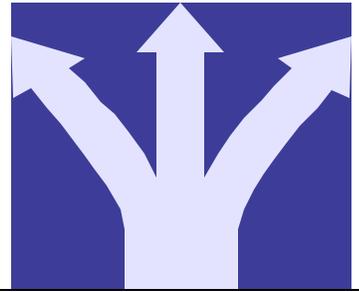


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Volume 3, Number 2

September 2003

WORKPLACE BULLYING-Part I

In the world of business achievement, a sense of ambition, competitiveness and being forceful in attaining goals are often the keys to an individual or an organization's success. Unfortunately, these characteristics can also support the role of bullying behavior in the workplace and contribute to making the work environment an unpleasant place to be.

What is Bullying?

Therapists Jane Middleton-Moz and Mary Lee Zawadski in their book *Bullies, From the Playground to the Boardroom, Strategies for Survival* (Deerfield Beach, FL: Health Communications, 2002) define bullying as "intentional, repeated hurtful acts, words or behavior." According to Gary Namie, PhD, founder of the Campaign Against Workplace Bullying, and author with his wife Ruth Namie of *The Bully at Work: What You Can Do to Stop the Hurt and Reclaim Your Dignity on the Job* (Naperville, IL: Sourcebooks Inc, 2000) define bullying as "repeated, health endangering, and illegitimate mistreatment of a person by a cruel perpetrator driven by their won need to control the target of mistreatment."

Individuals who engage in bullying behavior act to exert power and control over their target and they tend to pick persons that are perceived as weak or unable to defend themselves. If this sounds like someone you also knew in grammar school or high school, you are right. Middleton-Moz and Zawadski note that bullies are not born, they are made during their childhood years. If individuals who bully are not confronted with compassionate but firm limits and taught more healthy ways of interacting with others they often continue their bullying tactics as adults in family life and at work.

What Does Bullying Behavior at Work Look Like?

There are a number of ways bullying behavior gets exhibited in the workplace. They can include the following: 1) Repeatedly blaming others for projects not getting completed on time; 2) Criticizing others' work, while embellishing his/her own work; 3) Spreading false rumors or gossip about others; 4) Withholding information or providing misleading information so a person is unable to do his or her work properly; 5) Making harassing, insulting statements; 6) Verbally humiliating work peers or subordinates in front of others; 7) Using intimidating body language or making threatening statements; 8) Using actual physically aggressive behavior such as pushing or shoving. Generally, there is a pattern of these types of behaviors by the person engaging in bullying.

In addition as noted in Middleton-Moz and Zawadski's book, individuals who bully may often change their behavior dramatically from person to person and from one period of time to the next. This unpredictability confuses the person who is the target of the bullying behavior and may also support a belief that he or she are the cause of bullying behavior.

The Prevalence and Demographics of Bullying in the Workplace

There have been some studies done that have focused on the pervasiveness of bullying-type behavior in the workplace. According to information from the Workplace Bullying and Trauma Institute (bullyinginstitute.org) **1 in 6** U.S. Workers had experienced destructive bullying in the past year that the survey was completed. Tim Osberg, PhD, Professor of Psychology at Niagara University has noted that in statistics that he collected, 750 of 1500 workers surveyed said they lost time from work due to rude workplace behavior directed to

(Continued)
them.

According to information from the Workplace Bullying and Trauma Institute, half of all bullies are women. Women bullies target women 84% of the time; men bullies target women 69% of the time, making women the majority of targets in the workplace. (There may be some underreporting of men being the target of bullying behavior since there is a societal/cultural norm that men are not supposed to be victims.) The vast majority of individuals who bully are supervisors (81%).

(1st of 2 part series)

USE OF SELF MONITORING IN ANGER MANAGEMENT TREATMENT

An important element in work with individuals who are experiencing anger control problems is to increase a person's ability to monitor his/her anger. We use an **Anger Log** to improve a person's self-monitoring skills. The purpose of the anger log is for individuals to listen to themselves with a third ear and try to achieve a more reflective perspective. The first part of the Anger Log asks a person to give a brief description of what happened and who and where they were. It then asks the person to list what happened in the areas of **BEST-Behaviors, Emotions, Sensations and Thinking**.

The log asks the individual to consider whether his/her perception of the event that led to the anger was accurate. A person's thought/perception will have an impact on one's anger so the purpose of that question is to have them consider how one's perception may have started the anger process or aggravated the anger so he/she lost control. We then want to know the intensity of the person's anger. What often happens is that people do not appreciate those so-called minor irritations that may occur that often build-up. We want individuals to appreciate the possible impact of anger no matter how small it may seem.

The last part of the Anger Log addresses a person's response to his/her anger. We want the individual to think about alternatives in their response to their anger but we also want to support the positive ways a person may have responded to anger. It allows the clinician to support a person's attempt to handle his or her anger in an effective and reasonable way. It is

Important to support any strengths that the person may be showing. Preferably, the anger log should be completed as soon after the anger event as possible.

If anyone is interested in receiving our Anger Log handout please contact us at 781-643-5251 or info@outlookassociates.com.

FROM OUR FILES:

Inability to Control Anger and Aggression Common After Stroke

Korean researchers have discovered that among patients with stroke, anger and aggression are common behavioral symptoms.

Dr. Jong S. Kim and associates from the Asian Medical Center in Seoul used the 10-item Spielberger Trait Anger Scale on 145 anger stroke patients. Among these patients a statistically significant 32% (N=47) were unable to control anger or aggression.

"We think the inability to control anger or aggression is more likely a symptom of brain injury rather than a reactive behavior secondary to stroke, even in patients with physical disabilities," Dr. Kim and colleagues noted.

(Taken from *Medscape WebMD*— 4-21-02)

Work Stress and Marital Problems Associated with Increased Risk of Mortality for Men

According to an article in the February 2002 issue of the *Archives of Internal Medicine*, chronic work and marital stressors increase the risk of all-cause and cardiovascular mortality in men.

Researchers from the University of Pittsburgh School of Medicine studied 12,366 patients over a seven-year period. Of the 10,904 who were married at the start of the trial, those who stayed married were less likely to die from a number of causes than those who divorced. During a nine-year follow-up period, some 1,505 of the men with work-related stress had died.

(Taken from *Reuters Medical News*— 2-12-02)

Gene Linked to Stress-Induced Drinking

A study done by German researchers indicated that an abnormal stress-response gene may be why some persons reach for drink of alcohol during difficult times.

The corticotrophin-releasing hormone 1 (CRH1) gene produces a protein that helps the brain regulate behavioral and hormonal responses to stress. Researchers at the Max Planck Institute in Germany examined two sets of mice—one with CRH1 and one without. The researchers found that the mice lack the CRH1 gene drank more than twice as much as alcohol as normal after being subjected to stress.

(Taken from *Join Together Online*— 5-3-02)