

# Victimisation from Bullying at Work: We Need to Understand the Process

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This article describes the typical course of events in cases of long term bullying at the workplace. It is based on more than 10 years of experience of research and counselling with Scandinavian victims of bullying. I am sorry to tell that it is a rather depressing story, where I have met the same destructive pattern again and again; victims who are severely traumatised both by the behaviour of colleagues and supervisors and by the lack of support and justice by the organisation. Furthermore, the natural stress reaction of the victim is seen as something that may justify the behaviours of the perpetrators and is used against the victim by the organisation. Although depressing as the story may seem, it is important to know this process in order to be able to help and support those targets of bullying that we may meet in our role as occupational health psychologists. By the term bullying I here refer to long lasting cases of aggression directed towards an employee who is singled out and victimised at work, be it by colleagues and/or managers.

A range of studies have shown that such exposure to bullying at work is related to a range of negative health consequences in the target. When working with victims of long-term bullying, what strikes you most is in fact the intense and pervasive health problems they display. Although research on bullying at work still is in its early phases, comparable conclusions seem to be drawn from all research findings: Exposure to systematic and long-lasting verbal, non-physical, and non-sexual, abusive and aggressive behavior at the workplace causes a host of negative health effects in the target. Although single acts of aggression and harassment do occur fairly often in everyday interaction, they seem to be associated with severe health problems when occurring on a regular basis. To be a victim of intentional and systematic psychological harm by another person, real or perceived, seems to produce severe emotional reactions such as fear, anxiety, helplessness, depression and shock. Such victimization seems to change the individual's perceptions of their work-environment and life in general to one of threat, danger, insecurity and self-questioning, which may result in pervasive emotional, psychosomatic and psychiatric problems.

Bullying at work is long-term aggression, mostly of a subtle and psychological nature, directed towards a person who is not able to defend himself in the actual situation, leading to victimisation of this person. However, bullying seems not to be an either-or phenomenon, but a gradually evolving process, often triggered by a work-related conflict. During an escalating conflict a person may acquire a disadvantaged position, and may gradually be the subject of highly aggressive behaviour by colleagues or shop-floor management. These aggressive behaviours may be quite a number of different activities used with the aim, or at least the effect, of persistently humiliating, intimidating, frightening or punishing the victim. During the early phases of the bullying, the victim is subjected to aggressive behaviours that are difficult to pinpoint by being very indirect and discrete. Later on more direct aggressive acts appear. The victims are clearly isolated and avoided, humiliated in public by being the laughing-stock of the department and so on.

In the end, both physical and psychological means of violence may be used. As the conflict escalates, the frequency of the attacks also becomes more frequent and harsh, and after some time the victims are attacked on a weekly or even daily basis. The stigmatising effects of these activities, and their escalating frequency and intensity, makes the victims constantly less able to cope with his or her daily tasks and the co-operation requirements of the job, thus becoming continually more vulnerable and «a deserving target». As long as a victim is recognised as such, most organisations will probably take action, or the victim will at least experience substantial support from other organisation-members. What makes bullying especially difficult to handle is that the victims in many cases are not necessarily believed and supported when making a complaint. It is typical that upper management, union representatives, or personnel administration accept the prejudices produced by the offenders, thus blaming the victim for their misfortune. Third parties or managers seldom acknowledge the harm done to the victim as in fact bullying and harassment, but rather as a no more than fair treatment of a difficult and neurotic person. In an Irish study by Mone O'Moore and colleagues among 30 victims of bullying at work, 24 of them took their case to the Personnel Department. However, only three of them were satisfied with the outcome of this strategy.

Expulsion of the victim is therefore a common solution in many cases, be it long-term sick leave, no work provided (but still employed), relocation to degrading tasks or plain notice. Due to Scandinavian legislation, the latter is however seldom applicable. At this stage, many victims are seriously ill and may be required to seek psychiatric treatment. However, they seem to be incorrectly diagnosed by professionals receiving diagnoses such as paranoia, manic depression, or character disturbance (Leymann, 1996). Many victims experience a lack of support from the organisation, the union, or health-care personnel as a kind of secondary victimisation that considerably contributes to their feeling of helplessness and despair.

In a situation as that described above, it is of great importance that the victim is supported and understood when approaching e.g. an occupational health psychologist or other counsellor. To meet someone who understands the process of victimisation from bullying at work may in itself be a therapeutic experience. It may be the first opportunity the victim may have to qualify his or her experience and to make any sense out of such a disturbing and unreal experience.

For those who are interested in more information about bullying and its treatment you will find this in a new edited volume by myself, Helge Hoel, Dieter Zapf and Cary Cooper called "Bullying and emotional abuse in the workplace: International perspectives in research and practice".



# Occupational Health Psychologist

*Incorporating the Newsletter of the Academy*

A publication of the European Academy of Occupational Health Psychology

*Europe's leading body for individuals and institutions with an active involvement in the research, professional practice and education in occupational health psychology*

Volume 1, Issue 1

Spring 2004

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## Editorial

Welcome to the first issue of the *Occupational Health Psychologist*, a new publication of the European Academy of Occupational Health Psychology. It seems that the spring months have provided the Academy and its contributors with renewed energy! With a splendid lead from Jonathan Houdmont, the Academy's Executive Officer, and Scott McIntyre (Instituto Superior da Maia), the preparations for our next annual conference are well underway. Oporto 2004 promises to be another successful event and one we very much hope you will be able to attend (see page 10 for conference registration and submission information).

As you may notice from the new title, the newly formed Editorial team has also been busy rejuvenating the Newsletter. Over the last three months, the team has been consulting with Academy members to establish how the Newsletter could be enhanced to reflect the areas of expertise within our expanding membership base. This has been a challenging and exciting exercise and we hope that our new format accurately reflects your needs and interests as members. The new *Occupational Health Psychologist*, incorporating the Academy Newsletter (up to Vol. 4, Winter 2003) has been assigned an International Standard Serial Number (ISSN), which can be found in the top-right hand corner of this page.

As we move the publication forward, we hope to provide a showcase for the very best work within the areas of OHP research, education, and practice. We are developing a new format that is designed to allow OHP researchers and practitioners to publicise