Düşünen Adam The Journal of Psychiatry and Neurological Sciences 2013;26:388-391
DOI: 10.5350/DAJPN2013260409

Case Report / Olgu Sunumu

Overview of The Psychiatric Reflections of Mobbing: Two Case Reports

Elif Karaahmet[1]

[1]Assist. Prof. Dr., Canakkale Onsekiz Mart University, Department of Psychiatry, Canakkale - Turkey

ABSTRACT

Overview of the psychiatric reflections of mobbing: two case reports

Mobbing is repeated negative actions and practices directed towards victim by one or more workers. The previous studies in the world and Turkey have reported that mobbing is very widespread, and moreover has some negative effects in mental health. There is evidence that most psychiatric disorders (depression, anxiety, insomnia, aggression, lack of concentration, PTSD etc.) are associated with mobbing. The aim of this paper is to overview the psychiatric reflections of mobbing in two cases that were mobbing victims.

Key words: Anxiety disorder, depression, mobbing, psychiatry, psychosomatic symptoms

ÖZET

İki olgu sunumu eşliğinde işyerinde yıldırmanın psikiyatrik yansımalarının gözden geçirilmesi

İşyerinde yıldırma (mobbing), işyerinde bir ya da daha fazla kişi tarafından mağdura yöneltilen tekrarlayan olumsuz davranışlardır. Dünyada ve Türkiye'de yapılan çalışmalar, işyerinde yıldırmanın yaygın olduğunu ve ruh sağlığı üzerinde olumsuz etkileri bulunduğunu göstermektedir. Birçok psikiyatrik hastalığın (depresyon, anksiyete, uyku bozukluğu, agresyon, dikkat dağınıklığı, travma sonrası stres bozukluğu vb) işyerinde yıldırma ile ilişkili olduğuna dair bulgular vardır. Bu yazının amacı, işyerlerinde yıldırma mağduru olan iki olgu eşliğinde, işyerinde yıldırmanın yarattığı psikiyatrik yansımaların gözden geçirilmesidir.

Anahtar kelimeler: Anksiyete bozukluğu, depresyon, mobbing, psikiyatri, psikosomatik semptomlar

Address reprint requests to / Yazışma adresi:
Assist. Prof. Dr. Elif Karaahmet
Canakkale Onsekiz Mart University,
Department of Psychiatry, Canakkale - Turkey

Phone / Telefon: +90-286-263-5951/1451

E-mail address / Elektronik posta adresi:
elifkaraahmet@yahoo.com

Date of receipt / Geliş tarihi:
August 10, 2012 / 10 Ağustos 2012

Date of acceptance / Kabul tarihi:
November 8, 2012 / 8 Kasım 2012

INTRODUCTION

Mobbing is a serious problem, which attracts increasing attention. Mobbing is long-term and repetitive negative attitudes and behaviors towards an individual by peers, subordinates or superiors (1). According to Matthiesen (2), some of the features of mobbing include; perception of mobbing as an intentional and direct behavior to self, not being possible to avoid this behavior, not having enough social support to buffer, experiencing the behavior as unjust and groundless, being vulnerable and thus feeling degraded or embarrassed.

Mobbing can be direct, like verbal assault or indirect, such as withdrawing necessary information or denigration. Based on theoretical and experimental evidence, Matthiesen (3), groups mobbing into five. 1- Related to work (changing assignments or making them harder), 2- Social isolation (isolation from daily communication or events), 3- Personal assault (humiliation, being subject to a whispering campaign), 4- Verbal intimidation (criticized by others, denigration, to be scolded), 5- Defamation (hurting social reputation).

Typically, mobbing victims are unable to protect themselves from these negative behaviors and try to ignore them (4). Hostile attitudes in work environment, continuous criticizing and personal abuse lead to psychosomatic problems (5). In this article, psychiatric aspects of mobbing will be reviewed in the context of two cases that had psychiatric disorders due to mobbing.

CASE 1

33 years old, married, college graduate women who was working in a university as an instructor applied to our outpatient clinic because of complaints which were getting worse in the last 6 months, such as anhedonia, crying attacks without an apparent cause, sleep and appetite problems, headache, irritability, inattentiveness, pessimism, difficulty in working, lack of tolerance to her children and family, touchiness and anxiety of future. Psychiatric examination did not reveal any positive findings other than depressive affect. When the factors which could be associated with the disorder were investigated, she stated that while she had been working in the same workplace for two years without any problems, but in the last year she had been living a different period, which she had difficulty to understand, involving behaviors and attitudes in an increasing manner such as being forced to work on nonsense assignments lower than her status and being ignored. She had felt she was guilty at the beginning of this process, but it had evolved into something repetitive and chronic, independent of her work. She told that, because of these events, she was anxious at home, she was unable to take care of her family and therefore she had problems at home. In this period, she had small accidents due to attention problems, she had frequent upper respiratory infections and she could not go to work. The patient did not have a positive history of other psychiatric or medical disorders. She did not have a familial history of psychiatric disorders. Treatment was initiated with depression diagnosis and followed-up on a regular basis. After approximately 3 months applying our outpatient clinic, she told that she was not wanted anymore in her workplace and that she was told to find another job; she resigned and moved to another city.

CASE 2

Forty-one year old, college graduate, widower with one child woman who was working as a civil servant applied to our outpatient clinic for inability to breath, choking sensation, palpitation, cold sweating, tremor and fear of dying and having a heart attack, for no apparent reason, in the last 2 months. She told that she was afraid of staying alone in her house and she did not let her daughter go outside for this reason. She stated that cardiologist and internal medicine specialists could not find any reason to explain these complaints and she was referred to our clinic. Psychiatric examination did not reveal anything besides anxious affect. She moved to another city and started her new work after her daughter managed to enter a college program. After three months, she had been exposed to increasingly negative behaviors and attitudes, beginning with transfer offers for the institution was not suitable to her, and after she stated that she will stay in the institution, going on with insults, negative criticizing of her work, isolation, being left alone, and being forced to work under people who had lower positions than her. She told that she did not respond to these behaviors and after it was evident that she would not move to another institution, she was moved to another room to work alone and that she had inappropriate proposals from her supervisor and that he touched her without her consent. She stated that, since her co-workers ignored the situation, she felt hopeless and she recorded these behaviors in a voice recorder and resorted to a court. She did not have a positive history of other psychiatric or medical disorders. She did not have a familial history of psychiatric disorders. Treatment was initiated for panic disorder. Legal process is still going on.

DISCUSSION

Interpersonal problems in the workplace lead to more negative consequences when compared with problems out of work (6). Employment is not only an obligation to the individual and his/her family, but it is also quite important for self-perception and identity (7).

Mobbing is a common condition in Turkey and the world (1.2-86.0%) (8-10).

"Mobbing syndrome" has not yet been described clearly and precisely (11). In ICD-10 and DSM-IV, two conditions which are not particularly associated with work but related to stress are pointed out: the first one is post traumatic stress disorder (PTSD) and the other one is adjustment disorder. Severity and intensity of stress described in these disorders are different.

Mobbing leads to health problems, which in turn lead to sick leaves (9,12). It has been suggested that immune system becomes weaker and neuroendocrine mechanisms are impaired because of stress (12,13). Studies based on interviews to identify effects of psychological abuse process on victims showed that victims experience serious health problems during the psychological abuse process (2). A study reported sleep problems, apathy, impaired attention and concentration and social phobia in mobbing victims (14); another study found depression, anxiety, shortened attention span, repetitive intrusive thoughts, irritability, suicidal tendency, choking sensation, nausea and problems associated with muscles and skeletal system (15). A study conducted in Spain reported stress signs such as headaches, anhedonia, and fatigue among victims (9). Several other studies showed that mobbing causes PTSD (11,15). Mobbing is one of the major causes of suicide (16). Most common disorders seen with mobbing are depression and anxiety (17). A study conducted in Britain with 1137 participants reported that 36% of the mobbing victims quit their jobs (18). While depression and leaving her job in our first case was consistent with the literature, panic disorder in our second case is not common among mobbing victims. However, anxiety disorders in general are common in these victims. While PTSD is known to be particularly common in this group, however, "the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others" criteria of PTSD causes a diagnostic controversy in mobbing victims.

Mobbing has a negative effect on both the individual and the family (13). Changes in relationship pattern, affect and increased irritability have an unavoidable negative impact on even the best relationship (13). If the person has to quit his/her job, financial problems will come into play and economic hardship will lead to embarrassment and guilt. Family issues were more prominent particularly in our first case and she had financial concerns regarding leaving her job.

Mobbing victims commonly have physical and psychiatric problems such as PTSD, adjustment disorder, depression, lower self-esteem, guilty feelings, sleep problems, anxiety problems, gastrointestinal problems, and skeletal system problems (11,19). These conditions lead to significant impairments in functioning and interpersonal relations. Therefore, taking mobbing into consideration among working people may help to increase solutions to these problems.

REFERENCES

1. Zapf D, Einarsen S. Individual Antecedents of Bullying: In Einarsen S, Hoel H, Zapf D, Cooper CL (Editors). Bullying and Emotional Abuse in the Workplace. London: Taylor & Francis, 2003; 165-184.

2. Matthiesen SB. Bullying at work: antecedents and outcomes. PhD Thesis, University of Bergen, Faculty of Psychology, Department of Psychosocial Science. Norway, 2006.

3. Zapf D. Organisational, work group releated and personal causes of mobbing/bullying at work. Int J Manpower 1999; 20:70-85.

4. Einarsen S, Hoel H, Zapf D, and Cooper CL (Editors). Bullying and Emotional Abuse in the Workplace: International Perspectives in Research and Practice. London: Taylor & Francis, 2003.

5. Tambur M, Vadi M. Bullying at work: research in Estonia using the Negative Acts Questionnaire Revised (NAQ-R). Review of International Comparative Management 2009; 10:4.

6. Bolger N, DeLongis A, Kessler RC, Schilling EA. Effects of daily stress on negative mood. J Pers Soc Psychol 1989; 57:808-818.

7. Einarsen S, Raknes BI. Harassment in the workplace and the victimization of man. Violence Vict 1997; 12:247-263.

8. Salin D. Ways of explaining workplace bullying: a review of enabling, motivating and precipitating structures and processes in the work environment. Hum Relat 2003; 56:1213-1232.

9. Meseguer de Pedro M, Soler Sánchez MI, Sáez Navarro MC, García Izquierdo M. Workplace mobbing and effects on workers health. Span J Psychol 2008; 11:219-227.

10. Bilgel N, Aytac S, Bayram N. Bullying in Turkish white-collar workers. Occup Med (Lond) 2006; 56:226-231.

11. Tonini S, Lanfranco A, Dellabianca A, Lumelli D, Giorgi I, Mazzacane F, Fusi C, Scafa F, Candura SM. Work-related stress and bullying: gender differences and forensic medicine issues in the diagnostic procedure. Occup Med Toxicol 2011; 16:29.

12. Kivimaki M, Elovainio M, Vahtera J. Workplace bullying and sickness absence in hospital staff. Occup Environ Med 2000; 57:656-660.

13. Maureen D, Sperry L. Workplace mobbing: individual and family health consequences. Fam J Alex Va 2007; 15:398-407.

14. Björkqvist K, Österman K, Hjelt-Bäck M. Aggression among university employees. Aggress Behav 1994; 20:173-184.

15. Groeblinghoff D, Becker M. A case of mobbing and the clinical treatment of mobbing victims. European Journal of Public Administrations 1996; 14:845.

16. Westhues K. Workplace Mobbing in Academe: Reports from Twenty Universities. Lewiston, NY: Edwin Mellen Press, 2005.

17. Leymann H, Gustafsson A. Mobbing and the development of PTSD. European Journal of Work and Organisational Psychology 1996; 5:251-275.

18. Rayner C. Workplace Bullying: Do something! The Journal of Occupational Health and Safety 1998; 14:581-585.

19. Di Martino V. Workplace violence in the health sector. Country case studies: Brazil, Bulgaria, Lebanon, Portugal, South Africa, Thailand and an additional Australian study. Synthesis Report. Geneva: International Labour Organisation, 2002; 42.