Special article
Depression and suicidality as results of workplace bullying

Niki Daliana & Alexandros-Stamatios Antoniou

Abstract:

Mobbing is a new phenomenon that has emerged within the workplace and is increasingly spreading. It seems to affect the employee both psychologically (aggression, reduced resistance to stress, irritability, nervousness) and physically (fatigue, weakness, chronic fatigue syndrome and pains in different parts of the body), while serious bullying can even result in depression and suicide cases. There is a question mark if depression is the cause of mobbing or it is the effect, because individuals who experiencing a mental disorder, or have a greater vulnerability to stressful events are more likely to be bullied.

Keywords: *bullying, mobbing, depression, suicide, workplace.*

Corresponding Author: Niki Daliana, Greek Association for Adolescent Medicine, e-mail: ndaliana@yahoo.gr

Introduction

Over the last decades, a new phenomenon has emerged within the workplace which is increasingly spreading. This is the psychological violence practiced either by superiors to subordinates or by one colleague to another in order to marginalize and remove the individual from the workplace via aggressive behaviors such as intimidation, threats, gestures, removing privileges and in general actions designed to complicate as much as possible the life of the individual in the workplace [1, 2, 3]. Regarding the reasons of this phenomenon in recent years emerges a need for a holistic approach which means that if bullying is a multifactorial phenomenon it needs a model that takes into account the individual characteristics of workers, the working conditions and the social environment [4,5]. In Greece, rates of bullying do not appear to differ from other European countries [6]. According to Manouki (2009) [7] one in 10 Greeks report bullying workplace conditions, while 5% report incidents of physical violence.

According to Leymann (1990) [8] harassment escalates into four stages. The first stage is the beginning of the conflict characterized by verbal attacks or clashes with the victim, which in the second stage become more pronounced. At the second stage, the reputation of the victim is challenged with various slanderous comments, isolated from other colleagues, criticized, and threatened leading to the inability of the individual to conduct his/her work in a constructive manner due to lack of opportunities, or being required to engage in work tasks that are below his/her potential. During this stage, the effects on the individual start to appear, in the form of psychosomatic symptoms or reduced performance and absences from work. At the third stage, the superior taking into consideration both the comments and rumors about the person and the change in the behavior of the victim, either begins to worry about the victim's professional career, or most probably prefers to pick the side of the perpetrator or not to pay attention to the victim's words.

In some cases, because of the defensive behavior of the affected individual, the superior may believe that there is some other underlying problem such as a personality disorder [8]. In the final stage, the victim becomes isolated from colleagues and superiors, finally leading him/her to leave the workplace. However, leaving the workplace may not resolve the problem, as the consequences of harassment still exist, and may result in the individual having difficulties in securing a new position. The individual may also be fearful that the same incidents will occur again, leading to emotional changes and a dislike for work [1,5]. The phenomenon of harassment may take various forms of discrimination based on the origin of psychological violence and depending on the number of people involved. This may be viewed as a division between vertical and horizontal harassment. Vertical harassment is expressed by persons of the higher rank of the hierarchy towards a person of a lower rank. In the vertical harassment there are two other cases: the rising harassment, where harassment exists from lower rank employees to a senior employee and the case of «bossing», where the role of the aggressor is the administration of the Agency or a head [5]. The last one is the most difficult form of harassment, because it's difficult for a colleague of the victim to defend the victim against the boss [1]. The second form of harassment refers to horizontal harassment involving employees of the same rank. These forms of work harassment range from simple comments behind the person's back to serious accusations and gradual isolation. According to Leymann (1990) [8] harassment aims to affect the reputation of the victim, decrease the ability of the individual to perform his/her tasks and interfere with communication with colleagues and in a social context. Koonin and Green (2007) [9] describe the following forms of harassment:

- Discomfort of the person while talking or working
- Verbal forms of sexual harassment
- Intense and offensive eye contact
- Unresponsive to calls and the individual messages
- Yells and insults
- Comments about the person behind his/her back
- «Punishment of silence» (silent treatment) (gradual isolation of the individual).

Consequences of workplace bullying: Mobbing seems to affect the employee both psychologically and physically, while serious bullying can even result in suicide cases. A survey by Leymann (1996) [10] argues that victims of bullying are at increased risk of suicide because of constant anxiety, while a more recent survey reinforces that view, adding that the risk of suicide and suicidal ideation occurs mainly due to depression of the victims. In 1976, Brodsky [11] as reported by Einarsen (2000) [4], following a survey among American employees suggested three categories of the consequences of bullying: In the first category, symptoms were mostly physical, such as fatigue, weakness, chronic fatigue syndrome and pains in different parts of the body. In the second category, workers who accepted mobbing had symptoms of depression, low self-esteem and low confidence. In the third category, victims avoided social contact, and demonstrated nervousness, irritability, memory problems and victimization. Generally, the most common symptoms that mobbing can lead to are depression, aggression, reduced resistance to stress and, in some cases, various forms of mania [1,9].

Moreover, feelings of guilt, inferiority, helplessness and frustration, as well as the lack of attention and concentration are often expressed. In severe cases of harassment there is the possibility of post-traumatic stress disorder (PTSD), a disorder that occurs after exposure of the individual to a traumatic event. Beyond the psychological impact, mobbing, due to the intense stress experienced by the individual, may lead to «functional disorders». Examples of such disorders include migraine headaches, difficulties in sleeping, myalgias and musculoskeletal problems [1], while other problems that can occur are gastrointestinal disorders, chest pains and tachycardia [9]. These symptoms may be identified in an individual who is constantly under pressure and stress, and who is unable to feel security and draw satisfaction from his working environment. If mobbing continues, the intensity of the symptoms may take such a form that it is necessary for the person to seek psychological or medical support [1].

Certainly, the intensity of these symptoms depends on the characteristics of the individual and how he/she has learned to react to difficult and stressful situations, thus, for some people the symptoms may be less severe [4,12] suggest separate stages of mobbing according to the impact on the individual. In the first stage the victim remains in the workplace or manages to escape harassment before it escalates. In the second stage the victim is unable to withstand the pressure and may suddenly leave the workplace. At this stage temporary mental or physical difficulties and a struggle to get back to work may be experienced. In the third and final stage, where the experience of harassment has escalated, the person can no longer work and has serious difficulties for a long period of time.

Depression and suicidality as consequences of workplace bullying

According to Namie and Namie (2000) [13] the effects of workplace bullying not only alters the self esteem and confidence of the victim, but also causes anxiety, depression, headaches, insomnia and low concentration. Mobbing is encountered as a source of stress which activates symptoms such as anxiety and depression, which can lead to major depression and suicidal ideation. «Suicidal ideation» refers to thoughts related to a possible suicidal behavior, ranging from vague thoughts of death sometime in the future to an attempted suicide plan [14]. The plan can be comprehensive and include the place, time and manner of suicide. The suicidal ideation may be chronic and persistent, especially when there is severe psychopathology or may be transient, the onset of it being associated with unpleasant life events [15]. Suicidal ideation can sometimes result in suicide or attempted suicide.

According to the World Health Organization (WHO) a suicide attempt is defined as the «*act without fatal outcome, in which the person presents an unusual behavior without the intervention of others, which causes self-harm or is characterized by taking medication at a much greater than the therapeutic dose, in order to achieve changes that the individual wants through the*

actual or expected physical effects» (Platt et al., 1992, as cited to Malogiannis, 2008) [14]. Suicide attempts differ according to the existence of a plan and the intention of death. The existence of the plan may be pre-planned or impulsive, while the intention of death indicator is the method used and the degree of injury caused by the attempt [15]. Usually the path to suicide begins with occasional suicidal ideation, which then becomes repetitive and may comprise specific patterns of suicidal behavior. The suicidal behavior is characterized by one or repeated attempts of suicide whose severity is evaluated by the method of the attempt and the severity of the induced injuries [14] that follows.

As mentioned above, workplace harassment seems to affect the employee psychologically and physically, while serious bullying can even result in suicide cases. In a survey by Einarsen, Raknes and Matthiesen (1994) [16] it was revealed that 40% of mobbing victims had suicidal thoughts, whilst Leymann (1996) [10] argues that bullying victims are at increased risk of suicide due to constant anxiety. A more recent survey reinforces that view, adding that the risk of suicide and suicidal ideation occurs mainly due to depression of the victims. Muller (2000) [17] reports that in France several documented cases of suicide were related to bullying, whilst Roland (2002) [18] refers to a study conducted in Sweden and Italy, which showed that harassment experiences in the workplace have sometimes been interwoven with suicidal thoughts. A survey by Soares (2002) [19] found that 45.5% of persons that experienced harassment were severely depressed and were in need of medical assistance, while 37% of those who had experienced mobbing in the past were depressed.

Indeed, 40% of these workers expressed suicidal thoughts. The findings of this research are similar to the findings of Davendort et al (1999) [12], wherein it was identified that once the employee has left the workplace they may exhibit psychological consequences. Niedhammer et al (2006) [20] integrate mobbing with the important factors of depressive symptoms in men and women. Pompili et al (2008) [21] reported that

bullying increases the suicide risk in both men and women, adding that it is not necessary to have a previous psychiatric history, while Ortega et al [22] identify a positive relationship between mobbing and health problems including depressive symptoms. Two epidemiological studies are identified regarding the event of major depressive episodes and their connection to working intimidation. According to Kivimaki et al (2003) [23] harassment was identified as a trigger for depression events in Finnish hospital workers, while a study by Rugulies et al. (2012) [24] also revealed an associated between the onset of major depressive episodes and workplace bullying.

Depression: Effect or cause?

Sometimes, depressive symptoms and suicidal ideation are part of the effects of mobbing. Indeed, research by Kivimaki et al (2003) [23], shows that psychiatric problems may emerge as a consequence of bullying in people without previous psychiatric history and stressed the potential existence of neuroticism resulting in increased sensitivity in dealing with various events. On the other hand, Kivimaki et al (2003) [23] raise the question as to whether the characteristics of individuals experiencing a mental disorder, or who have a greater vulnerability to stressful events are more likely to be bullied. Thus suffering from a psychiatric illness that limits a person's functionality, may render them more likely as bullying targets, however, sometimes the suspicion may be the result of a disorder leading the sufferer to perceive the behavior of others as hostile.

Within this perspective, depression is likely to be a prognostic factor for workplace bullying. This view reinforces and supports the findings by Lewis (2006) [25] in that stress, depression or posttraumatic stress disorder rather than the effects of work bullying may be representative of the causes, due to the existence of stigma towards mental illness. In terms of post-traumatic stress disorder, the views of Lewis contradict those of Leymann, who argues that the psychological consequences of mobbing can not only lead to post-traumatic stress disorder, but are absolutely comparable with symp-

toms of posttraumatic disorder that people suffer after war or confinement in jail.

In addition, research with the Minnesota Multiphasic Personality Inventory (MMPI-2) showed that victims presented higher scores on scales related to «neurotic triad», the hypochondriasis, depression and hysteria. The victims had higher levels of anxiety, neuroticism and were less extrovert and cheerful than other workers. However, the findings of the same survey show that in some cases the victims were more emotionally unstable and less contentedly before the harassment. Emotional instability may be associated with such stress and may lead to lack of self-confidence and reduced social skills, thus the individual is more vulnerable to such phenomena. Research by Gonzalez-de-Rivera and Rodriguez-Abuin (2006) [26] revealed that although bullying can contribute to the development of severe psychopathology, especially with regard to anxiety and depression, a question arises as to whether this finding is conclusive, as high grades on paranoia and hostility may indicate an existing tendency of individuals to react in an excessive manner to environmental stimuli. Apart from this, the high sensitivity of the psychometric tool on the increase of the paranoia scale may have the effect of exaggerated emotions that do not correspond entirely to reality.

Also, victims are likely to be occupied so much with what is happening to them that they find it difficult to function effectively. An interesting study of Tracy et al (2006) [27] showed how victims of bullying used metaphors to describe what they experienced. According to the findings they saw this as a threatening and dangerous game where the perpetrator sets all rules or a war. Others saw it as an uncontrolled nightmare where things happen, that subsequently the perpetrator refuses. For example, things disappear from the victim's room or the victim is a scapegoat and accept the anger and the insults of the victimizer. Indeed, the phenomenon starts so slowly that it is difficult to realize.

Concerning how they saw themselves in terms of bullying, they responded that they felt like slaves, animals or prisoners.

These answers suggest a sense of deadlock and a disconnection not only from their work, but from life also. This makes them feel lonely and empty. Others said they saw themselves as children from an abusive family. They had feelings of depression, sadness and anger. It is impressive to research how the metaphorical word used to describe unbearable feelings, and that their responses indicate the duration, intensity and consequences that covers everyday life.

It appears from the literature that depression and, in many cases, suicide is one of the main consequences of workplace bullying. A recent survey by Galletta et al (2014) [28] confirms that mobbing is a source of intense anxiety that can lead a person to a psychopathological suffering. Moreover, remaining in a hostile environment may be conducive to the development of psychopathology and the occurrence of depression [26]. It's easy to be assumed that the effects and especially the depressive symptomatology are strengthened by the reaction of the colleagues. In workplaces suffering from bullying phenomena, colleagues tend to move away from the victim and their reactions are similar to those that would have been if the victim had died. Besides, several times the victim feels like dead or wishes to die, feeling invisible and abandoned.

The high psychological demands, decreased sense of control at work, reduced social support and the imbalance between effort and reward seem to set the ground for the emergence of depressive symptoms. The labor force and intimidation as seen above can have dire health consequences on the worker. Because of workplace harassment the victim beyond the effort to avoid giving rights to negative reviews as abusers refuse aggressive behavior on their part, it is essential to look for evidence of what is happening so as to prove that what he/she claims is not the product of his/her imagination. The next stage is to identify someone in the workplace who can confirm what is happening. This step has a double meaning in order the victim to maintain his self-esteem and not to be implicated and thus a supportive framework would help, especially if the person is someone who could intervene and

change the situation, for example the Director or the Head of Human Resources.

Outside the workplace the person can possibly seek support from family and friends and sometimes from a mental health specialist. Apart from what the person can do for his/her self, treatment and prevention of the phenomenon from the part of the Organization is important, the main issue being to integrate policy on bullying to organizations and employers to ensure the prevention of bullying, assess the risk of such incidents and take appropriate action. Certainly, to do this it's important for the boss/employer not to turn their leadership to a tyranny and to be willing to listen their employees, even if this means limiting their "ego"current limiting in some time [9].

In Greece, surveys and literature with regard to occupational violence and intimidation are limited. But this is not because the phenomenon doesn't exist. Instead, the image of our country is not much different from that of other countries [29]. Bullying exists in Greek organisations, especially nowadays where the elasticity of labor increases, the working schedules are reduced and generally there is no security and stability in the workplace, thus more than ever the conditions that may manifest harassment are in existence.

As mentioned above, the reduction of wages, and deprivation of money for further education also represent forms of indirect bullying. Employers are called to select the right worker through numerous candidates, while workers are called several times to settle on any remuneration and working conditions in order to ensure a living. Certainly, this is not always easy and feasible as exemplified by the case of France-Telecom where compulsory movements of thousands of workers to other areas and to other jobs, the retraining of workers, the introduction of a customer-oriented logic, the management by stress resulted to 60 suicides from 2008 to 2011 [29]. Further research regarding the phenomenon of bullying is needed to investigate the causes, but mainly to find ways to address and raise awareness among both employees and employers.

References

1. Antoniou, A.-S. Moral harassment issues in the workplace. In A.-S. Antoniou (Ed.) *Business Ethics* (Vol. **I**, pp. 1-14). Athens: Sakkoula, 2008.

2. Antoniou, A.-S., Dimou, Ch., & Athinaiou, **M**. Moral concerns for the cases of sexual harassment in the workplace. In A.-S. Antoniou (Ed.) *Business Ethics* (Vol. **I**, pp. 247-283). Athens: Sakkoula, 2008.

3. Antonopoulou, A., & Antoniou, A.-S. Current types and dimensions of harassment in the workplace (moral and sexual). Suggestions for occupational counselling. *Review of Counseling and Guidance* 2012, 100 43-54.

4. Einarsen, S. Harassment and bullying at work: A review of the Scandinavian approach. *Aggression and Violent Behavior* 2000, *5*(4): 379-401. http://dx.doi.org/10.1016/S1359-1789(98)00043-3

5. Toukas, D., Delichas, M., & Karageorgiou, **A**.. Definitions and causative factors of psychological violence in workplace. Their role in assessing the dangers of mobbing. *Archives of Hellenic Medicine* 2012, 29(2): 162-173.

6. Galanaki, E., & Papalexandris, N. (2012). Measuring workplace bullying in organisations. *The International Journal of Human Resource Management, 24*(11), 2107-2130. http://dx.doi.org/10.1080/09585192.2012.725084

7. Manoukis, A. Mobbing: Manager and moral harassment. *Manager* 2009, 53-57. Retrieved from: http://career.duth.gr/cms/files/endiaferon_arthro_6_16022009.pdf

8. Leymann, H. Mobbing and psychological terror at workplaces. *Violence and Victims* 1990, *5,* 119-126. Retrieved from: http://www.mobbingportal.com/leymannmain.html

9. Koonin, M., & Green, T. M. The emotionally abusive workplace. *Journal of Emotional Abuse* 2007, *4:* 71-79. doi: 10.1300/J135v04n03_05

10. Leymann, H.The content and development of mobbing at work. *European Journal of Work and Organizational Psychology* 1996, *5*(2):165-184. http://dx.doi.org/10.1080/13594329608414853

11. Brodsky, C. M. *The harassed worker*. Toronto: Lexington Books- DC Health and Company, 1976.

12. Davenport, N., Schwartz, R., & Elliott, G. P. *Mobbing: Emotional abuse in the workplace*. Ames, IA: Civil Society Publishing, 1999.

13. Namie, G., & Namie, R. *The bully at work , what you can do to stop the hurt and reclaim your dignity on the job*. Sourcebooks, Inc, 2000.

14. Malogiannis, I. Suicidal patient: Diagnosis, understanding, therapeutic intervention and prevention of suicide. Institute for Research and Behavioral Therapy, 2008, Retrieved from: http://www.ibrt.gr/ekpaideysi/SuicideWorkshop1.pdf

15. Katsadoros, K. B., & Bekiari, E. H. (n.d). Guide to Preventing Suicide in Chil-

dren and Adolescents.   A Guide for Primary and Secondary Education Teachers. Retrieved from: http://www.klimaka.org.gr/newsite/downloads/odigos_sxoleia_new_.pdf

16.Einarsen, S., Raknes, B. I., & Matthiesen, S. M. Bullying and harassment at work and their relationships to work environment quality: An exploratory study. *European Work and Organizational Psychologist* 1994*, 4,* 381-401. Retrieved from: http://folk.uib.no/pspsm/documents/Bullying_and_work_environment_1994_Einarsen_Raknes_Matthiesen.pdf

17.Muller, M. Quand le management tue. *Le Nouvel Observateur* 2000*, 1842:* 9-10.

18.Roland, E. Bullying, depressive symptoms and suicidal thoughts. *Educational Research*2002*, 44* (1): 55-67. doi: 10.1080/00131880110107351. Retrieved from: http://dx.doi.org/10.1080/00131880110107351

19.Soares, A. *Bullying: When work becomes indecent.* Unpublished manuscript, UQAM, Montreal, 2002.

20.Niedhammer, I., David, S., & Degioanni, S. Economic activities and occupations at high risk for workplace bullying: results from a large-scale cross sectional survey in the general working population in France. *International Archives of Occupational and Environmental Health* 2006*, 80:* 346-53. doi:10.1007/s00420-006-0139-y

21.Pompili, M., Lester, D., Innamorati, M., De Pisa, E., Iliceto, P., Puccinno, M., Nastro, F., Tatarelli, R., & Girardi, P. Suicide risk and exposure to mobbing. *Work* 2008*, 31:* 237-243, PMID: 18957741

22. Ortega, R., Elipe, P., Mora-Merchán, J. A., Calmaestra, J. y Vega, E. The emotional impact on victims of traditional bullying and cyberbullying: A study of Spanish adolescents. *Zeitschrift für Psychologie / Journal of Psychology* 2009*, 217(4):* 197- 204.

23. Kivimaki, M., Virtanen, M., Vartia, M., Elovainio, M., Vahtera, J., & Keltikangas-Jarvinen, L. Workplace bullying and the risk of cardiovascular disease and depression. *Occupational and Environmental Medicine* 2003*,* 60: 779-83, PMID: 14504368

24. Rugulies, R., Madsen, I. E. H., Hjarsbech, P. U., Hogh, A., Borg, V., Carneiro, I. G., & Aust, B. Bullying at work and onset of a major depressive episode among Danish female eldercare workers. *Scandinavian Journal of Work, Environment & Health* 2012*,* 38(3): 218-227. doi:10.5271/sjweh.3278

25. Lewis, S.E. Recognition of workplace bullying: A qualitative study of women targets in the public sector. *Journal of Community & Applied Social Psychology* 2006*, 16:* 119-135.

26.Gonzalez-de-Rivera, J., & Manuel Rodriguez-Abuin, M. *Psychopathological effects of work place harassment,* 159th Annual Meeting, Toronto, 2006.

27.Tracy, S. J., Lutgen-Sandvik, P., & Alberts, J. K. Nightmares, demons, and slaves exploring   the painful metaphors of workplace bullying. *Management Communication Quarterly* 2006, 20: 148-185. doi: 10.1177/0893318906291980

28. Galletta, D., Sica, G., Califano, A., Aurino, S., Di Lorenzo, P., & Buccelli, C. Mobbing: From a Social Phenomenon to Psychopathology: Preliminary Data, *Journal of Psychiatry* 2014*,* 17(5) http://dx.doi.org/10.4172/Psychiatry.1000137

29. Karakioulafi, C. *«Psychosocial Dangers in the Workplace: Interpretation from the scope of Labor Sociology-the example of suicide at FranceTelecom».* 2014,

Received: http://www.historein.gr/2011/05/france-telecom.html