

Mental Harassment at Workplace: Are We Aware?

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ABSTRACT

Mental harassment at the workplaces is an abuse and inflicted invisible wound that a person experiences and is not blatantly visible. This case study is to give an insight about mental harassment in the workplaces and its short term and long term damage to the psychological and physical health of the sufferer. It is presenting the lack of awareness on mental harassment in the workplaces and workplace's negligence towards harassment culture. Mental harassment at the workplaces is mostly studied under quantitative methods. However, the objective of this study is to reveal a unique and individual experience of a mental health professional who has undergone mental harassment at the workplace.

Keywords: Mental harassment at workplace, awareness, case study

INTRODUCTION

The clear-cut definition of 'Mental harassment at workplace' is fairly vague. It is not easy to define. There has been so single definition as it takes different forms and appears in a variety of situations. It is indeed a complex issue, since no objective and precise consensual definition has been given so far. ¹ However, in spite of a lack of an uniform definition, lights have been shed to understand which share some common features. "Psychological harassment at the workplace" 'is usually defined as a situation in which a person or a group of people engage in extreme psychological violence against another person' ² It can be defined as "persistent behavior against an individual that is intimidating, degrading, offensive or malicious and undermines the confidence

and self esteem of the recipient." Mental harassment is more covert and usually can't be overtly observed. It is unnoticeable and often people fail to identify it. They might consider it as a 'part of the job'. It refers to situations which describes that an employee has been mistreated persistently and for a long period of time by a boss, co-worker, workmates, management, supervisor, clients, customers, subordinate and any one in the workplace environment. It is experienced through direct or passive offenses to the targets. ³ Harassment may take the form of words, gestures or actions which tend to annoy, alarm, abuse, demean, intimidate, belittle, humiliate or embarrass another or which create an intimidating, hostile or offensive work environment. Mental harassment involves behavior and acts like ganging up on someone, mobbing, angry outbursts, verbal hostility, behind-the-back sabotage and defamation, offensive jokes, insult, pull down, bullying and controlling, interference in other professional's work performance. It includes behaviors like persistently opposing everything someone says, credit taking, constantly requiring an employee to perform demeaning tasks that are outside of their job scope, exposed to dangerous work situation, unreasonable deadlines, credit taking for someone's achievement, ostracizing, social exclusion or isolation escalated conflict with frequent harassing actions systematically aimed at a target person, overbearing supervision, constant criticism and blocking promotions. It is the accumulated number of acts over time, and the summarized pattern of behaviors and not the particular and individual acts involved

that constitutes the menace. It takes place in a way where it becomes difficult for the sufferers to defend themselves. These incidents, acts and behavior may be mildly offensive and even tolerable. However, when accumulated over time, these acts will be highly destabilizing and a distressing situation to those exposed.⁴ E-harassment in the workplace has also been a form of mental harassment at workplaces. These behaviors are not necessarily in person or groups but can take place digitally as well in forms of messages, emails and online or wireless mode of communication and technology. Although definitions of harassment vary, typical explanations refer to offensive behaviors that are unsolicited and unwelcome. Exposure to such treatment while at work has long been claimed as a more crippling and devastating problem for employees than all other work-related stress put together. A survey conducted by Careerbuilder.in in 2020 revealed that almost 55% of Indian workers are bullied at their workplace.⁵ Mental harassment is considered as violation of human rights. A survey in India has reported 48% of people have experienced workplace harassment or others.⁶ Someone inflicting harassment and mental torture has multiple reasons. Bullying behavior is a multifactorial phenomenon. Feeling of insecurity, jealousy, disturbed psychodynamics, personality traits, internal conflicts, personal inadequacies and possible genetic predisposition are among the few reasons.

CASE STUDY DESCRIPTION

Miss K, a 27 year old, unmarried female, belonging to Middle socioeconomic status (MSES) and has been working as a full time Psychologist in Delhi, India. She has been working in the Psycho-Oncology area of palliative care and terminal patients. During her tenure of working, K had reported a complaint of “Mental Harassment and defamation at her workplace”. This complaint was reported to the Grievance cell of the Human resource department (HR) of her organization. She wanted to shed

lights on the mental torture and harassment she had been facing for a span of Twelve months. She had been hired in 2019 in a healthcare non profit organization that works with cancer patients. She was motivated and inspired to work in the organization. She had been working as a psychologist in a number of organizations from 2017-2022. However, she never suffered the Psychological torture and harassment until 2022. This harassment was reported in February 2022 to the HR. As reported, the harassment accumulated over a period of time and precisely it was initiated by ganging up on her. The gang consisted of a male and a female doctor who were her co-workers in a multi-disciplinary team. The torture and defamation were inflicted by the female co-worker and it was largely escalated by the male doctor. She reported that it started with an episode where she received a false accusation mail of not completing a task at a given frame of time. The assigned task was issued on odd days which were outside her working hours. The harassment started with the accusation mail where K assumed it to be mildly offensive. She reported the episode to her senior manager but it was not being addressed. From that day on everything started changing little by little and it got worse. She started receiving WhatsApp messages related to work at the end of the day. On not answering the messages at odd hours she was accused of being uncooperative via mails to the authority. She started being mocked and insulted in meetings by the male co-worker. In weekly Multi-disciplinary team meetings, her professional findings related to patients were opposed and discarded by both the co-workers. She was demeaned, belittled and questioned in the meetings regarding her competencies. This started hurting her workplace dignity and professional identity. Decisions related to patients were solely overpowered. She reported the episodes to her immediate reporting officer. No immediate actions were taken to stop such behaviors. In the span of twelve months there was only one

meeting via online where issues and behaviors were overlooked and suggestions were given to be 'cordial' with each other. The behaviors were perceived as internal, work and personality conflicts.

Hence, subsequent to that meeting several instances occurred. She was dictated in the official WhatsApp groups about her work by the female co-worker and no seniors raised concerns against the same. The female co-worker demanded to consider her as the reporting officer. In the WhatsApp groups in front of seniors and other co-workers she was accused of not taking up patients. Mails were drafted on work related allegations and were sent to the senior authority. Her workplace reputation was distorted and she was defamed. There was interference, scrutiny and bossism over her. In addition to this, several incidents occurred which had a negative psychological impact on her. (Episodes of interferences in work where she was dictated by the female co-worker to reiterate and impose the end of life news to the patients and caregivers irrespective of K's professional advice. Instances where one of the patients was not advised to be disclosed with the news of end of the life as the patient wasn't emotionally and psychologically fit to receive the bad news. Despite that, the news was bombarded and imposed on her by the male doctor). Subsequently, She was being humiliated in front of the patients.

As the distress started increasing so did her willingness to go to work. She started experiencing irritability and distress throughout the day. She started faking frequent leaves and her absenteeism rose up in order to avoid going back to the same environment. Her animosity started increasing towards her co-workers. Every morning while commuting to work she would wish to quit her work. But at the end of the day, she couldn't afford it. She mentioned feeling like being in the middle of the ocean. She felt insecure, constantly worried and had to be vigilant to avoid further attack. She kept on ruminating about

the episodes and started getting preoccupied to avoid the attacks. There was loss of hope, helplessness, persistent sadness. motivation, sleep and mood disturbances. She had joint and muscle pains and hair loss increased. Her personal relationships started suffering. She became totally exhausted.

She was uncertain as to what course of action to take. She lodged a complaint to the HR cell. The HR called for an online meeting after a span of one month after the complaint was lodged. She requested to address the issue to the HR. Four follow up mails of the same complaint trail were being sent by her. After a span of one month, the HR finally addressed the grievance and mentioned that in the history of the same non-profit organization it was the first time they were reported of 'Mental harassment and defamation'. The HR smirkingly raised the question of whether mental health professionals could suffer from mental harassment as well. They mentioned to her that it was 'new' for them.

DISCUSSION AND CONCLUSION

Studies in different countries have opened up an understanding of the nature, nuances and understanding of Mental harassment at the workplace. It is an increasing problem across the globe which is still unknown, unidentified and underestimated. However, there is a big gap that needs to get bridged. Mental harassment in India is still an unrecognized and a silent problem. It is understood as part of the work.

This case description provides many insights. Firstly, this study indicates that a detailed understanding of the nuances of mental harassment was missing in the workplaces due to lack of awareness and knowledge. Secondly, the management and organizational negligence adds to the escalation of harassment. Thirdly, a lot of time psychological harassment is confused with work conflict by the management. The nuances of behaviors were overlapped and misinterpreted due to lack of knowledge, healthy work culture and law. In a harassing

workplace, the silence of the bystanders allows the violence to continue. Fourthly, only awareness and knowledge isn't enough. A strict law of anti-mental harassment in India must be implemented just like other forms of sexual and physical harassment are unethical and illegal in the workplaces. Fifthly, Workplaces must strengthen and periodically update their harassment policies. According to Power et al. (2011), 'Cross-cultural differences in 'bullying' in the workplaces across 14 countries in 6 continents were investigated. Cultures with a high 'performance' orientation were more acceptable at work related bullying behavior. Asian countries were more tolerant of offensive types of employee behavior, whereas Anglo and Latin countries were less tolerant'. Sixthly, several studies on mental harassment have been done worldwide on diversified professions but this case study uniquely presents how mental health professionals could also be victims of mental harassment. There is a stigma, shame and prejudice on the proficiencies of Mental Health professionals if they report such cases and hence there are more silences. Mental harassment can negatively affect emotional, physiological and psychological health. This violence can lead to different clusters of health hazards both in terms of physical and psychological health. Focusing workplace bullying according to W.H.O within the Global Programme of Occupational Health, 'Depression and Anxiety disorders are commonly diagnosed disorders, but other diagnoses are frequently established, namely Adjustment Disorder (AD) and Post traumatic Stress Disorder (PTSD) because they typically represent the response to external events'⁷. Mental harassment has been understood under various labels and in different countries other terms have been adopted to indicate similar behavior in the workplace. Words like Bullying, Work or Employee abuse, Mistreatment, Emotional abuse, Bossism, Victimization, Intimidation and Psychological violence. These words are used as synonyms with Mental

harassment. Question is: Are we aware of mental harassment at the workplace?

As Mother Teresa said, "I alone cannot change the world, but I can cast a stone across the waters to create many ripples".

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REFERENCES

1. Bonafons, C., Jehel, L. & Coroller-Béquet, A. Specificity of the links between workplace harassment and PTSD: primary results using court decisions, a pilot study in France. *Int Arch Occup Environ Health* (2009); 82: 663-668.
2. Martinez, Jarreta B., Garcia-campayo J., Gascon S., Bolea M., Medico-legal implication of mobbing A false accusation of psychological harassment at the workplace. *Forensic Science International* 468 (2004); S 7-S.
3. Mythri Halappa. Workplace harassment: The Acumen of a Submissive Fact in Dentistry. *J Dent Oral Health* (2019); 5: 1-5
4. Leymann H. Mobbing and psychological terror at workplaces. *Violence Vict.* 1990 Summer; 5(2):119-126
5. Careerbuilder.in. India today. 55% Indian employees bullied at work: Effects of workplace bullying and how to address the issue. (Updated: December 22, 2020) Available from: <https://www.indiatoday.in/education-today/jobs-and-careers/story/55-indian-employees-bullied-at-work-effects-of-workplace-bullying-and-how-to-address-the-issue-1752096-2020-12-22>
6. Julia CM, Carlos Q. The feminization of dentistry: Implications for the profession. *J Can Dent Assoc* (2012) ; 78: c1

7. Poer, J., & Beaumont, P. Acceptability of workplace bullying: A comparative study on six continents. *Journal of Business Research*. (2013); 66: 374-380

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