identify cores of meaning related to mental health, suffering

psychic and the way military institutions deal with illness, allowing

highlight the contradictions between institutional discourses and observed practices. The

triangulation between documentary data and interviews favored interpretative robustness,

reducing biases and increasing the validity of conclusions.

Although the analysis focused on the military environment, the study adopted a

interpretative perspective that goes beyond the specific case, placing it in dialogue with the

7

literature on other institutional contexts, such as police forces, firefighters, health and social assistance professionals. This is therefore a case study instrumental, in which the Brazilian Army functions as a paradigmatic field for the understanding of broader psychosocial processes.

Methodological rigor was ensured through three main strategies:

- Consolidated theoretical basis in international and national literature on occupational health and institutional psychology;
- Systematic analysis of empirical material based on previously defined categories defined and emerging;
- Constant return to research questions, ensuring coherence between objectives, procedures and results.

Thus, the adopted methodology allowed integrating institutional dimensions and psychosocial, offering a consistent analytical model for understanding mental health at work in complex institutional contexts.

4. RESULTS AND DISCUSSION

Analysis of institutional mental health policies in the Brazilian Army highlighted the existence of regulatory devices aimed at preventing illness psychological well-being and promoting the well-being of military personnel. However, it was found that such policies present weaknesses in their implementation, revealing a significant distance between the institutional discourse and effective practices. The documents analyzed emphasized the importance of psychosocial balance and functional capacity, but in practice, the professionals interviewed reported that the expression of suffering is still strongly stigmatized, often interpreted as a sign of weakness or lack of preparation for military activity.

These findings confirm that organizational culture plays a decisive role in the way how mental health is perceived and managed. The rigid hierarchy and normative discipline, structural characteristics of the military environment, reinforce the invisibility of suffering and hinder institutional recognition of psychological vulnerability. As they point out Santos and Lima (2020), the logic of resilience and resistance can function as a barrier symbolic access to psychological care, generating situations of neglect or postponement

8

of interventions. Thus, illness becomes not only an individual phenomenon, but also the result of institutional mechanisms that shape the subjective experience of worker.

Another relevant point identified was the difficulty in operationalizing processes functional readaptation. Although policies provide for the possibility of dismissal temporary or transfer to functions compatible with the military's health status, reports have indicated that such measures are rarely applied effectively. This contradiction between norm and practice reproduces a cycle of wear and tear, in which workers remain in roles for which they are no longer fully qualified, increasing the risk of worsening of the mental condition. According to Costa (2023), situations of incongruence between institutional expectations and actual working conditions intensify the suffering, reinforcing the importance of the psychological contract as an analytical category.

When considering the paradigmatic character of the military environment, it is possible to establish parallels with other institutions. In police forces, for example, a configuration is observed similar, in which hierarchy and discipline coexist with high emotional demands and occupational risks. Health professionals, in turn, face care overload and lack of adequate organizational support, which contributes to high rates of burnout (GIANASI; OLIVEIRA, 2017). In social assistance, daily contact with situations of vulnerability and violence, combined with insufficient institutional policies, also generates significant wear. In all these cases, what is observed is the convergence between individual suffering and institutional factors that structure illness.

The analysis carried out therefore reinforces the need to understand mental health in work as a psychosocial and institutional phenomenon, overcoming reductionist approaches focused only on symptoms or diagnoses. As Dejours (2015) argues, the suffering at work emerges from the contradictions between work organization and aspirations subjective, requiring an analysis that considers the complexity of organizational systems. In the military case, the predominance of the logic of discipline and productivity over recognition of individual needs exemplifies how mental health is permeated by values institutional factors that determine both suffering and the possibilities for coping.

9

Furthermore, the results show that institutional mental health policies need to be accompanied by cultural changes and organizational practices that favor

welcoming and listening. Initiatives restricted to formal protocols tend to lose effectiveness when detached from the daily lives of workers. As Lourenço (2002) points out, management of people must integrate organizational and psychosocial dimensions, recognizing that the well-being cannot be achieved without the active participation of the institution.

Thus, this study contributes to Organizational and Work Psychology by propose that the military environment function as an analytical model to understand the relationship between mental health and psychosocial processes in institutional contexts. More than a case isolated, it is an experience that illuminates dynamics present in various organizations, in which the mental health of workers cannot be dissociated from practices institutional, organizational culture and working conditions. This approach offers subsidies for the development of more effective policies, capable of articulating prevention, reception and ethical management of suffering at work.

5. CONCLUSION

The results of this study show that mental health at work cannot be understood only as a result of individual factors, but must be analyzed from of the interactions between psychosocial and institutional processes. The case of the military environment showed paradigmatic in revealing how rigid hierarchy, normative discipline and culture organizational factors directly impact the way suffering is experienced, recognized and treaty. This finding reinforces the need to overcome reductionist models centered in clinical diagnoses, advancing towards approaches that articulate subjectivity, context organizational and institutional policies.

By problematizing the distance between normative discourse and effective practices of mental health, this study highlights that institutional policies, when disconnected from culture and real working conditions, lose effectiveness and can even accentuate the feeling of helplessness among workers. The military experience starkly illustrates this paradox, but it also offers lessons that can be transposed to other institutions such as police forces, firefighters, health and social services that share similar challenges in managing occupational distress.

From a theoretical point of view, the main contribution of this work is to demonstrate that the the study of mental health at work must integrate psychosocial and organizational dimensions, situating illness as a relational and collective phenomenon. This perspective dialogues with the

10

tradition of work psychodynamics (DEJOURS, 2015) and with contemporary literature

on organizational culture (SCHEIN, 2010; COSTA, 2023), by emphasizing that suffering

emerges from the tension between institutional norms, individual expectations and management practices.

By articulating these dimensions, the present study broadens the scientific understanding of

Organizational and Work Psychology, reinforcing the centrality of institutional analysis

to the field.

Finally, this article offers practical support for the development of policies

more effective, ethical and contextualized occupational health. By recognizing the role of

institutions in the production and management of suffering, possibilities open up for practices

organizational measures that prioritize reception, prevention and the construction of environments of

healthier workplaces. This approach not only contributes to improving the quality of

workers' lives, but also strengthens organizational efficiency and sustainability

of institutions. In terms of continuity, the results presented point to the

need for comparative research in different institutional contexts, consolidating

a research agenda that can be further explored at the doctoral level, with a view to

integrate science, practice and mental health policies at work.

REFERENCES

BARDIN, L. *Content analysis.* São Paulo: Editions 70, 2011.

COSTA, CCR The psychological contract and the development of burnout syndrome: a case study
in the Human Resources Management Service of the University of Coimbra.
2023. Internship Report (Master's in Public-Private Administration) – Faculty of Law, University of
Coimbra, Coimbra, 2023.

DEJOURS, C. *The madness of work: a study of work psychopathology.* 6th ed. São Paulo: Cortez,
2015.

GIANASI, LBS; OLIVEIRA, DC de. Burnout syndrome among health professionals: a question of
suffering at work. In: GIANASI, LBS; OLIVEIRA, DC de; MAMEDE, R.; CABRAL, P.; GONÇALVES,
C.; DE SOUSA, A.; VIEIRA, C. (Org.).
Burnout, workplace trauma and moral harassment: empirical studies and conceptual reflections.
Coimbra: Coimbra School of Nursing, 2017. p. 9-32.

LOURENÇO, PR *Psychology of organizations, work and human resources.*
Coimbra: Faculty of Psychology and Educational Sciences, University of Coimbra, 2002.

MARTINS, FB Job satisfaction: the role of work motivation and occupational stress. 2019.
Dissertation (Master's in Organizational Psychology) – Polytechnic Institute of Tomar, Tomar, 2019.

MASLACH, C.; LEITER, MP *The truth about burnout: how organizations cause personal stress and what to do about it.* San Francisco: Jossey-Bass, 2017.

MIRANDA, SCC *Occupational stress, burnout and social support in mental health professionals.* 2011. Dissertation (Master's in Clinical and Health Psychology) – Universidade Católica Portuguesa, Braga, 2011.

SCHEIN, EH *Organizational culture and leadership.* 4th ed. San Francisco: Jossey-Bass, 2010.

SANTOS, A.; LIMA, M. Mental health and military context: institutional challenges. *Brazilian Journal of Institutional Psychology,* v. 2, n. 1, p. 55-72, 2020.