

- MacIntosh, J. (2006) Tackling work place bullying. *Issues in Mental Health Nursing*, 27(6): 665–679.
- Nisbett, R. E. (1993) Violence and US regional culture. *American Psychologist*, 48: 441–449.
- Olweus, D. (1978) *Aggression in Schools*. New York: Wiley.
- Pithers, R., & Soden, R. (1999) Person-environment fit and teacher stress. *Educational Research*, 41(1): 51–61.
- Rayner, C., & Cooper, C. (1997) Workplace bullying: myth or reality – can we afford to ignore it? *Leadership and Organization Development Journal*, 18: 211–214.
- Snaith, R. P., & Zigmond, A. S. (1994) *The Hospital Anxiety Depression Scale Manual*. Windsor: NFER-Nelson.
- Tehrani, N. (2004) *Workplace Trauma: Concepts, Assessment and Interventions*. London: Brunner-Routledge.
- Tehrani, N., Cox, T., & Cox, S. (2002) Assessing the impact of traumatic incidents, the development of an extended impact of events scale. *Counselling Psychology Quarterly*, 15(2): 191–200.
- Tepper, B. J. (2000) Consequences of abusive supervision. *Academy of Management Journal*, 43(2): 178–190.
- Zapf, D. (1999) Organizational, work group related and personal causes of mobbing/bullying at work. *International Journal of Manpower*, 20: 70–85.

Chapter 5

When darkness comes

Workplace bullying and suicidal ideation

Angelo Soares

What kind of society is it, indeed, where one finds the profoundest solitude in the midst of millions; where one can be overwhelmed by an irrepressible desire to kill oneself without anybody being aware of it?
(Karl Marx/Jacques Peuchet)

Introduction

Someone once asked Freud during one of his conferences what one needs to be healthy in life. Everyone was expecting a long answer, but Freud simply answered: a healthy life is one of work and love – this, in a display of the centrality and importance of love and work in our lives. In *Civilization and Its Discontents* he wrote: ‘The communal life of human beings had, therefore, a two-fold foundation: the compulsion to work, which was created by external necessity and the power of love . . .’ (Freud, 1995: 43).

However, the balance between love and work has been difficult to achieve, and transformations of the worlds of the work over the last 30 years have made it more and more difficult. Work organisation and management models are conceived of and created for hypothetical human beings – ideals that exist only in theory which are very far from real daily life. Might one therefore commit irreparable acts because of work?

In several countries, the number of suicides and attempted suicides in the workplace has been increasing dramatically. Several letters left for family members or for union representatives mention ‘bullying’, ‘work overload’, ‘lack of group cohesion’ and ‘management through fear’ among other organisational reasons. Certainly, suicide is a complex phenomenon, related to a set of complex phenomena that evoke

hopelessness and suffering. Work can constitute one of the reasons for suicide, and may in fact be one of its main catalysts. In France, many suicides have been recognised as work accidents. Two experts' reports on workplace suicides in two French organisations identify work organisation as the main reason for suicide. Neo-Taylorism, pressure for performance objectives, overtime, and the loss of the meaning of work, were identified as possible main causes. Workplace suicides may be associated with work organisation transformations which have led to a degradation of 'living together' in contemporary organisations – mainly through an individualisation of performance evaluation and a lack of recognition (Dejours & Bègue, 2009).

Research on suicide and work is still incipient and most research attempts to identify professions where there is a higher prevalence of suicide without analysing the causes that may be at the core of the prevalence. Our research indicates that work organisation may have a preponderant and significant role in suicidal ideation. Our objective will be to analyse two professional groups and the possible relationships between workplace bullying and suicidal ideation.

Bullying and suicide

Bullying is a corrosive organisational disease which degrades work conditions and the mental health of its victims while poisoning social relations at work. While it is not a new organisational phenomenon, it is a problem that is growing in contemporary organisations. Brodsky (1976: 2) defines bullying as being 'the repeated, persistent attempts of an individual to torment, frustrate, or otherwise break the resistance of someone else. It is a treatment that, with persistence, provokes, puts pressure on, scares, intimidates, or inconveniences another individual.' Leymann (1996) defines it as 'a destructive process, characterized by a series of hostile acts which, taken separately, may be seen as inconsequential, but when repeated, may have pernicious effects'. In this definition, it is important to observe a particular aspect of bullying; when one analyses each act separately, one risks trivialising this surreptitious form of violence, since each individual act may seem inoffensive. It is the synergistic and repetitive character of these acts that produce the destructive effects which end up psychologically breaking the target of bullying.

Bullying may be horizontal within the organisation (i.e. perpetrated by a colleague at work), vertically descending (i.e. when it comes down from above in the organisational hierarchy), vertically ascending (i.e. perpetrated by a subordinate), and mixed (i.e. if the bullying comes from

two or more sources, such as a superior in association with a colleague). Contrary to other types of violence at work, bullying is a process constituted by different types of acts that develop over time. Since there is a process, it is important to understand how and when it establishes itself, so that we may prevent it or intervene as quickly as possible when it occurs. This is all the more important, for it is precisely at the beginning of the process that preventative measures may be the most efficient.

The individual consequences of bullying are catastrophic: career possibilities are broken and mental health is strongly affected by psychological distress, depression, post-traumatic stress, and even suicide. Indeed, several authors stress that bullying can lead to suicide without, however, having established this empirically (Leymann, 1996; Muller 2000; Bukspan, 2004; White, 2004; Dejours & Bègue, 2009). The question of suicidal ideation associated with bullying has already been studied among Norwegian (Roland, 2002), Canadian (Bonanno & Hymel, 2010) and Finnish students (Kaltiala-Heino *et al.*, 1999) as well as convicts in the Netherlands (Blaauw *et al.*, 2001). In spite of all existing differences between these studies (population, measurements, different methodologies), they signal a correlation between bullying and suicide risk. In the study of bullying among Norwegian students, Roland (2002) indicates that suicidal ideation is not only present among victims, but also among perpetrators.

In the literature on workplace bullying, Leymann (1996) indicates that suicide may be one of the consequences of this form of violence. More recently, in Italy, Pompili *et al.* (2008) indicate that bullied workers have a higher risk of suicide associated to hopelessness, rage and impulsivity provoked by workplace bullying. The authors indicate that victims of workplace bullying should be carefully assessed with a focus on suicide risk.

The media have reported many cases of suicides related to workplace bullying. In France, a case had great repercussions. VB, who was a 43 mother of four and an executive in the HR department of a French company, wrote in her diary the word 'Jump', with an arrow pointing downward. On 25 January, 2003, she jumped off a bridge located 500 metres from her workplace, leaving a letter to her union representative that was subsequently sent to the news media: 'It is not by chance that I make this gesture here, in front of my workplace. If I commit suicide today, it is that, as I frequently said, I cannot support the idea of returning to work in exactly same conditions that made me explode and that I have been suffering since January 2002, sent to coventry, lack of respect, (public) humiliation, moral suffering, no professional recognition' (Henry, 2003).

In Melbourne, Australia, in September 2006, a 19-year-old waitress killed herself after more than a year of abuse: 'She was held down by workmates, had fish oil poured in her bag, was drenched in chocolate sauce and was constantly told she was worthless. She was teased about a previous suicide attempt, and had rat poison left in her pay envelope' (Murphy & Doherty, 2010). Four workmates were convicted and fined over the 'vicious' workplace bullying.

Our objective here will therefore be to investigate the possible relationships between suicidal ideation, hopelessness and workplace bullying.

Methodology

We used a quantitative research strategy centred on the distribution of questionnaires by mail to two union groups representing professional workers in Quebec. The first group, traditionally female, is composed of professionals in the health sector (social psychologists, occupational therapists, dieticians, etc.). The second group, traditionally male, is composed of engineers. We developed a questionnaire using Leymann's Inventory of Psychological Terror (LIPT) for acts of bullying, and various scales relating to mental health, which was sent to both groups of subjects. The response rate for study I was 32 per cent (N = 613) and for study II, 32 per cent (N = 469). Taking into account our subject of research, we sent only one follow-up letter, so as to minimise any possible harassment feeling from the research process itself.

In study I, women constituted 80.8 per cent of the studied population, while in study II, 82 per cent of the studied population was men. It is important to note that no differences of age, gender or ethnic origin and the occupational group could be established in the two studies with regard to the symptoms of mental health. For study I, the average age was 40 years, and this group worked, on average, for nine years in the field, eight years at the current position, and eight years for the same employer. For study II, the average age was 43.5 years, and this group worked, on average, for 19 years in the field, seven years at the current position, and 15 years for the same employer.

Measures

Bullying

We used two methods of identifying individuals affected by bullying. The first measure was based on the Leymann Inventory of Psychological

Terror (LIPT). The second measure was constructed from a definition of bullying¹ elaborated from a question aimed at establishing the type of link between respondents and bullying at work. On the LIPT there are 45 questions related to different acts that may be used in bullying as well as questions to measure the frequency and duration of these acts.

Suicidal ideation

To measure suicidal ideation, we used the Beck Depression Inventory (BDI), where there is a question on thoughts about suicide and the desire to commit suicide. The question offers us the following possible answers: I don't think about committing suicide; I sometimes think about committing suicide, but I would go never through with it; I would like to commit suicide; I would commit suicide if the opportunity presented itself. The BDI is a validated instrument for self-evaluation often used for French-speaking populations to detect the severity of symptoms of general depression (Beck *et al.*, 1996).

Hopelessness

To measure hopelessness we used the Beck Hopelessness Scale (BHS). It is a validated self-evaluation instrument often used for French-speaking populations to evaluate the level of hopelessness of an individual. The BHS is a measure of pessimism and evaluates the individual's suicide risk. More particularly, the scale serves to measure negative images of the future (Beck & Steer, 1988).

Results

We established four groups of workers: those who never experienced bullying (NB); those who currently experience bullying (EB); those who have experienced bullying at work in the last 12 months (AB); and those who were witness to bullying (WB). Table 5.1 indicates the distribution of workers among these four groups. The results showed that between 29 per cent and 38 per cent of the professionals studied were either directly or indirectly affected by bullying. Present for more than six months for 77.2 per cent in Study I and 82.9 per cent for Study II, bullying is just as intense, since approximately 50 per cent of individuals in the two groups experienced it on a weekly basis.

In Study I, bullying was mainly from colleagues (horizontal, 54 per cent), while in Study II the bullying was from a superior (vertical, 50 per cent).

Table 5.1 Levels of workplace bullying found in studies I and II

		Study I (per cent)	Study II (per cent)
I experience bullying	EB	10.5	7.5
I experienced bullying in the last 12 months	AB	12.0	21.5
I witnessed bullying	WB	6.7	9.4
I never experienced nor witnessed bullying	NB	70.8	61.6

However, it should be noted that sometimes bullying was mixed when, for example, a superior associated himself or herself with a colleague of the target when engaging in bullying behaviour (23.7 per cent for Study I and 23.2 per cent for Study II).

In terms of gender, we did not find significant intra-group differences. In both studies, there were no gender differences with regard to the duration and frequency of bullying. Among the acts of bullying experienced in Study I, there were no significant differences between men and women among the ten most frequent episodes of bullying. In Study II, only one form of bullying showed significant differences in terms of gender: women were more likely than men to believe that their performances was being evaluated unfairly or in a negative or destructive way (ANOVA $F(1,461) = 3.88, p < 0.05$). There were also no gender differences with respect to the symptoms emerging from the various investigated mental health problems (psychological distress, depression, anxiety and hopelessness). However, differences were found to be significant when comparing the groups which experienced bullying with those that did not experience bullying.

Suicidal ideation

The individual is considered to have suicidal ideation when he or she thinks about committing suicide. Mishara and Tousignant (2004: 39) suggest that 'suicidal ideation is always present before a suicide attempt or a successful suicide'. The results of Table 5.2 reveal a significantly elevated level of suicidal ideation in individuals who experience bullying. The results of the analysis of variance are significant when comparing the NB groups (never bullied) with the two other groups, AB

Table 5.2 Three levels of suicidal ideation found in studies I and II

	Study I (per cent)			Study II (per cent)		
	NB	AB	EB	NB	AB	EB
I don't think about committing suicide	96.4	93.7	77.3	93.6	81.8	71.4
I sometimes think about committing suicide, but I would go never through with it	5.4	6.3	20.5	6.1	16.4	26.5
I would like to commit suicide	0	0	0	0.3	0	2.0
I would commit suicide if the opportunity presented itself	0	0	2.3	0	1.8	0

(bullied in the last twelve months) and EB (experienced bullying at the time of the research). Results for the witness group showed no difference to the results found in the group that had never been bullied. The probability that the differences between the three groups are due to sampling error is ($p < 0.05$).

Using the Scheffé test, multiple comparisons allowed us a more precise analysis. The average differences between the groups were statistically significant when the group that had experienced or was currently experiencing bullying was compared with those that had never experienced bullying. These results show that the average scores obtained by individuals who experience (EB) or that experienced (AB) bullying are significantly higher than the scores of individuals that had never experienced bullying at work (NB).

A positive correlation for the two studies was found between the duration of bullying and suicidal ideation (Study I: $r = 0.13$, significant to $p < 0.0001$, $N = 601$; Study II: $r = 0.19$, significant to $p < 0.0001$, $N = 455$). The same level of correlation has also been established with the frequency of bullying and suicidal ideation (Study I: significant $r = 0.19$ to $p < 0.0001$, $N = 602$; Study II: $r = 0.20$, significant to $p < 0.0001$, $N = 452$). These results indicate that when one experiences bullying, suicidal

ideation is more likely to occur than when one has never experienced bullying. Exposure to longer term bullying and higher frequency bullying causes the suicidal ideation to become more intense.

Finally, there is an interaction between suicidal ideation and the perpetrators of bullying. Table 5.3 shows the presence of suicidal ideation according to the instigator of the bullying. For Study I, results of Table 5.3 indicate that when the bullying comes from a hierarchical superior (vertical), or from more than one individual (mixed), suicidal ideation is significantly increased in the bullied targets. The results of the analysis of variance are significant when comparing the groups bullied by a colleague (horizontal) and the two other groups (vertical and mixed). The likelihood of this result being due to a sampling error is very small ($p < 0.05$).

Using the Scheffé test for multiple comparisons, the differences in the averages between the groups are statistically significant when comparing the two groups, i.e. those that experienced horizontal bullying and those that experienced it in a vertical or mixed form. This means that the average scores of individuals who have been bullied by a colleague are significantly less than those of individuals bullied by a hierarchical superior or by several individuals. In Study II, despite similar tendencies, the results were found to be inconclusive.

Hopelessness

Hopelessness occurs when the ability to construct responses and solutions in the face of an event is blocked for the individual. The Beck Hopelessness Scale (BHS) is a measure of pessimism and the value of the individual's suicide risk. More particularly, the scale serves to measure a negative vision of the future.

Table 5.3 Suicidal ideation related to the status of the instigator of the bullying

	Study I (per cent)			Study II (per cent)		
	Horizontal	Vertical	Mixed	Horizontal	Vertical	Mixed
Without suicidal ideation	97.9	89.1	84.7	93.2	78.9	79.5
With suicidal ideation	2.1	10.9	15.3	6.8	21.1	20.5

The results of Table 5.4 indicate that symptoms of hopelessness are significantly more important in individuals who experience bullying. An analysis of variance shows an interaction between bullying and symptoms of hopelessness. For Study I, $F = 9.0$; $p < 0.0001$ and for Study II, $F = 13.6$; $p < 0.0001$, when one compares the NB group to the AB and EB groups. The results for the witness group are similar to the group that was never bullied. The probability that the differences between the three groups are due to sampling errors is small ($p < 0.05$).

Using the Scheffé test for the two studies, multiple comparisons allowed us more precise analysis. The differences of averages between the groups are statistically significant when we compared two groups: those that experienced or experience bullying, and those that never experienced bullying. This means that average scores obtained by the individuals who experience (EB) or who have already experienced (AB) bullying are significantly higher than those of individuals that never experienced bullying at work (NB). In the group of individuals that experience bullying in Study II, 14.3 per cent present a severe score of hopelessness and Study I, 6.8 per cent do so.

A positive correlation for the two studies has been found between the duration of bullying and symptoms of hopelessness (Study I: significant $r = 0.19$ to $p < 0.0001$, $N = 603$; Study II: $r = 0.27$, significant to $p < 0.0001$, $N = 461$). The same magnitude of correlation has also been established with frequency of bullying and symptoms of hopelessness (Study I: significant $r = 0.22$ to $p < 0.0001$, $N = 603$; Study II: $r = 0.24$, significant to $p < 0.0001$, $N = 458$).

When we analyse the results of Table 5.5, we find the same tendencies in relation to the type of bullying and suicidal ideation, that is, when the bullying is vertical (hierarchical superior), or mixed (several

Table 5.4 Levels of hopelessness found in the three groups in studies I and II

	Study I (per cent)			Study II (per cent)		
	NB	AB	EB	NB	AB	EB
Asymptomatic	71.9	59.8	36.4	63.3	42.9	36.7
Light	23.5	31.5	50.0	29.1	37.5	30.6
Moderate	4.3	7.1	6.8	5.8	14.3	18.4
Severe	0.3	1.6	6.8	1.8	5.4	14.3

Table 5.5 Levels of hopelessness related to the status of the perpetrator in studies I and II

	Study I (per cent)			Study II (per cent)		
	Type of bullying			Type of bullying		
	Horizontal	Vertical	Mixed	Horizontal	Vertical	Mixed
Asymptomatic	65.3	53.8	51.4	55.9	52.1	33.3
Light	32.6	32.3	37.5	30.5	21.9	42.2
Moderate	1.1	10.8	8.3	11.9	19.2	11.1
Severe	1.1	3.2	2.8	1.7	6.8	13.3

individuals), the symptoms of hopelessness are significantly more elevated in the target of bullying. The results of the analysis of variance are significant when one compares the horizontally bullied groups and the two other groups. The probability that the differences between the three groups are due to sampling errors is small ($p < 0.05$).

Using the Scheffé test for the two studies, multiple comparisons allowed us to note that the differences of the mean scores between the groups are statistically significant when comparing the two groups, i.e. those that experienced horizontal bullying, and those that experienced it in a vertical or mixed form. This shows that the mean scores found in individuals who have been bullied by a colleague are significantly lower than those of individuals that are bullied by a hierarchical superior or by several individuals.

Discussion

Taking the findings from the two studies, it is possible to state that when someone experiences workplace bullying, he or she is likely to have more suicidal ideation. Therefore, there is a link between workplace bullying and suicidal ideations. In both studies, sex and age do not appear to have any significant influence on the results. However, it is important to identify how this link is formed.

When considering the results for severe hopelessness (14.3 per cent in Study I, and 6.8 per cent in Study II), this appears to be an important finding as several studies have shown the predictive value of the Beck Hopelessness Scale in relationship to suicide attempts. Hopelessness

appears to be an even more important feature than depression in suicide attempts (Beck *et al.*, 1975; Bouvard *et al.*, 1992).

Among the other factors associated with the incidence of suicidal ideation, the duration and frequency of bullying (even moderate bullying) seems to be influential. Interestingly, when the bullying occurs on a daily basis, suicidal ideation is less frequent. However, further research will be required to establish whether this tendency is statistically significant. Such a link appears possible since the unexpected nature of the bullying experience (sometimes it happens, sometimes it does not), is a characteristic that can destabilise the individual targeted by this pernicious form of violence. Coping strategies seem to be more difficult to deploy when the bullying is unstable.

The source of bullying appears to be important in the appearance of suicidal ideation; the bullying perpetrated by a colleague having less impact than that perpetrated by a hierarchical superior or a group of people. It is important to remember that bullying occurs within an existing power structure and relationships within the organisation and the use of coping or resistance strategies may be more difficult when the violence is coming from different sources or from a hierarchical superior.

An important point, not presented here, in the context of suicidal ideation, is the prevalence of symptoms of post-traumatic stress disorders among the individuals targeted by bullying (see, for example, Leymann & Gustafsson, 1996; Mikkelsen & Einarsen, 2002; Soares, 2002; Matthiesen & Einarsen, 2004; Soares, 2004; Chapter 3, Tehrani). In the two studies presented here, there are correlations between suicidal ideation and hopelessness and the scales used to measure post-traumatic stress are important. However, other studies, not related to bullying also establish a relationship between PTSD and suicide (e.g. Ben-Ya'acov & Amir, 2004; TARRIER & Gregg, 2004; Lebigot *et al.*, 2006; Vaiva *et al.*, 2007).

There are some limits as to the generalisation of the results obtained in these studies. We cannot generalise these results for the whole of the Quebec population, as the studies only examined two populations of professionals. Other research projects are required (and are in progress) to obtain a larger picture of bullying. It will be important to establish whether the results presented here will also be found in a population of blue-collar workers or of technicians. We hope to answer these questions in the future.

It is important to recognise that suicidal ideation does not necessarily lead to the individual committing suicide. There is an important difference between thinking about suicide and acting on those thoughts, although the research shows that suicidal ideation is always present

before an attempted or successful suicide. Considerations should also be given to other organisational variables that may exist and their influence on suicidal ideation, for example, work overload, which may have a synergic relationship with bullying in the dynamics of the suicidal ideations. Other research is necessary to analyse those possible interactions.

We should consider how often workplace bullying has destroyed personal lives. Often, the target of workplace bullying ends up separating or divorcing from their spouse and from his or her circle of friends. It is not possible to separate 'to love and to work': suffering resulting from work will echo in personal lives, and vice versa. In this way, important sources of social support coming from outside of the workplace that may lessen suicidal ideation or hopelessness are also weakened and limited. It is important for health professionals, human resources professionals, and others intervening in workplace bullying cases to be aware and conscious of the possibility that targets of workplace bullying may have suicidal ideation, and this risk must be assessed and evaluated to ensure that the individual is not at risk of committing suicide.

We conclude with a metaphor used by Freud when he compared the human being to a crystal glass. As crystal glasses, we have all the same functions and we are similar. However, when we take a closer look we can also see the tensions, fragilities and impurities that lie hidden within. Thus, if we are dropped accidentally, we will each 'break' in our own different and unique ways. However, the pressure felt today from work organisation, management models and bullying is so intense that our crystal glass will inevitably break into thousands of pieces. It is simply a question of time.

One must be aware that the consequences of suicide are devastating at all levels (Kinder & Cooper, 2009). Even bystanders will be affected by bullying. Although they do not present suicidal ideations, they will experience high levels of stress (Soares, 2002; Soares, 2008; Chapter 6, Bloch). Organisations still underestimate the impact of this problem, and it is rare for an organisation to have an action plan on how and what to do in case of a suicide. Denial and individualisation are always the reactions to the problem. The fault is always laid on the individual without accepting at least part of the responsibility in terms of bullying or other organisational dysfunctions. Removing responsibility from the organisation or failing to make an appropriate response can further degrade work conditions, work organisation, work relations and social cohesion, and contribute to more cases of suicide.

Note

1 We used the following definition: 'Bullying at work may be defined as all actions (behaviours, statements, attitudes, etc.) which undermine, by their repetition, the dignity or integrity of a worker. It may be exercised by a colleague or a superior, and may take different forms: insults, humiliation, threats, blackmail, overt and covert accusations, unfounded insinuations, unjustified revenge, and constant criticism against the individual rather than his or her work.'

References

- Beck, A. T., & Steer, R. A. (1988) *Beck Hopelessness Scale Manual*. New York: Psychological Corporation.
- Beck, A. T., Kovacs, M., & Weissman, A. (1975) Hopelessness and suicidal behavior. *Journal of the American Medical Association*, 234: 1146–1149.
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996) *Beck Depression Inventory Manual*, 2nd edn. New York: Psychological Corporation.
- Ben-Ya'acov, Y., & Amir, M. (2004) Posttraumatic symptoms and suicide risk. *Personality and Individual Differences*, 36: 1257–1264.
- Blaauw, E., Winkel, F. W., & Kerkhof, A. J. F. M. (2001) Bullying and suicidal behavior in jails. *Criminal Justice and Behavior*, 28(3): 279–299.
- Bonanno, R. A., & Hymel, S. (2010) Beyond hurt feelings: investigating why some victims of bullying are at greater risk for suicidal ideation. *Merrill-Palmer Quarterly*, 56(3): 420–440.
- Bouvard, M., Charles, S., Guérin, J., Aimard, G., & Cottraux, J. (1992) Étude de l'échelle de désespoir de Beck (Hopelessness Scale). *L'Encéphale*, 18: 237–240.
- Brodsky, C. M. (1976) *The Harassed Worker*. Lexington, KY: Lexington Books.
- Buksan, E. (2004) Bullying at work in France. *British Journal of Guidance & Counselling*, 32(3): 397–406.
- Dejours, C., & Bègue, F. (2009) *Suicide et travail: que faire?* Paris: Presses Universitaires de France.
- Freud, S. (1995) *Le malaise dans la culture*. Paris: Presses Universitaires de France.
- Henry, M. (2003) L'envers du décor. *Libération*, 31 March: 1–3.
- Kaltiala-Heino, R., Rimpelä, M., Marttunen, M., Rimpelä, A., & Rantanen, P. (1999) Bullying, depression, and suicidal ideation in Finnish adolescents: school survey. *British Medical Journal*, 319: 348–351.
- Kinder, A., & Cooper, C. L. (2009) The costs of suicide and sudden deaths within an organization. *Death Studies*, 33(5): 411–419.
- Lebigot, F., Nicolas, J.-D., & Hariki, S. (2006) Les tentations suicidaires du traumatisé psychique. *Revue Francophone du Stress et du Trauma*, 6(4): 207–212.
- Leymann, H. (1996) *Mobbing – la persécution au travail*. Paris: Seuil.

- Leymann, H., & Gustafsson, A. (1996) Mobbing at work and the development of post-traumatic stress disorders. *European Journal of Work and Organizational Psychology*, 5(2): 251–275.
- Matthiesen, S. B., & Einarsen, S. (2004) Psychiatric distress and symptoms of PTSD among victims of bullying at work. *British Journal of Guidance & Counselling*, 32(3): 335–356.
- Mikkelsen, E. G., & Einarsen, S. (2002) Basic assumptions and symptoms of post-traumatic stress among victims of bullying at work. *European Journal of Work and Organizational Psychology*, 11(1): 87–111.
- Mishara, B. L., & Tousignant, M. (2004) *Comprendre le suicide*. Montréal: Les Presses de l'Université de Montréal.
- Muller, M. (2000) Quand le management tue. *Le Nouvel Observateur*, 1842: 9–10.
- Murphy, P., & Doherty, E. (2010) And they still won't say they're sorry. *Herald Sun*, 9 February: 1.
- Pompili, M., Lester, D., Innamorati, M., De Pisa, E., Iliceto, P., Puccinno, M., et al. (2008) Suicide risk and exposure to mobbing. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 31(2): 237–243.
- Roland, E. (2002) Bullying, depressive symptoms and suicidal ideation. *Educational Research*, 44(1): 55–67.
- Soares, A. (2002) Quand le travail devient indécent: le harcèlement psychologique au travail. *Performances*, 3: 16–26.
- Soares, A. (2004) Comme 2 + 2 = 5 – Le harcèlement psychologique chez les ingénieurs d'Hydro-Québec: les conséquences. *Performances*, 18: 30–38.
- Soares, A. (2008) Assédio moral: o stresse das vítimas e das testemunhas. *Segurança*, 184: 27–29.
- Tarrier, N., & Gregg, L. (2004) Suicide risk in civilian PTSD patients. *Social Psychiatry Epidemiology*, 39: 655–661.
- Vaiva, G., Ducrocq, F., Jehel, L., Genest, P., Duchet, C., Omnes, C., et al. (2007) Psychotraumatismes et risque suicidaire en France. *Revue Francophone du Stress et du Trauma*, 7(2): 69–77.
- White, S. (2004) A psychodynamic perspective of workplace bullying: containment, boundaries and a futile search for recognition. *British Journal of Guidance & Counselling*, 32(3): 269–280.

How witnesses contribute to bullying in the workplace

Charlotte Bloch

Introduction

Workplace bullying has been attracting an increasing level of attention in recent years. Research on workplace bullying has primarily been quantitative and focused on the links between organisational features and individual effects. In addition, both quantitative and qualitative research has concentrated on victims and perpetrators of bullying. Research into witnesses of bullying in the workplace has been limited (Agevall, 2007). In some of the original research into bullying (Heinemann, 1972; Olweus, 1973; Leymann, 1986; Adams, 1992) witnesses were not even mentioned, whilst in more recent research witnesses are rarely mentioned, and then only in terms of the experience of the victims (Hallberg & Strandmark, 2004) or the effect that bullying has had on witnesses such as reduced job satisfaction and productivity, increased stress and impaired well-being (Einarsen et al., 2003), depression (Vartia, 2001; Lutgen-Sandvik, 2006; Niedhammer & Degioanni, 2006) or intentions to resign (Rayner, 1999). Whilst these studies show that witnesses to workplace bullying are influenced by the bullying process, little has been said on how witnesses become involved in the process. Workplace surveys show that witnesses are by far the largest group affected by bullying, with 35 per cent of respondents in a Danish survey (Hogh et al., 2009) indicating that they had witnessed bullying. Other surveys show substantially higher levels of witnessing with Lutgen-Sandvik (2006) identifying that more than 80 per cent of employees had witnessed workplace bullying. Generally (Einarsen et al., 2003), most employees report that they would support a victim of bullying, yet many victims of bullying indicate that they received little support from witnesses. Rayner (1999) found that although a third of witnesses said they wanted to help victims, they did not do so due to fear.

Workplace Bullying

Symptoms and solutions

Edited by Noreen Tehrani

 **Routledge**
Taylor & Francis Group
LONDON AND NEW YORK