WAYS TO INTERVENE IN CASE OF MOBBING

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Abstract

This article reviews possible causes of mobbing phenomenon and aims to gather methods of intervention, in order to contribute to better counter the phenomenon, to address the negative implications that can occur both on individual and organization and to provide specialists with a review of ways they can intervene in case of mobbing.

Keywords: mobbing, intervention, therapy, victim

1. INTRODUCTION

Although the phenomenon of mobbing wasn’t so well known twenty years ago, now began to gain credit in the organizational and health literature. The phenomenon speaking about hostile behavior, terror at workplace, aggression, ignorance and manipulation is more and more known in the European countries and also in America.

According to Leymann (1990), mobbing means aggressiveness, harassment, bullying, ignorance; these behaviors are intentionally, directed and repeated towards a coworker. If systematically practiced, mobbing has devastating effects on the person concerned and causes serious organizational disturbances.
Duffy and Sperry (2007) defined mobbing as a nonsexual harassment directed to a colleague of work by a group of colleagues/other persons from the organization, their aim being the removal of the person from the organization.

In general, mobbing outcomes are: discredit, humiliation, degradation, dismissal, loss of job and reputation and all the psychological and social implications of all these negative experiences.

Leyman classified dysfunctional behaviors into 5 categories: actions that can block the expression of the victim; actions to isolate the victim; contempt actions against fellow victim; professional discredit of the victim; actions to compromise the health of the victim.

2. MOBBING CAUSES

Some authors researched the causes of the phenomenon. For example, Hirigoyen (2001) sustained the idea that mobbing appears and is influenced by victim’s personality. Also, Matthiesen & Einarsen (2001) stated that personality factors may play a role in choosing the victim and reported three types of profiles that predispose to mobbing appearance: people with severe personality disorders and psychological problems – depressive, anxious, suspicious, uncertain, confused; the second profile is characterized by depression and suspiciousness and a third profile that predispose to mobbing is: quite normal personalities, despite having experienced mobbing. (Duffy & Sperry apud Matthiesen & Einarsen, 2001). Non-supportive organizational cultures, hostile behavior of managers and personnel are more dangerous for immature employees and people with personality disorders, cases in which is more probable to occur mobbing (Duffy & Sperry, 2007).

This idea was criticized and disagreed by some authors in the specialized literature. Carnero (2010) stated, analyzing the results of the research, that job characteristics and working conditions are more important determinants of the phenomenon than personal characteristics. Literature talks about mobbing and bullying being caused by leadership, organization’s culture, management. If not recognized in time and accepted by the management, mobbing can raise its intensity, provoking health problems to the victim and losses to the organization. According to an empirical research made in Spain, the probability of having health problems/symptoms is 26 percentage on average bigger, for mobbed persons (Carnero & Martinez, 2012). In the same article the authors estimate that “the probability of perceiving that job affects health is about 50 percentage points higher for mobbed workers”.

3. CONSEQUENCES OF THE PHENOMENON OF MOBBING

According to Sperry (2009), mobbing has significant negative consequences on victims’ health, intimate relationships and families’. Post-traumatic stress
disorder, depression, and generalized anxiety disorder are among the most common health injuries documented, to date, among mobbing victims (Sperry, 2009 apud Namie).

Also, Zlate (2007) states that mobbing effects are felt in two main plans: the organizational plan: professional relationships degradation, damage or degradation of the quality of communication, lack of commitment, absenteeism, staff turnover, frequent sickness leaves, "cracks" in the company's image etc. and the social plan: impaired ability to maintain natural relationships with family, social group or social institutions.

Career constitutes one of the most important dimensions that contribute to the personal identity. Workplace trauma, if appears, can cause different psychological disorders, with different symptoms. According to Sperry (apud Namie), 'suicide, an ultimate workplace injury, has been contemplated by 25% of mobbing victims'.

In these cases, in order not to face the last phase (suicide), is needed therapy to recover. This implies special costs and time investment, but often is vital.

Interventions firstly began with the recognition of the phenomenon. Then the treatment follows with detailing actions/behaviours that were directed towards the victim. In this phase, the intervention should be very delicate, because the victim is remembering every injury and negative feelings, traumas and humiliations that has lived. This phase shouldn’t start before the building of the therapeutic relationship; this is an essential phase in every program of psychotherapy. The therapist should be very attentive when communicating with the victim, because in this phase is very fragile, often with a low self-esteem, very attentive and receptive to negative feedback and humiliations. Self-doubt is one of the dimensions that characterize the mobbed person, so in this stage the person can be easily affected.

4. WAYS TO INTERVENE IN CASE OF MOBBING

When mobbing victims are not leaving from the workplace where the phenomenon occurred and if the phenomenon wasn’t recognized and neither the intervention began, they can become victims again because the conditions that facilitated the appearance of the phenomenon didn’t change. Also, it is vital for the therapist to take into consideration that the phenomenon can reappear (Sperry, apud Namie).

In case of mobbing appearance, therapists can intervene through different methods/approaches.

Schwickerath (2001) stated that several types of therapy can be considered useful in treating the mobbed persons.

According to Schwickerath (2001), in the context of hospitalisation, can be supportive and stabilizing:
Occupational therapy – the dimension where is intervened: work attitude, workplace design, self-control, acceptance of responsibility, the ability to accept constructive criticism.

Another fruitful type of intervention can be social therapy.

The victim is reintegrated into a “small society”, where learns again how to communicate, interact with co-workers. The therapy focuses on social therapy and also in raising the victims’ self-esteem. Therapists use tools aiming to measure the progress of the victim. Victims can be engaged in different professional oriented groups, aiming to prepare them for new career alternatives.

Art-therapy can be an intervention alternative in case of mobbed persons.

Using expressive art, drama therapy and experiential therapy, therapists can facilitate the express of sentiments, resolution of conflicts. Can empower in this way the victim to find, discuss and adopt new methods/tools of facing the aggressor.

Another useful therapy can be group therapy. The victim can be included in thematic groups, where can be guided, together with other participants that faced the same/common issues at the workplace, into finding their own peace and learning how to continue on the professional field they are interested in.

Duffy and Sperry (2007) stated that the health consequences of mobbing `extend to both the victim and the victim’s family and include a wide swath of physical, psychological, and interpersonal insults.` The authors state later, in 2009, that spouses, partners, family members, and close friends are called upon for support by the victim of workplace mobbing and are themselves impacted by the effects of the mobbing on their lover, family member, and friend. In many instances, because of the trauma of the mobbing, intimacy, spontaneity, and closeness are all negatively impacted because of the injuries suffered by the mobbing victim.

In this case, family therapy combined with individual therapy is useful. Another method of mobbing therapy can be done progressively. After building a trustful therapeutic relationship together with the mobbed person, the victim is encouraged to discuss about the organization from an objective point of view, speaking about formal, documented roles in organization, hierarchy, responsibilities. Then, the victim will go to the next level, speaking about relationships between co-workers, informal leadership, friendships and conflict relationships. In this moment, of subjective expressiveness, the victim is encouraged to express feelings, states of mind, to remember moments. Methods like role-play and non-formal education tools can be useful in this stage.

Through sport and exercise therapy we can support the goals of treatment and defuse the body. Also, sport can contribute to emotional states improvement and social interaction.

Techniques of relaxing, progressive muscle relaxation - Jacobson training, deep relaxation and other methods can be used complementary with the therapy.
Sperry and Duffy (2009) proposed a model of intervention based on some steps.

The treatment begins with the identification of the phenomenon and of the injuries that were caused. In this moment, it is very important the existence of therapeutic alliance, because the victim is fragile and is very difficult to expose herself even to a therapist.

Naming the phenomenon and its effects is a tough but important stage in victim’s treatment. Is very important for the victim to know that this phenomenon is addressed, studied, that exists a lot of literature in the domain. In this way the victims feel themselves understood, part of a group, not isolated. Feelings that most victim have - anger and guilty - decrease in this phase.

The therapist should be vigilant and not to criticize the victim, in order not to ‘join’ with the aggressor (Sperry & Duffy, 2009). The authors state that the familial therapist should be familiar with systemic dynamics, in order to better help the victim. Psychologist should intervene on individual, organizational, familial and social level.

According to authors, an alternative therapeutic strategy can work effectively in cases of mobbing. Victims can opt for the most suitable alternative, the one that makes sense for them. Authors designed at least four options that can be possible, reproduced in Table 1.

<table>
<thead>
<tr>
<th>TABLE 1 Four Therapeutic Options</th>
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<tr>
<td>1. Stay in the workplace, continue therapy, and seek redress.</td>
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<tr>
<td>2. Stay in the workplace, continue therapy, but not seek redress.</td>
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<tr>
<td>3. Leave the workplace, continue therapy, and seek redress.</td>
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<tr>
<td>4. Leave the workplace and continue therapy without seeking redress</td>
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</table>

Whatever option the victim takes, the role of the therapist is to support the client, to help him regain his self-esteem, independence and happiness, either assisting him returning to work, or leaving the workplace.

His role is to work with the victim on his attitudes towards work, relationships, response to mobbing and on how these choices are affecting him.

Duffy and Sperry (2007) state that the treatment of mobbing involve short term changes and both long term.

Short term approaches may mean to include zero tolerance policy on mobbing into the ethics code of the organization and promote ethical values as justice, friendship, altruism. Long-term changes may be management change, promoting
management styles that doesn’t support mobbing. Intervention in case of mobbing doesn’t just mean meetings with the victim, therapy for the mobbed person, unidirectional approaches.

It may mean also assessment, consultation with the representatives of the organization – managers, human resources responsible, mediation and training programs.

5. CONCLUSIONS

Mobbing is a very dangerous phenomenon for both the individual (victim) and the organization and can produce psychological and health problems, even suicide. For this reason therapists should intervene in time, countering in this way its effects.

Recognizing mobbing, dissemination of negative effects of the phenomenon, popularization of intervention methods, training of the counselors in this specific domain may be vital approaches.

6. REFERENCES


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