

Chapter 1

<http://cwpp.slq.qld.gov.au/bba/book/01.html>

UNDERSTANDING THE BEHAVIOUR OF VICTIMISED PEOPLE

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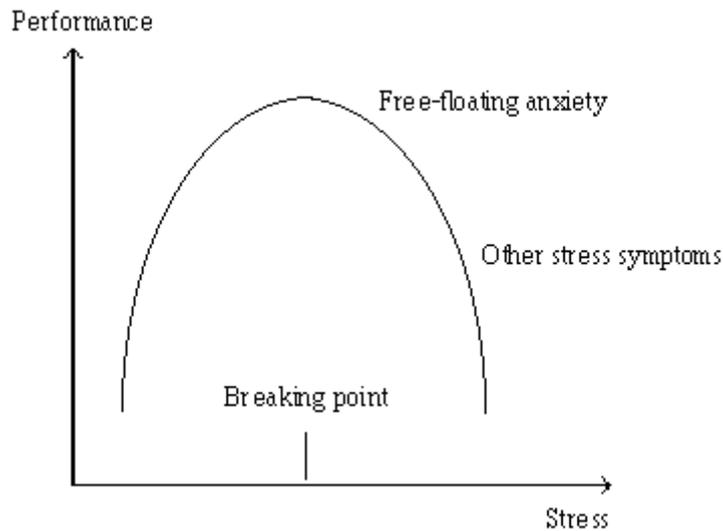
Every normal human being will experience a major nervous system malfunction given sufficient stress. This is because the brain has circuit breaker cells which shut down parts of the cerebral cortex when overloaded and overstimulated.

Remember the Soviet coup when Mikhail Gorbachev and his wife Raisa were kept under house arrest in the Crimea while Boris Yeltsin and the Moscow crowds stopped the tanks? The international media reported that Raisa Gorbachev suddenly lost the use of her right hand and her ability to speak. Loss of the ability to use a part of the body associated with certain emotions is not uncommon in severe stress and is referred to medically as a *conversion* symptom. Thus Mrs Gorbachev's distress at being unable to do something about the situation was converted into paralysis of the hand, and similarly, her inability to speak out was converted into paralysis of the voice.

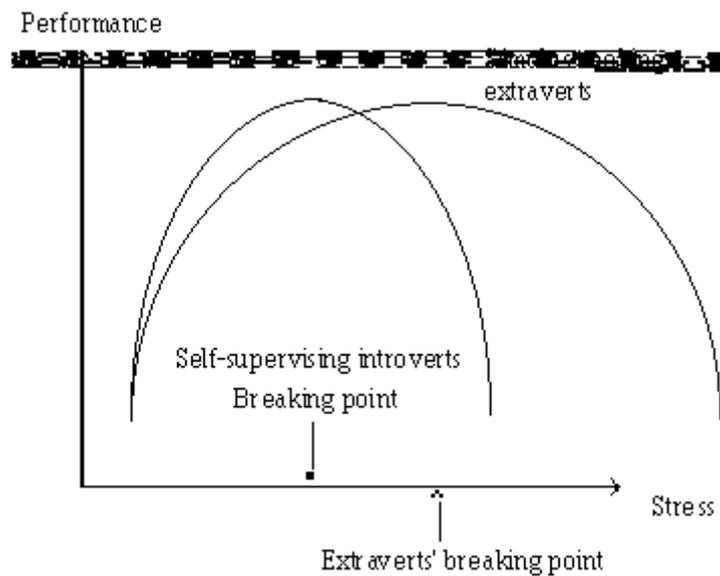
When excessive stress arrives more slowly than it did for the Gorbachevs, the circuits switch off slowly, and this slower shutting down of the overloaded circuits causes changed behaviour which I refer to as third stage stress breakdown.

The inverted U curve

Every one of us has a breaking point beyond which we all experience the symptoms of stress breakdown. If we draw a graph of mental performance in relation to arousal level or stress level, the result is a curve like an upside down letter U. As stress or arousal level increases, we find performance increases to a peak, and beyond that peak, further arousal or stress just results in a falling-off of performance.



If we draw graphs for different personalities, we find that quiet sensitive introverted people tend to break down at a lower level of stress than do the rowdy, stimulus-seeking extraverts. However, the graph also reveals that introverts work more efficiently at lower levels of arousal. These are the self-supervising people who work best when they are left alone to get on with the job. Extraverts, on the other hand, usually need constant encouragement and supervision for full efficiency.

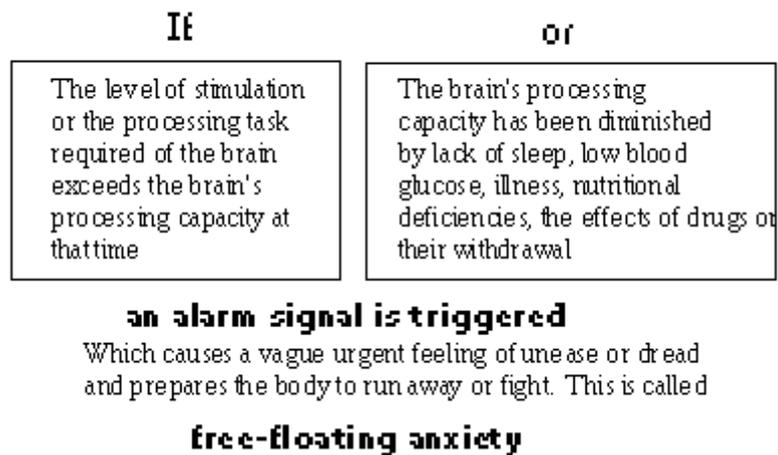


It is my experience that children regularly victimised at school are usually self-supervising introverts and the bullies are usually stimulus-seeking extraverts.

STAGE ONE OF STRESS BREAKDOWN

The warning signal of free-floating anxiety

The first sign you are beginning to break down from too much stress is that you suddenly experience free-floating anxiety.



If we are asking the brain to handle more information than it can comfortably process, or carry out some task that is too difficult, a warning signal is fired off, adrenalin is released into the bloodstream, and we will experience a feeling of unease or dread plus the symptoms of body arousal for fight or flight. This feeling is called *free-floating anxiety*.

It is called 'free floating' because it doesn't seem to be attached to anything; unlike for example a fear of spiders, where a feeling of anxiety is attached to the possibility of encountering a spider. With free-floating anxiety you feel worried or anxious or tense, but you don't know why.

Psychiatrists usually refer to free-floating anxiety simply as anxiety, and anxiety attached to specific objects or situations as phobic or situational anxiety.

When you experience the symptoms of anxiety it is usually not difficult to work out why, in a large number of cases. You can suddenly experience free-floating anxiety if you are:

- trying to do too many things at once, or
- trying to do something too difficult, such as:
 - waiting, when you don't know how long
 - having to go along with people changing their minds frequently, and
 - a no-win situation, where no matter which alternative you choose, you are going to suffer for it.

Or you might experience free-floating anxiety under a normal work load if the brain's processing capacity has been impaired by:

- Insufficient sleep
- Poor nutrition - low blood glucose, vitamin deficiency
- Illness and hormone deficiency states

- Alcohol and sedative drug withdrawal
- Excessive stimulants such as tea and coffee

If you cannot remove yourself from the stressful situation, you may be able to keep going for some time by calling on your inhibitory reserves and your will power. But eventually these reserves will be depleted, and you will suffer from two extra symptoms:

Stage two of stress breakdown

- Failure of emotional control. You may suddenly burst into tears or laughter, or offer some irritable angry response.
- Failure of the capacity for . You may find yourself just sitting around, unable to get started on all the jobs you have to do. But if someone else works with you, you can do the work. It's just that your own self-starter seems burnt out.

And you will need a rescuer to send you off to bed. These symptoms of stage two are caused by a run-down in your brain's neuro-transmitter reserves. Some of the inhibitory neurotransmitters can only be replaced by the brain when we are asleep. This is why depriving someone of sleep results in the brain becoming over-sensitive and over-stimulated.

It is not difficult to see how people depleted of essential nutrients in starvation and excessive dieting, could quickly develop serious stress symptoms from a rundown of brain neurotransmitters. And people already in a weakened state, like the mothers of newborn babies, will rapidly develop serious stress breakdown symptoms because they don't have enough reserves. Teenagers getting little sleep, seeking emotional stimulation and eating junk food irregularly, are similarly vulnerable to stress breakdown symptoms.

Aggression and violence in stage two

When people lose emotional control in a situation of high anxiety, violence may result. This is particularly so if the person is defending his or her 'territory'. One's 'territory' might be actually one's own backyard or it might be a role, a job, or a specific responsibility. In stress breakdown, defensive aggression is apt to be sudden, unpredictable and violent, because of loss of emotional control. Violence is even more likely if the person under stress has been using alcohol, marijuana, or prescribed sedative drugs.

So far, we have seen that when an over-stressed person begins to break down under stress:

The first symptom is a normal warning signal.

The next symptoms of stress breakdown are caused by fatigue.

The symptoms of the third stage are caused by the operation of the brain's circuit breakers.

Stage three of stress breakdown

There are three symptoms of stage three. We know someone is experiencing stage three symptoms because of major changes in their behaviour towards others close to them:

- A relative intolerance of sensory stimulation.
- A loss of the ability to ignore things which were previously tolerated.
- Changed response patterns which superficially resemble a change of personality.

Avoidance of stimulation

Information comes into the brain through sensory nerve fibres. Usually sensory nerves are activated by tiny sense organs or 'receptors' which respond to certain sensations and fire off the nerve. There are receptors for heat sensation, touch, position sense, balance, acceleration, cold, light, sound, taste and smell. As well, the muscles and the joints are supplied with stretch receptors which provide the information necessary for the body to know where its various parts are.

There does not seem to be a specific receptor for pain impulses. We experience pain from overstimulation of nerves which don't have specific sense receptors, and also whenever specific sensory receptors are over-stimulated. Thus a too-loud noise, a too-cold stimulus, a too-hot stimulus or a too-bright light, will all cause a feeling of pain.

In stress breakdown, the receiving brain cells are so oversensitive that strong sensory stimulation becomes disagreeable, if not actually painful. Even stimulation which previously was highly enjoyable, such as sexual stimulation, music, perfume, or exotic tastes, can now be disagreeable.

The discomfort caused by high levels of stimulation will cause the over-stressed person to behave in such a way as to reduce incoming stimulation. This is the time, for example, when the overstressed person suddenly becomes interested in watering the lawn with a hand-held hose, while facing away from the house. The masking noise of the rushing water, the fact that people rarely insist on walking over wet grass to talk, and hosing being a solitary occupation, makes this a favourite activity of stressed people seeking to reduce sensory input. This symptom, avoidance of stimulation, is often misinterpreted by family members as sulking, self-centred arrogance, disdain or a lack of interest in the needs of others.

Loss of the ability to not react

There is a seeming double negative here. In third stage stress breakdown it is suddenly impossible for you to not react to things you had previously trained yourself to not react to. In other words, you suddenly become unable to tolerate things you previously put up with.

The reason for this is that the nerve cells in the brain surface are being affected by the operation of the circuit breakers in complex ways, so that the overloaded conditioned reflexes are now in the paradoxical and ultra-paradoxical phases of malfunction. These terms were invented by the great Russian scientist Ivan Pavlov. The neurophysiology of these malfunctioning conditioned reflexes is quite complex and need not concern us here. They are mentioned here to draw attention to the scientific studies which explain these stress reactions.

Until recently some police departments were fairly intolerant of police officers complaining of stress symptoms. Police officers suffering from anxiety symptoms in stressful situations tended to be looked down on by their fellow officers and superiors, and consequently they were reluctant to report stress symptoms for fear of damaging their chances of promotion. Far too often, police officers would not report stress symptoms until they suddenly found themselves unable to stop themselves from reacting to some provocation.

It was a dangerous situation to have as the first sign of stress breakdown, the inability of an armed person to *not react* to provocation. Fortunately, the situation is now much improved, with more emergency services personnel adopting modern techniques of debriefing in response to major trauma, encouraging their staff to discuss their feelings openly.

Apparent change in personality; and priorities

When the brain has to begin switching off overloaded circuits to protect itself, strong stimuli will be switched off while weak stimuli will generate normal responses. The person with stage three stress breakdown symptoms will then begin to respond inappropriately, failing to address major responsibilities while attending normally to unimportant matters. Not unexpectedly, this behaviour quite mystifies workmates and relatives, and the overstressed person's behaviour may be described as out of character with his normal personality.

As a result of being unable to respond to problems which would normally have top priority, the overstressed person might become apparently hopelessly disorganised, ignoring important decisions, while being busy with trivia. For example, the overstressed mother of the newborn baby does not seem to be able to respond appropriately to the baby's cries.

The big problems appear not to be noticed, appear not to "register" as important, as top priority, but the person instead reacts to little problems as before. When this behaviour is not recognised as due to stress breakdown, wrong assumptions may lead to totally inappropriate responses from others. The spouses of overstressed people might complain that the overstressed person seems to have changed his/her priorities, or is deliberately ignoring the needs of the family. Misunderstanding this symptom can lead to people feeling emotionally hurt at the apparent about-face in attitudes of the stressed person. 'He is so callous, doctor, and he just does not care any more. He thinks more of taking that dog for a walk, than he does about helping me since I had my heart attack!'

Stress symptoms and victim behaviour

Once we understand the processes operating in stress breakdown, it becomes much easier to understand the behaviour of victimised people. Shortly after the victimisation begins, the victim will experience anxiety symptoms. For example, the bullied school child or the victimised worker may have difficulty getting off to sleep, may appear jumpy, unable to relax, and complain of the many body symptoms which accompany anxiety.

As the victim tries to cope in spite of the harassment, second stage stress symptoms will appear, manifest as a tendency to lose emotional control and a profound loss of motivation. The bullied school child may appear irritable and lazy. The victimised adult may not want to go to work, and perhaps on arriving home from work shouts at the family or the dog.

Third stage symptoms are ushered in by an avoidance of stimulation. The bullied school child begins to play alone, and the harassed worker looks for any excuse to leave the building. Loss of the ability to not react is often manifest by an over-reaction to being harassed. The bullied school child may suddenly over-react with uncharacteristic violence towards the bully, and this behaviour may be the first that is noticed by the teacher. As a result we sometimes see the victim being wrongly labelled as the trouble-maker.

In the workplace, the symptoms of third stage stress breakdown may lead to inappropriately aggressive responses from the victim, with an apparent change of personality and priorities. The changed behaviour usually means the victim cannot continue in his or her job, and will be given sick leave.

Post-traumatic stress disorders

People who have survived stressful events or periods in their lives may never be able to forget what happened. They may have repeated nightmares of the same event. Sometimes a chance stimulus will remind them of the event, causing them to react instantly as if it were happening all over again. They may feel edgy a lot of the time, as though constantly on the look-out for danger. And sometimes they feel numb, alienated

from people around them, able to share memories of the event only with others who were there at the time. We call this a post-traumatic stress disorder.

What causes it? It seems that the memory of a stressful event includes a memory of body feelings in just the same way that pleasant memories may be associated with smells or sounds. Recalling the event recalls the complex distressing feelings of stress breakdown which were experienced at the time. And because people don't like feeling anxious and distressed, they will avoid recalling the memory. So it sits there, half-forgotten, like an open wound that's never been closed, like a bruise that's never healed.

Psychiatrists detect these painful memories during history taking. We notice an emotional reaction when the patient mentions the event. A tear in the eye, a changed expression, a change in facial colour, a tremble of the lip, a quaver in the voice. What is happening is that at that moment the patient is re-experiencing a sample of the symptoms of stress breakdown endured at the time. The event might be some form of physical or sexual abuse in childhood, an act of brutality in war, the humiliation of being held hostage by a bank-robber. Any traumatic event which we might describe as outside normal human experience can produce a post-traumatic stress disorder.

However, very many people suffer post-traumatic stress symptoms from events which are unfortunately becoming part of everyday experience: being repeatedly bullied at school, being harassed out of a job by a boss restructuring the workplace on the cheap, and being victimised for 'whistleblowing'.

Treatment for post-traumatic stress symptoms

I usually find the first and most important part of treating victims of bullying, is to reassure them they did not cause their own victimisation. The bullied child needs to be reassured, 'You are not to blame', because people will try to make excuses for the bullying. 'Look, that kid's strange, nobody likes him. He pulls his pants up too high, and he parts his hair in the middle. It is no wonder the other kids pick on him.' The list of annoying characteristics which exonerate the bullies is very long indeed. Bullies will pick on you if you are black, white, Chinese, Caucasian, small, tall, fat, thin, you wear glasses, you have got pimples, you haven't got pimples, your clothes are shabby, your clothes are neat, you are dumb, or you are smart. The truth is, bullies pick on you if they think you will not strike back.

The most damaging effect of victimisation is that the victims tend to do the same to themselves. They blame themselves for the bullying, accusing themselves of cowardice, of being weak and defective in feeling hurt by the criticisms of their enemies. So the first step in the treatment of post-traumatic stress disorder is to stop the victims blaming themselves.

Steps in treatment of post-traumatic stress disorders

The first step is to give the patient the status of a damaged person. Thus the abused child is someone who was abused, not a bad person. The child bullied at school is someone who was victimised, not a coward. The worker harassed out of his job is an injured worker, eligible for workers' compensation.

The second step is to examine the memories of the traumatic events and try to fit them into some meaningful framework. If the victim can see why the bully acted the way he/she did, the events begin to make sense. At this stage there is no thought whatsoever of making excuses for the bullying behaviour, just simply to make sense of it. A senior lecturer who was forced into giving tutorials in a subject he had never been trained for by superiors intending to force him to resign, felt relieved when a friend overheard some of these people bragging about their dirty tricks campaign.

This part of the therapy for post-traumatic stress disorder can be challenging. A psychiatric nurse had never recovered from the trauma of a patient trying to strangle her. She saw in this man's eyes, sheer hatred, real palpable evil. A major problem in her rehabilitation was that her psychiatric training had no explanation for evil, representing malice as either ignorance or mental illness; but she knew the malevolence she saw in his eyes was neither of those.

The third step in the treatment of post-traumatic stress disorders is to reclaim the ground that has been lost. The person returns to the place, to the role, or to the expectations that existed before the trauma. The bank clerk who has been robbed and held hostage, prepares to return to the job. The woman who was sexually abused by her step-father accepts his apology. In this third step, the skills of the therapist are really tested. The traumatised person does not want to return to the place where it all happened, and yet knows that unless this happens, he or she will always be a victim.

Sometimes techniques using visual imagery, where the person returns to the traumatic scene in imagination, can be useful here. I personally don't use special techniques like hypnosis, but other therapists find these techniques helpful. It is important not to try to use such techniques to force a cure on the person with post traumatic stress disorder. In my experience a patient will not be healed until the traumatic experience makes sense in some way. There is no substitute for the second step.

Why people may not get better for many years

The most important fact about people with post-traumatic stress disorders is that the symptoms don't just go away with the passage of time. Some therapists even hold the view that people can be permanently damaged by severe emotional stress. I don't agree; there is usually some psychological process operating to explain long-lasting disability.

For example, a woman was forcibly taken to a mental hospital after her husband had manipulated a psychiatrist into taking illegal action against her. Although the hospital found she was perfectly normal, the husband later made successful use of the fact that she had once been certified to damage her credibility in the Family Court. Years later, she is still experiencing symptoms of post-traumatic stress disorder because her ex-husband insists the children accept his story that their mother was mentally ill. The

reason she is still suffering from post-traumatic symptoms is that she is still being victimised by the same lie.

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Chapter 2

<http://cwpp.slq.qld.gov.au/bba/book/02.html>

BULLYING: A Whole School Response

Delwyn Tattum & Eva Tattum

In recent years concern about bullying in school has found expression in many countries throughout the world, and each in its way has set about devising approaches to reduce the extent of the problem. In Australia, parliament has taken a national lead with its publication of 'Sticks and Stones: A Report on Violence in Australian Schools' (March 1994).

In New Zealand there has been a number of initiatives, none more significant and influential than the video and resource pack produced by the New Zealand Police (August 1992). It is called *Kia Kaha*, which means Stand Strong. The video uses role play to show students how to cope with bullies by either being more assertive or by using conflict resolution strategies.

Many other countries also have valuable and successful initiatives, among them several European countries such as Norway, Sweden and Holland; whilst in the United Kingdom a number of programmes operate in England, Scotland and Northern Ireland.

Misplaced perceptions about bullying

From personal experience many people are aware that there has always been bullying in schools and, yet, it is only in recent years that we have begun to address it in a systematic and sustained way.

There are many reasons for our failure to recognise how physically and psychologically damaging it is to children and young people, none more significant than the misplaced belief that if bullies are ignored they will stop bullying, or that it is an inevitable part of growing up which is in some perverse way good for victim and bully. These views could not be further from the truth about bullying and are inconsistent with the concept of a 'caring' school or teachers who have a 'duty of care'.

"Children look to adults to protect them from excesses of more aggressive peers. Adult intervention may at times be inept or even insensitive, but it can be effective if the response is early and firm. It may involve a little effort for the adult but bring considerable relief for the child. To do nothing is at best to give the impression that bullying is not regarded as serious and at worst to condone the abuse of a member of the school community by others. There is no doubt that bullying challenges teachers and other adults to look very closely at their own attitudes to the behaviour and children involved. For if we do not resolve marked ambiguities in our own attitudes, we are unable to give support, guidance, and protection to which children are entitled." (Tattum 1993).

At this point it is important that we briefly examine three fundamental issues which are central to our management of the problem.

1 Bullying takes place in all schools, regardless of age-range, type, locality or composition of intake

This may seem a sweeping statement but it is necessary to make the point because far too many parents and students encounter teachers and head teachers who say, 'We don't have any bullying in our school'. This kind of defensive and self-delusionary response leaves parents not knowing which way to turn and a student believing that he or she is abnormal because they are the only one being picked on. Once all schools accept that bullying takes place within their establishment the sooner we will progress towards significantly reducing it.

The earliest figures we have about the incidence of bullying in schools come from Norway, where in 1983 they conducted a national survey. From self-report questionnaires they found that 15 per cent of students had been involved in bullying - 6 per cent saying they had been bullies, and 9 per cent that they had been victims of bullying. For any nations these figures would be disturbing. However, there is growing evidence that the Norwegian figures may be an underestimation of the problem. The result of small-scale local surveys in the UK, other European countries, Canada, Australia and New Zealand would indicate a figure in excess of 20 per cent.

The second point is that schools bring together large numbers of children and young people from a variety of home backgrounds and child-rearing practices, and amongst them will be some who, as a result of their upbringing, will be more aggressive and violent than others. They will have learned that in order to get your own way, you must be prepared to be more physically intimidating and verbally abusive than your peers. It is also the case that the design and structure of schools provide ample hidden places where bullying can take place away from the eyes of adults.

2 Bullying behaviour is related to other forms of anti-school behaviour

Students who are abusive and aggressive towards their peers are capable (although not invariably) of being similarly abusive towards adults. They will disrupt lessons, abuse ancillary staff, vandalise property and engage in petty theft. It is understandable if the victims of such bullies are unwilling to attend school. Reid (1988) calculated that 15 per cent of persistent absentees gave bullying as their original reason for truanting. Moreover, Knox (1988) holds that many children who become school phobics give

bullying as the reason for their fear. Therefore, if we address bullying we are addressing other forms of unacceptable behaviour, and in turn should see bullying as a focal point within the wider context of a school's discipline policy.

3 Anti-bullying programmes must be school-wide and sustained

If a school engages in an anti-bullying programme it will thus tackle and reduce other forms of unacceptable behaviour. This optimistic message comes from a follow-up study in Norway (Olweus, 1989) and is supported by our findings in the Countering Bullying Unit at Cardiff Institute of Higher Education. Olweus' encouraging findings are:

- A 50 per cent decrease in bully/victim problems during the two years following the campaign, with the figures applying to both boys and girls.
- Problems were not transferred from school to the journey to and from school.
- General anti-social behaviour, such as disruption, vandalism and petty theft, was also reduced.
- Truancy figures dropped and pupils expressed increased satisfaction with their school life, especially reflected in an enjoyment of playtime.

However anti-bullying programmes were only successful if the school was committed to introducing the campaign and were prepared to sustain it, while schools which did little more than introduce the programme, reported bullying actually increased.

WHAT IS BULLYING?

It is important at this point we clarify what we mean by bullying because as indicated earlier the problem is frequently misunderstood by adults, whilst others hold too narrow or simplistic a view. The following definition by Roland (1988) is comprehensive:

"Bullying is long-standing violence, physical or psychological conducted by an individual or a group and directed against an individual who is not able to defend himself in the actual situation."

In addition we offer a very short definition because it enables us to emphasise two particular factors in bully-victim interaction:

"Bullying is a wilful, conscious desire to hurt another and put him/her under stress" (Tattum, 1988).

We offer the above short definition because it focuses on two important aspects of the interactive nature of bullying. Firstly, it draws attention to the fact that bullies know what they are doing and that it is wrong. In our view accidental or unwitting, hurtful action would not constitute bullying unless it was perceived to be so by the victim. Bullies get satisfaction from holding power over another less aggressive and vulnerable person. From the victim's point of view, stress is created not only by what actually happens but by the threat and fear of what may happen. The bully does not have to be physically present for a child to be anxious and distressed-the victim might not sleep,

might dread going to school, suffer tummy upsets or headaches, peer round corners or not use the school toilets for fear of meeting the bully or bullies.

Bullying also affects the other children who witness the violence and aggression, and the consequent distress of the victim. What is more, less aggressive pupils can be drawn into the taunting and tormenting of victims by group pressure and other social psychological factors. They also know how quickly the direction of the attack can change, for you cannot intimidate and oppress a person without making others afraid.

There are six elements of bullying: type, intensity, duration, intentionality, numbers involved and motivation. Five types of bullying include gesture bullying, verbal bullying, physical bullying, extortion bullying, and exclusion bullying.

Gesture Bullying may seem relatively harmless but it is upsetting and intimidating for the victim who can do little to prevent it. Gestures are personal and can quickly embarrass or give rise to the spreading of malicious rumours. In the classroom the presence of the teacher is usually enough to prevent physical violence but gestures can occur without the teacher noticing or interpreting their threatening message. In June 1994 I (Delwyn Tattum) acted as expert witness in the first case of bullying to go to court in the U.K. Rebecca Walker and her family had taken Derbyshire County Council to court because of the traumatic stress caused by the name-calling, whispering campaign, gestures and 'black looks' to which she was subjected whilst a member of the school's steel band. Rebecca was a bright, intelligent young woman who suffered from cerebral palsy.

Verbal bullying can be both acutely distressing and emotionally bruising. The physical characteristics of some children often attract verbal taunts through name-calling. Particularly disturbing forms of verbal bullying are sexual and racial abuse. The former demeans girls and women, and the latter is an attack on an individual's family, culture and ethnicity. Another vulnerable group are children with special needs.

Physical bullying is the form which most people associate with the behaviour because it is the most visible. Some physical bullying can, in fact, be seen as little more than horseplay, but, once established as a pattern, physical intimidation is increasingly adopted by the bully to dominate other students. Physical bullying is not restricted to boys and occurs at all age levels.

Extortion bullying is probably greater in school than it has ever been because of the increased opportunity. Students come to school with sweets, chocolates or crisps for breaktime snacks; they have money for bus fares and lunches; also personal equipment, designer labelled bags and clothing. All of which provide an opportunity for the bully to use physical violence and intimidation to demand payment from the victim. And as with adult extortion the bully will not be satisfied with an isolated act of intimidation.

Exclusion bullying is covert and subtle, often used by teenage girls to isolate a student from her peer group, destroying her social life. Exclusion is particularly painful because it is done by so-called 'friends'. This is particularly difficult to deal with because students and their families may stand on their rights and argue that it is an individual's right to choose whom they regard as a friend.

DEVELOPING A WHOLE-SCHOOL RESPONSE

A whole-school approach is necessary for a number of reasons:

- To counter the view that bullying is an inevitable or trivial part of school life.
- To move beyond a crisis-management approach.
- To open up discussion at all levels.
- To involve more people in the identification and condemnation of bullying.
- To draw up an agreed set of procedures for staff to follow when enquiring into a case of bullying.
- To create a supportive climate and break the code of secrecy.
- To provide a safe, secure learning environment for all pupils.

FROM CRISIS MANAGEMENT TO PREVENTION

CRISIS MANAGEMENT APPROACHES	INTERVENTION STRATEGIES	PREVENTIVE RESPONSES
Bully courts	Transition Planning	Administrative Organisation
No-blame approach	Peer support	Using the curriculum
Shared concern	Playground supervision	Community ethos
Peer counselling	Student Council	
Crisis care		
	REACTIVE	PROACTIVE

It is not suggested that these three responses are independent of each other, but rather that they serve different purposes within a school's total approach to bullying and other forms of anti-social behaviour. There is though the expectation that this represents a progressive model, as a school moves from reactive crisis-management to active approaches contained in interventionist and preventive programmes. These latter approaches anticipate the critical times in a student's life when bullying could well be a problem, for example, changing schools.

In the case of preventive measures, the aim is to create an ethos which openly declares that bullying is unacceptable and devises a series of ways to ensure that an appropriate climate is created, communicated and sustained throughout each academic year. In fact, a total developmental approach would require all three elements. There will be times when crisis cases need to be dealt with but they will be most effectively handled within a supportive, preventive ethos.

Crisis Management

In its anti-bullying programme a school needs to have ways of supporting those who are bullied as well as methods of changing the attitudes and behaviour of the bullies. Recommended approaches include the use of sanctions, with exclusion from the school as the final action in demonstrating to pupils and parents that a school will not tolerate bullying. Other approaches include reasoning with bullies and trying to get them to appreciate how the victim feels. Some writers advocate the use of group pressure to influence the behaviour of bullies as well as to encourage other students to take responsibility for their more vulnerable peers.

Bully courts are advocated by some, where the 'bench' may consist of two teachers and five elected children in the primary school. Others such as Johnson, Munn and Edwards (1991), assert there may be inherent problems in an approach which puts children in judgements over their peers. Our personal concern is whether such an approach is conducive to the style of supportive, concerned and conciliatory ethos we would wish a school to work towards. That is, a whole-school approach which is educative and not punitive.

The next three crisis-management approaches in the list namely No Blame, Shared Concern and Peer Counselling are approaches which require a teacher or student, as in the latter method, to talk to persons involved in the bullying in a non-threatening or non-accusative manner. The success of these approaches is heavily dependent on the teacher's or student's conciliatory and counselling skills in bringing the disputants to a resolution of the problem. To equip teachers, and especially students, with the requisite professional skill requires appropriate training; moreover each approach is very time consuming.

In an attempt to overcome some of the above problems the authors have developed a method called Crisis Care. It aims to :

- formalise procedures for the sake of all the persons involved and,
- bring in a degree of consistency in the way in which colleagues handle bullying cases.

When investigating cases of bullying, teachers ask each time the same six questions and get all concerned to answer **in writing**.

- What happened?
- Why did it happen?
- Who was involved?
- Where did it take place?
- When did it take place?
- How do you think we can resolve this problem?

At the bottom of a pro forma containing the questions and filled-in answers there should be a space for two signatures-the student's and the teacher's conducting the interview, and the date. The pro forma should be used by all staff when dealing with cases of bullying. How the pro forma information should be subsequently used is described in detail, using a case-study to illustrate the method, in Tattum and Tattum (1994).

Intervention Strategies

Intervention strategies recognise that there are critical times in a student's career. One such time is transition, either from home to school or school to school. This is a vulnerable time for youngsters and in *Social Education and Personal Development* (Tattum & Tattum 1992) we discuss the 'survival skills' very young children need to have to help them integrate into a busy, active, social atmosphere of a nursery or kindergarten classroom. We also discuss short and long-term strategies for liaising between secondary schools and their feeder primary schools. One strategy for example is for a primary school to invite ex-pupils from the local secondary school to talk to their final year children about bullying. Secondary schools could include their feeder primary schools in anti-bullying initiatives.

Anxieties About Transition

Peer support can take many forms but in the context of transition the buddy system has shown itself to be successful. Crucial factors are:

- Selection
- Training
- Allocation

Not everyone is suited to being a buddy to a younger student and it is important that the position is seen as a privilege. In their training, students need to understand what their role entails and the purpose of the scheme. Finally, it is important to match each buddy with a new student who comes from the same primary school and locality. This creates an early association and in practical terms they will see each other as they travel to and from school, visit the same shops, and so on.

Preventive Responses

Different schools we have worked with clearly show that countering bullying is a wide-ranging and multi-dimensional exercise. Initially, every school needs to review existing documents and procedures to see if they are adequate. Is bullying named in school prospectuses, year handbooks and the general discipline policy statement, and hence pronounced as unacceptable behaviour? In the production of school statements, students should be closely involved in the process so that they identify with the school's aims.

"Running concurrently with a school's awareness raising efforts should be work to achieve shared understanding about what constitutes bullying behaviour. A staff training day should include a wide spectrum of supportive adults, such as governors, support and ancillary staff-most especially midday supervisors. It is also advisable to carry out a survey to find out which children are involved in bullying according to age, sex, ability etc, and where, when, why and how children are bullied. This information

will be of value in convincing sceptical adults, including teachers, that a whole-school approach is necessary". (Tattum 1983).

Using the Curriculum

The curriculum is an important plank in a school's anti-bullying programme. It is more than the dissemination of information and facts. It is a vehicle for influencing the way in which young people think, changing and developing attitudes, beliefs and values. The curriculum needs to include the following elements:

- a formal curriculum
- an informal or hidden curriculum
- a pastoral curriculum
- a social curriculum

The formal curriculum entails all the subjects which make up a school's timetable, whilst the informal curriculum has to do with the way in which the school organises its classes. Are classes organised on a predominantly competitive basis or do they create a more co-operative learning environment? Similarly, the way in which teachers generate relationships with their students can have a positive or negative effect on the student's interactive behaviour. In the pastoral curriculum, which is about the social and emotional development of young people, it is important to be clear about aims and how they will be achieved.

The social curriculum covers extra-curricular activities and recess times. There is a need for well-supervised playgrounds, as it is during break times in the playground that bullying takes place. Schools should identify bullying 'hot-spots' and ensure that 'no-go' places do not exist. The playground is an important learning environment for it is here that most children learn the social and personal skills necessary for smooth and effective interaction with each other. And we should not be surprised that bullying takes place in what is too often an impoverished environment.

Community Ethos

Because bullying is so widespread and persistent we need the support of all concerned people to reduce its harmful effects on the communal life of the school.

In Tattum & Herbert (1990) the authors challenge other students who witness bullying to decide whether they are supporters or spectators, because onlookers are part of the problem. In addition to involving students, it is important that schools engage teaching and non-teaching staff in the discussions and implementation of an anti-bullying programme. There is a very wide range of people who, at different times, may be involved in cases of bullying. Police, doctors and solicitors are increasingly being called upon to handle the more extreme cases of bullying, as more and more families turn to litigation as an expression of their despair. Clearly this is an avenue all parties would

wish to avoid but it behoves schools to demonstrate that they have a policy and practices in place, and by their actions communicate to all people involved in the school's welfare that bullying will not be tolerated.

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Chapter 4

<http://cwpp.slq.qld.gov.au/bba/book/04.html>

OPEN SPACES

.....SECRET PLACES

WORKPLACE VIOLENCE TOWARDS WHISTLEBLOWERS

William De Maria

A free society is a society where it is safe to be unpopular (Stevenson, 1952)

People of conscience who navigate through the workplace to compass bearings marked 'integrity', 'public interest', 'fairness' and 'justice', are not safe in Queensland.

This paper reports on 102 whistleblowers in the Queensland Public Sector whose public interest disclosures transformed their workplaces from sites of occupational diligence and enterprise into chambers of horror.

After countless hours of contact with whistleblowers and their families, we in the Queensland Whistleblower Study have come to the confident conclusion that now more than ever, we as a nation need this small but significant group in our workforce.

As de-regulated capitalism is let off the chain of accountability and re-invents its rapacious nineteenth century social Darwinian identity; as bureaucratic power congeals at an astounding rate into the hands of the new 'politically sensitive' mandarin class; as the war cry of economic rationalism is heard over the brick-by-brick destruction of our public sector; as State-controlled education, year in and year out mimics and glorifies the class system; and finally as the private sector continues to amass immense power and profits, and conduct much of its business in an ethical desert, *now more than ever we need the whistleblower.*

Whistleblowers are often smashed and battered emissaries from 'secret places'. These places are the hidden power-sites spread throughout the social structure: the undisclosed board meeting, the unrevealed agreement between a minister and mining industry heads; the secluded figures in a departmental budget; the clandestine deal for the politician's lackey caught in an illegal act.

In these secret places illegality flourishes, and democracy is threatened. We the people have an absolute and unconditional right to know what goes on in these secret places so that we can destroy them for our own good. Who will tell us of wrongdoing? Who can we trust?

The data from the Queensland Whistleblower Study unambiguously declares that our trust in the state structures specifically designed to eradicate wrongdoing is entirely misplaced (De Maria 1994). Official structures like the Human Rights and Equal Opportunity Commission, the Ombudsman, the Public Sector Management Commission, the Health Rights Commission, the Criminal Justice Commission and the Courts are so infected with professional elitism, political correctness, (and political connectedness), so burdened down with huge customer lines and limited resources, so politically gutless and so jurisdictionally boxed in, that we simply waste our time looking for justice in these places.

I suspect as things get worse in public life we will rely more and more on the worker of conscience to come forward with their firsthand stories of wrongdoing. That most people won't cross the line and make disclosures in the public interest is indicative of the ruthless workplace culture we labour in.

OPEN SPACES

On Saturday night 30 July 1994 about 800 people gathered at the opulent Townsville Breakwater Entertainment Centre for the Queensland Tourism Awards (*The Courier Mail* 1 Aug 1994:7). Some of the winners were: Movie World, Indy Grand Prix, and the Hayman Island Resort. The awards that now stand on various corporate mantelpieces symbolise more than the achievement of excellence in tourism. They also symbolise the public perception of Queensland. This is the picture of golden beaches that run straight off the horizon, rainforests that pulse with green life, the crackling, haunting outback, and the fantasy palaces like Dreamworld. Those are our open spaces - revealed, relished and regaled. We identify these in our mind as Queensland. In fact we have no choice. The shadow side, the *secret places*, are hidden from our view.

SECRET PLACES

There is no public lamenting that matches in scale the public celebration of Queensland's open spaces. Where is the show of community sorrow for our secret places:

- The widening profile of poverty with a recent study in the Gold Coast region showing that 68% of household in Coolangatta had incomes under \$25,000 (ABS Stats Bulletin 24 May 1994:31).
- The alleged unprovoked attack on 6 Aboriginal youths in Rockhampton by police dogs (Courier Mail 29 July 1994:3).

- The alleged persecution of Sergeant Lorrelle Saunders under the guise of prosecution (Sunday Mail 19 July 19 1994).
- The alleged dominance of the Australian Workers Union in Labor Party affairs in Queensland.
- The reported resignation of Dr. Donald Buchanan from his position as State Government Medical Officer because of inhumane and medically dangerous conditions in the City Watchhouse (Sunday Mail, 10 July 10 1994).
- The alleged gagging of Queensland's Chief Government Medical Officer from talking publicly about the state of Brisbane Watchhouses (Sunday Mail 10 July 1994).
- The fact that suicide is the highest cause of death for Queensland teenagers (Weber, 1994).
- The evidence given at the Coronial Inquiry into the death of Michael J. McNeil that he suicided rather than face being raped in the Sir David Longland Jail (Courier Mail, 31 May 1994).
- The reported taking of special leave by Les Malezer, the head of the Aboriginal and Islander Affairs Division within the Department of Family Services and aboriginal and Torres Strait Islander Affairs, because he refused to work in a racist environment and the subsequent reported statement by Ann Warner, the relevant Minister, that Malezer had abandoned his post (Courier Mail, 27 May 1994:3).
- The reported failure to appoint or reappoint to statutory positions people critical of the Goss Administration including Janet Irwin [CJC] (Bulletin, 14 Dec 1993:36-38) and Dale Spender [Women's Consultative Council] (Bulletin, 14 Dec 1993:38).
- The reported resignation through disillusion with the Goss reform process from Dr. Claire Burton [PSMC], Eleanor Ramsey [Education Department] and Jill Bolten [Queensland Police Service] (Bulletin, 14 Dec 1993:37).

These matters exist in secret places, on the dark side of Queensland public life. They are covered up as effectively as the "open spaces" are promoted. Employees of conscience return from these places with stories of wrongdoing and we either turn away, or strike at them.

A Story of a Whistleblower

Paula Graham worked as an administrative officer in a union office in Mackay. During the course of her employment she came across the following alleged wrongdoing:

- theft of union money by members of the executive committee
- holding of certain executive positions in breach of the Unions' electoral Policy
- falsification of records
- open harassment of staff by union executive
- ballot rigging
- tax evasion

Ms Graham took these matters to people who she thought were able to run with her disclosures and correct the wrongdoing, including the Criminal Justice Commission. In

hindsight, she went onto the familiar whistleblower merry-go-round. She ended up being suspended twice and finally sacked. During the previous 18 months when the wrongdoing was discovered and the CJC became involved, the whistleblower was subjected to a campaign of cruel and determined harassment.

- The executive crowded into her small office for the sole purpose of abusing her. So determined were the 10 men to punish her for giving statements to the CJC that these 'visits' could happen up to 20 times a day. This was clearly an obsessive campaign of occupational violence.
- She was part owner in a pathology courier business. Members of the executive, she alleges, would phone the service late at night requesting samples to be picked up at certain addresses. Of course when the courier arrived there was no samples, only surprised medical staff.
- She experienced feelings of being physically unsafe at work. She recalls that once she was directed to attend an executive meeting at night in a poorly lit situation. She said she was so frightened her hands shook so much that she could not take notes of the proceedings.

Needless to say her health and emotional state deteriorated. She experienced insomnia and immune system breakdown which led to her contracting Ross River Fever, hepatitis and other viral diseases like glandular fever. With respect to her emotional situation she reported:

"Bad dreams, frustration build up, distancing from my kids, pre-occupation, loss of confidence and self-esteem... I was on the verge of tears all the time but wouldn't break down in front of the offenders."

Her 14-year-old son Jason felt very bad about what was happening to his mother. He would sometimes accompany his mother to work, and experienced first hand the harassment. This occurred at a time in his life when he was grieving the death of a friend in a car accident. It was too much for Jason and he attempted suicide through the inhalation of the contents of an aerosol can. Fortunately he was saved.

This grimy story of workplace violence has no satisfactory ending. The offenders were never caught. In fact some of them went onto bigger things like the Queensland Labor Party. The formal structures like the CJC let her down. She and her family will never forget the experience, but everyone else has.

Queensland Whistleblower Study: Reprisal Data

Whistleblowing is a war zone but the wounds are all internal (case no.247).

[My boss said to me] If you don't want to [participate in the wrongdoing] then come up and talk to me about your future...(case no.266).

Our examination of workplace reprisals on whistleblowers was divided into two phases to accommodate the dual nature of workplace retaliation (De Maria 1994). Whistleblowers face what we call *official* and *unofficial reprisals*. Official retaliation is

a vindictive process of organisational payback whereby the whistleblower is punished for speaking out. This punishment is veiled behind policy and procedure in order to avoid the charge of illegality (particularly the charge of victimisation). Actions such as selective redundancy and poor performance reviews, along with many other strategies, constitute what we call official reprisals. Usually the connection between official reprisals and the whistleblowers' actions are camouflaged to all except the whistleblowers and workplace superiors who orchestrate the reprisals. Unofficial reprisals rely less on adverse reaction which can be legally or procedurally justified, and more on workplace interactions which are hard to investigate because the offending action is either ambiguous, subtle or deniable. Workplace ostracism is the paradigm example here. Ostracism is not illegal and there are no public sector procedures that ban or even discourage it. Yet ostracism is a favourite reprisal option.

OFFICIAL REPRISALS

We examined a total of 158 alleged official reprisals taken against 72 members of the sample. Formal reprimand was the most popular form of official reprisal, constituting 18 per cent of all reprisals, and suffered by almost 40 per cent of the 72 whistleblowers. We suggest that the popularity of the reprimand strategy is tied up with its shock value. The last thing whistleblowers expect after 'doing the right thing' is to be castigated by superiors. In these reprimand sessions whistleblowers are sent clear signals that they have misread the dominant public sector culture with its requirement of loyalty. Reprimand is also popular because it is a cheap form of reprisal; being easily organised and speedily executed.

Although we did not pursue the matter in the study, we presume that file notes or reports were usually generated on these occasions, to stand as permanent black marks against the whistleblower. Again a matter not pursued empirically, but something that we have a good deal of anecdotal information on, concerned the oft heard complaint that those formal reprimands often constitute miscarriages of natural justice in the sense that investigation procedures were either not followed, or followed with a single minded purpose of attacking the whistleblower. We were also told that whistleblowers often felt intimidated by these reprimands.

Punitive transfers were the second most common form of official reprisal, accounting for 14% of all official reprisals. The transfer data here does not include requested transfers or transfers suggested by management with the welfare of the whistleblower in mind (to ease office tension for example). The transfers here are punitive movements driven by a calculating motive to punish the whistleblower. They encompass geographical relocation as well as inter-departmental and intra-departmental movements. We were often told that the transfers carried a very heavy stress and adjustment load for the whistleblowers and their families. Recent research into work stress carried out by Comcare found that forced relocation and redeployment were frequently reported as precipitating events which led to stress-related claims (Toohey, 1994).

The next most common form of official reprisal involved compulsory referrals to a psychiatrist, in some cases to a psychologist, social worker or other professional whose

views on workers' behaviour were acceptable to management. Although psychiatric referrals are not considered by whistleblowers as amongst the worst form of reprisals they are nevertheless intolerable to these people who so highly value the public good and their personal integrity.

Compulsory referral for behavioural assessment is a particular savage form of organisational attack. For a start the compulsory nature of the referral exposes the whistleblower to a no-win situation. If the whistleblower refuses to be assessed, he or she invites further negative attention by management for refusing to obey lawful orders. This type of refusal could also give rise to the view that the whistleblower has some hidden personality disorder that they fear the psychiatric assessment will uncover.

If the whistleblower submits to assessment, the attitude they have to the assessing process and the assessor will have strong bearing on the diagnostic outcome. The whistleblower who feels a rapport with the assessor and opens up on personal feelings, has no control over how those feelings are documented by the assessor, no control over who gets to read the report, and certainly no control over being reported out of context. It is important to note that the assessor's client is the referring department, not the whistleblower. This allows assessors to feel no primary ethical obligation of care, privacy and professional duty towards the whistleblower. Regrettably this is a point often not comprehended by the whistleblower until it is too late.

Every now and then a whistleblower is referred to an assessor who does not completely fit this picture. Recently one of the whistleblowers, a female Sergeant of Police, was suspended by the Commissioner of Police, and ordered to undergo psychiatric assessment. The psychiatrist nominated by the Queensland Police Service, reports:

"I am of the opinion that there is no evidence of any psychiatric disorder or mental infirmity of any kind which would render Ms... in any way incapable of carrying out her duties as a police officer." (Confidential Reference).

The events leading up to and surrounding this action may appear to confirm that psychiatry and ethics do on occasions blend. However there are other matters swimming below the surface here. Notwithstanding the mental health clearance given to the whistleblower, the psychiatrist still accepted a compulsory referral. The moment the 'patient's' name goes into the appointment book is the moment collusion appears to start between the assessor and the department. This additional exposure to stress can be an accidental side-effect of the psychiatric referral system. Unfortunately we have evidence of management deliberately planning a psychiatric referral knowing it would induce stress in the whistleblower.

Further, even if the mental health clearance is unambiguously and consistently positive toward the whistleblower (that is it would be very difficult for a malevolent reader to subsequently seize on certain words and phrases in the report, to the whistleblowers' detriment), the referring department may still (and often does) reject the assessment and puts the whistleblower back on the psychiatric merry-go-round (Lennane, 1993;1994). Or, the department may give that 'round' to the whistleblower and scheme up another reprisal strategy.

On the other hand the whistleblower who does not willingly submit to behavioral assessment (misses appointments, refuses to go, is 'unco-operative' in the interview) is exposed for different reasons. Negative attitudes in the whistleblower (for example anger, bitterness, depression-all products of the reprisal processes) can all too easily be interpreted in narrow psychiatric terms by assessors who have no experience of workplace vilification, or who would never consider whistleblowing themselves.

Another dimension to the behavioural assessment strategy is that it is a form of victim blaming. The psychiatrist, in an unspoken pact with the client department, gives further credence to the proposition that there are no sick systems, only sick individuals. This way of looking at things undermines the whistleblower's campaign which is based on first hand witnessing of systemic wrongdoing.

Finally, the assessment strategy plays for keeps in the sense that psychiatric labels are 'superglued' onto the whistleblower. In time whistleblowers can actually have their whole identities changed in favour of the 'diagnosis'. So in summary, whistleblowers are exposed to an unethical alliance between entrepreneurial psychiatrists looking for new income opportunities and corrupt management systems looking for new victims to blame.

Only 8 per cent of total official reprisals constituted dismissal. It is clearly not easy to sack public sector employees with permanent status. However it is easy to threaten them with dismissal (or punitive transfer and legal action), and 18 per cent of those who experienced official reprisals were so threatened. Our feeling is that these threats anticipate such dire consequences for the whistleblowers that they usually serve a very effective intimidatory role.

It should also be noted that a covert intention behind threats of dismissal, legal action, etc, as well as behind the other reprisal mechanisms, is to make the whistleblowers' work situation so intolerable that the desired result of getting rid of the whistleblower is eventually effected through voluntary resignation.

Unofficial Reprisals

While 71 per cent of the sample said that they experienced official reprisals, 94 per cent said that they suffered from what are referred to here as unofficial reprisals. When we consider that the three whistleblowers who left work immediately after they made their disclosures probably would have experienced reprisals had they stayed, the percentage of whistleblowers reporting unofficial reprisals rises to 97 per cent.

When we combined official and unofficial reprisal action, we found that the average number of unofficial reprisals is 4.2 which is almost three times the official reprisal rate of 1.5. This means that the average whistleblower experienced about six separate reprisal actions when they exposed public sector wrongdoing.

The higher exposure to unofficial reprisals is partly explained by the nature of the vindictive process. Official reprisals are procedurally hampered. It takes time (for example to arrange a punitive transfer, or longer still, a punitive redundancy) and

standards of administrative justice have to appear to be met. Unofficial reprisals are not so hemmed in by procedural requirements. These reprisals often operate in an informal way and can occur spontaneously.

The distinction needs to be made between 'vertical' unofficial reprisals, that is, those orchestrated by a vindictive management (for example, denied work necessary for promotion) or 'horizontal' unofficial reprisals, that is, those manifested *across* work relationships (for example, ostracism). The impact of the reprisal is increased when it appears on both horizontal and vertical levels. Ostracism can be used to illustrate this point. Twenty-three percent of the sample said that they were ostracised at work as a result of their whistleblowing. Workplace rumours about whistleblowing spread quickly. Sometimes driven by fear, other times by stereotyping, the wheels of marginalisation don't take too much energy to start spinning.

We tend to think that the difference between official and unofficial reprisals is the difference between a show trial which has all the trappings of legality, and a lynch mob which administers its own 'justice'. When whistleblowers face official reprisals they face actions which can be vindicated by reference to procedure. Unofficial reprisals in a sense are actions within the twilight zone of legality. The workplace takes the 'law' into its own hands and extracts its own justice through abuses, suspicion, humiliation and sundry other actions.

Discussion

The study reported on 438 acts of alleged unofficial reprisals. The three most common forms of unofficial reprisals were:

- social ostracism;
- motives questioned and attacked personally;
- increased scrutiny of work.

As we have noted previously whistleblowers in the sample were exposed to an average of 4.2 unofficial reprisals. It makes sense to think of reprisal clusters comprised of one constant reprisal (social ostracism), one almost ever-present reprisal (motives questioned and attacked personally) and two 'try-on' reprisals.

All whistleblowers in the sample experienced social ostracism. This is the constant reprisal. Running alongside this for most of the whistleblowers (72%) was the reprisal of discrediting the messenger. This is what we call the semi-constant reprisal. In combination with these two, are two other reprisals that we refer to as 'try-on' because the sample reported that this is exactly what management does. A reprisal is 'tried-on' for a period of time, and if it does not work in terms of punishing the whistleblower or forcing the whistleblower to resign, then another reprisal is 'tried-on'. These 'tried on' reprisals take the form, for example, of being required to work in unsafe conditions.

Sometimes there appears to be no logic in the rhythm of the reprisals. For example 21 per cent of the sample experienced the reprisal of overwork (De Maria, 1994) and 28 per cent were under-worked. In quite a few cases these opposing strategies were tried on the

same whistleblower. For example, in case 241 a whistleblower was ricocheted from being given only photocopying to do, to being given a job classified far above her training and abilities.

We should note that the unpredictability of these attacks, together with the fact that different reprisal strategies have different effects on the same whistleblower, keeps the employee of conscience in a very toxic work environment.

Fifteen percent of the unofficial reprisals constituted uncategorised actions.

Effects On Whistleblowers

Nearly 80 per cent of the total sample experienced some form of emotional deterioration because of their whistleblowing. Those 81 people suffered a total of 287 different symptoms, that is, an average of 3.5 each. Symptoms suffered by the majority were indicative of a person under severe stress.

Other symptoms suffered by nearly 30 per cent of the 81 included those associated with extreme depression, frustration, self-doubt, withdrawal from others and a feeling of not coping with the situation. When combined with the other emotional deterioration factors listed, we are looking at an overall picture of inward-focussed, self-destructive emotional behaviours rather than a picture of rage, anger and frustration aimed the source of the wrongdoing or at the systems which created and condoned it. Even the thoughts of personally punishing the wrongdoers remain internalised as vendetta fantasies.

The full force of the emotional damage caused by the reprisal scenario was driven home to us in the most dramatic case when one of our whistleblowers who impressed us as a reasonable person and responsible parent, and who had previously experienced state violence in a totalitarian country, said that the horror of her whistleblowing experience was so great that she had contemplated killing her two children and then taking her own life.

QUEENSLAND WHISTLEBLOWER STUDY DATA

Official Reprisals

Of 102 Whistleblowers, a total of 72 or 71% experienced 158 official reprisals. **No.**= number of reprisal actions reported. **% R** is the percentage of the total number of reprisal actions. **%WB** is the percentage of Whistleblowers complaining of this reprisal action

Description of reprisal action Reprimanded Punitively transferred Compulsorily referred to psychiatrist/counsellor Threatened with punitive transfer, retrenchment, dismissal, legal action Career advancement halted+ Dismissed Official investigation++

Retrenched, position made redundant Charged or sued Demoted Work performance reporting used as form of harassment • Suspended Other **No. %R %WB** 28 18 39 22 14 31 16 10 22 13 8 18 13 8 18 12 8 17 7 4 10 7 4 10 6 4 8 6 4 8 4 3 6 3 2 4 21 13 29

Other reprisal actions included: Essential work resources withdrawn; "Kept in the dark"; Offered payment with silence condition; Earned demerit Internal investigation used as form of harassment; Support funds denied; Contract tenders continually rejected ; Promoted in attempt to bribe whistleblower; Department ignored complaint; Attempt by immediate superior to punish whistleblower via head office; Denied appeal rights; Grievances lodged; Reported over trivial or contested matters; Option withdrawn to continue employment after training period

+ Includes position reclassified and whistleblower (previous incumbent) unsuccessful in application; permanency threatened, blacklisted for promotion

++ Includes obstruction of FOI request, destruction of records, and investigation results ignored

• Includes threat to bring work performance report forward or backward in time.

Unofficial Reprisals

Of 102 Whistleblowers, a total of 96 (or 94%) experienced 438 official reprisals. **No.**= number of reprisal actions reported. **% R** is the percentage of the total number of reprisal actions. **%WB** is the percentage of Whistleblowers complaining of this reprisal action

Description of reprisal action Socially ostracised at work Motives questioned and attacked personally Increased scrutiny at work Abused by work colleagues Denied work necessary for promotion Physically isolated Given very little work to do Over-worked Other **No. %R %WB** 96 22 100 69 16 72 53 12 55 43 10 45 33 8 34 30 7 31 7 6 28 20 5 21 67 15 70

Other actions of unofficial reprisal included: Psychological harrassment**(11); Stressed whistleblower forced into sick leave; early retirement, resignation (9); Public humiliation (7); Threatened (7); Labelled a troublemaker (5); Whistleblower's authority undermined at work (4); Deskilled (given low status work) (3); Blacklisted for other jobs (2); Abused by management (2); Lack of support by colleagues (2); Whistleblower's property damaged (2); Required to work in unsafe conditions (1); Forced to work with offender (1); Offered bribe to stay silent (1); Worker's confidentiality breached (1); Censored (1); Treated as less than human (1); Excluded from overtime (1); Denied access to workplace training (1); Grounded (kept in office) (1); Lost leave entitlements (1); Deprivation of liberty (1); Lack of support by management (1); Attempt by management to socially ostracise whistleblower (1)

** This response appears here because some of the whistleblowers specifically mentioned it in the "Other" section of the question in unofficial reprisals. If we had used "psychological harassment" as one of the set responses we suspect almost everybody would have ticked it.

Emotional Effects of Whistleblowing

Of 102 Whistleblowers, 81 reported 287 examples of emotional problems **No.**= number of times these emotional problems or symptoms were reported. % **EP** is the percentage of the total number of emotional problems. % **WB** is the percentage of Whistleblowers complaining of these symptoms or problems.

Description of emotions Irritable, highly strung, scared, anxious, loss of emotional control, can't relax, manic Angry, frustrated, bitter, vendetta fantasies Depression, listlessness, thoughts of, or attempted suicide Loss of self/confidence, self doubts, shame Emotional and physical withdrawal (either doing or suffering from), feeling hurt because not believed Feeling stressed, not coping, wanting to flee situation Mood swings, short tempered, cry easily Disillusioned, negative, cynical Distrustful of people, suspicious Found it difficult to function in work setting (memory loss, reduced attention span) Loss of respect for workplace, reduced work commitment and or satisfaction, feeling hurt at way being treated Felt powerless, helpless, loss of confidence, out of control **Other** **No.** **%EP** **%WB** 45 16 56 29 10 36 27 9 33 6 9 32 6 9 32 23 8 28 21 7 26 17 6 21 12 4 15 11 4 14 11 4 14 9 3 11 30 10 37

The other emotional effects included: Interpersonal/family conflicts (7); Constantly reliving whistleblower experience (6); Felt intimidated (4); Uncertain about future (4); Experienced grief reaction (3); Felt guilty (3); Unhealthy changes eating/drinking (2); Became financially irresponsible (1)

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Chapter 5

<http://cwpp.slq.qld.gov.au/bba/book/05.html>

WHEN THE MASK SLIPS: INAPPROPRIATE COERCION IN ORGANISATIONS UNDERGOING RESTRUCTURING

Paul McCarthy

This chapter outlines the conceptual approach to a study of inappropriately coercive behaviours by managers in organisations undergoing restructuring and their effects on employees health and well-being (McCarthy, Sheehan, and Kearns, 1995). This chapter also sets the scene for Michael Sheehan's reporting of experiences of bullying managerial behaviours by interviewees in the chapter immediately following.

Anecdotal stories about management styles in restructuring programs kindled our interest in the project. The experiences of many seemed to belie the optimistic rhetoric with which management introduced restructuring programmes, and pointed to a less visible coercive face of restructuring.

Preliminary indicators from these stories were that bullying managerial behaviours impact adversely on employees health and well-being. Yet the pervasiveness of the rhetoric of restructuring and its appeals to flexibility, multi-skilling, excellence and quality, seemed to push such degrading outcomes into the background. We were concerned by the fact that some accepted bullying as a normal, even if resented, part of organisational life. Those experiencing these behaviours generally felt there was nothing they could do about them, and saw few channels for redress.

Our concerns crystallised into a research project to explore the gap between the rhetoric of restructuring programs and participants' experiences, particularly focussing on the nature and effects of 'inappropriately coercive' managerial styles. Funding was provided by Worksafe Australia and Griffith University.

We define 'inappropriately coercive' managerial styles as verbal, emotional, and/or psychological intensities of behaviour beyond those an 'appropriately' skilled manager might reasonably (and ethically) use to achieve the aims of a restructuring program. While we commonly refer to these behaviours as bullying, naming them 'inappropriately coercive' reflects our interest in contrasting them with 'appropriate' levels of 'people skills'. We also extend the sense of appropriateness here to the notion that there are deep-seated currents of violence in matters of organisation throughout

history. Our contention is that bullying behaviours by managers in the era of restructuring arise in the context of a fundamental mission by organisations to deploy capital, equipment and people in a brutal struggle for efficiency and profit in turbulent market conditions.

The scenario we set out to test was one in which organisations seemed to allow the violence associated with globalising and liberalising markets to enter into their internal dynamics. Furthermore, we considered pressures generated by these forces seemed to lower the threshold at which managers, particularly those operating at the limits of their skills competencies, might adopt bullying behaviours - even if involuntarily.

The following discussion explains ways we conceived the problem of bullying by managers in the workplace in developing our research approach.

RECENT PERSPECTIVES

Concerns about bullying managerial styles and their consequences appear in a number of reports, a sampling of which follows.

Dr. William Wilkie (1993:25), a psychiatrist, points to the emergence of 'psychopathic administrators' under conditions of restructuring. Wilkie reports unjustifiable impacts upon workers well-being, health, and their families. He also draws attention to consequences of these behaviours leading to sickness and disability claims, and to early taking of superannuation.

Another indication of the need for research in this area is given in a seminar, 'Occupational Violence', sponsored by the Federal Government's Division of Workplace Health and Safety. In the seminar papers, Annette Kappler (1993) reports that in occupational health and safety issues, there is a lack of information, regulations, strategies, and of recognition of occupational violence as being a problem. These seminar papers also indicate that the costs of Occupational Violence could be reduced through preventive Human Resource Management strategies - for example, identification, education, intervention, and skilling.

Further perspectives come from three studies presented by Bowles (1991) which reveal the potential for 'domination, insensitivity and cruelty, and disregard for human relatedness in an organisation'. In addition, Baloff and Doherty (1989) refer to the problem of 'management coercion or retribution' in the context of employee participation programs. Furthermore, Schrier and Mulchay (1988) indicate ways business culture might shape middle level managers into the coercive cognitive characteristics of classical managerial types.

Another report by Feldman (1990) indicates a predominance of fear and scapegoating in stories of organisational change in an electronic company. Tombaugh and White (1990) associate downsizing with stress and reports of intent to leave organisations voluntarily. Also, disquietingly, Poole, Gioia, and Gray (1989) indicate that the managerial strategy perceived as most successful in changing the 'organisational schemas' of a bank was characterised as 'enforcement' and 'manipulation'.

Our approach also draws on a more critical, historical literature, particularly Foucault, as outlined in the following section. Foucault (1977) perhaps has most influence on our approach to the problem of bullying by managers in organisations undergoing restructuring.

HOW THE RHETORIC OF RESTRUCTURING NORMALISES COERCION

Foucault shows that the flows of power manifested in the overt violence of the kind visible in feudal societies, have not ended with the rise of our civilising social institutions and more participative workplaces. Rather, in modern times, new organisational forms and people technologies transform the violent face of power in that it rechannels it through more socially and politically acceptable programs for the management of people. These programs work through techniques which engender commitment amongst employees who are eager to participate in paid work as a pathway to consumption of lifestyle goods.

For us, Foucault raises the possibility that the rhetoric of restructuring may well act to make coercion more palatable to employees. The more flexible, multi-skilled work groups promoted by the rhetoric of restructuring provides coercive managerial power with an acceptable social and economic face. The new people technologies offer employees more participative, creative pathways to satisfy their own lifestyle interests through committing themselves to organisational goals. Employees' commitment to new forms of workplace organisation obscures the coercive face of restructuring somewhat.

Foucault suggests to us that coercion manifesting on the surface of organisational life stems from pressures generated as organisations and their managers exert power in desperate struggles for survival in turbulent market conditions. These flows of power, and the pressures accompanying them, relay through the everyday lives of anxious middle-level managers.

The scenario presented here tends not to focus on the psychological profiles of individual managers who engage in bullying behaviours, or their victims. More emphasis is placed on the interplay of contextual forces as they arise from deeper structural movements in markets and organisations, and power plays by managers seeking to confront them.

The following section presents a metaphor for ways the rhetoric of restructuring might both mask and reproduce the brutality surfacing in managers behaviours as they react to turbulent market conditions.

MASKING VIOLENCE WITHIN RESTRUCTURING: A METAPHOR

A metaphor on which we draw reflects Dionysus' representation in Greek tragedy as a mythic embodiment of uncontrollable, enthralling, and dangerous forces of nature. Dionysus' entry to the stage in the mask of a human (Vedant, 1988) symbolises the way wild and dangerous forces may be packaged up and staged within the drama of everyday life within a human mask. We use the metaphor to suggest that masking the brutality of restructuring within positive managerial rhetoric, albeit a strategic managerial reaction to a global play of thrilling and dangerous market forces, may well increase the potential for violence in the workplace.

Dionysus embodies anxieties associated with the production of wine, feasting, intoxication, eroticism, and the vagaries of the seasons. The psychological projection of these forces into the mythical character of Dionysus consigns them to a place and figure outside of everyday life, but one subject to manipulation through ritual practice. Today we find qualitatively similar ways of projecting our fears into mythic figures which are given a new lease of life in the postmodern market conditions of communal anxieties associated with new conditions of work, lifestyle consumerism, sexuality, politics, and the vagaries of the market. Contemporary myth-making expressing these anxieties appears in media texts mythologising larger than life figures engaged in brutal struggles for power, money, and pleasure.

The masked Dionysus' appearance in the ritual drama of the play returns these both enticing and terrifying forces to everyday life through packaging them within the mask of a human being, as worn by the character in the tragedy. Although masked, these enthralling and fearful forces resonate throughout the movement of the drama to catharsis, or explosive resolution of conflicting forces. In the movement to catharsis, the mask slips, figuratively, to bring the audience to a thrilling encounter with the limits of its desires and fears.

The moment of catharsis in the play is significant in offering social-psychological cleansing of the unresolved fears and desires of everyday life. Yet, in the drama, at the moment of social cleansing through ritual catharsis, slippage of the mask also reveals to us an actor, a human being, as the carrier and mediator of nature's unconstrained forces - and a potential bully.

The metaphor of Dionysus' appearance in Greek tragedy alerts us to look beneath the rhetorical mask of restructuring to see ways the mask packages up wild and dangerous forces threatening to survival. The mask that is restructuring packages up the threatening and exciting forces of the free market, economic rationalism, and deregulation, as the civil face of a solution to contemporary socio-economic crisis. Having seen through the mask, we realise the act of packaging these forces up within the mask, leaves their existence uncritically accepted, even legitimated. Communities traumatised by our contemporary socio-economic drama and needing to work and consume, have little choice but to give the mask that is restructuring entry to their everyday lives.

In a postmodern society in which 'greed is good', and there is a fascination with the play of sexuality, violence, and politics, the mask that is the discourse of restructuring allows us to package up our greatest fears, desires, and hopes into a civilised response to turbulent global market conditions. The mask of restructuring is paraded by many actors in our current economic crisis - by government ministers, consultants, chief executive

officers, managers, and bureaucrats - commonly bent on flattening organisational structures, downsizing, re-engineering, and pursuing total quality management approaches.

The experience of restructuring is of one of ongoing cycles of drama and catharsis entailing the tearing apart of organisations and relationships in the movement to new organisational forms. In the movement to catharsis, as in the Greek tragedy, the mask that is the positive discourse of restructuring slips to reveal the brutality of the organisational cleansing at work, including inappropriately coercive behaviours by managers.

The metaphor of Dionysus reminds us that the catharsis of the drama of restructuring both cleanses and re-affirms the social order of things. As such, the drama of restructuring also reproduces structures, processes and logics which carry fundamentally coercive exchanges that bind and drive the processes of organisation throughout history.

In intellectually examining the origins and effects of coercion in organisation, the metaphor of Dionysus brings us to the realisation of inherent contradictions in our social construction of bullying. In our struggle to survive in violent market conditions, the way in which we construct the rhetorical mask of restructuring towards 'positive' social ends may in fact be normalising and legitimising the use of brutal strategies against individuals and communities.

The following section outlines our approach to researching the problem of coercion in organisations undergoing restructuring in ways mindful of the violence encased in the mask of restructuring.

APPROACH

Our approach does not reduce explanation to any one theoretical or conceptual viewpoint, rather we 'border-cross' between disciplines in the interests of conceptual vitality. The approach proceeds in the form of a dialogue Guba, (1990) between different ways of thinking about violence and its effects.

We commence with a lineage of thought from Goethe's Faust, through Nietzsche, suggesting that modernity contains an inherently brutalising, sadistic moment. The brutalising, self-serving power in human organisation is evident in Nietzsche's idea of a will to power. More recently, our modelling of 'inappropriate coercion' is influenced by the critical theorists' study that in modernity, the fundamental logic of production turns to barbarism (Horkheimer and Adorno, 1972).

Our approach recognises the rhetoric of restructuring. Contemporary managerial buzzwords in socio-economic change - flexibility, market orientation, flattening structures, managerial excellence, productivity, quality, retraining, participation, and creativity - are part of the discourse or language of restructuring.

To us, this discourse emerges as a reaction to the global crisis of a capitalism which has become increasingly turbulent and disorganised, and as organisations manoeuvre

strategically in the new global economy (Lash and Urry, 1987). The discourse of restructuring also arises in the language of postmodern organisational forms through their liberal reference to flexibility, excellence, flattening organisational structures, and creativity (Limerick and Cunnington, 1989; Clegg, 1990; Limerick, 1991).

In these changing conditions, owners of capital and their managers react to threats to their position by converting anxiety into a desire to restructure. In these terms, we are interested in developing a critical psychoanalysis of the ways anxious reactions to market forces might be wrapped up in the discourse of restructuring. Our interests also encompass ways the fundamental violence encapsulated in this view of things rises almost randomly to the surface of organisational life in bullying managerial behaviours .

Notably, the relations of power, capital, management, and needs to regain profit share, remain relatively silent in the discourse of restructuring. Yet these, as incisive controlling, surveilling, and organising forces, carry considerable potential for violence.

Our approach departs from treatments of the problem of occupational violence in the psychological, organisational, and management literature which tend to locate the source of bullying-power predominantly in clients, or at sites across, or down the organisation. For example, a report of an Occupational Violence Seminar held in 1993 under the auspices of Worksafe Australia most often focuses on the violence of the clients of health care agencies. The occupational violence literature tends to be silent on the potential for 'top down' bullying by managers. Indeed, our experience is that it would be difficult to conduct a study of ways managers perpetrate violence. Managers are naturally averse to one 'studying up' the organisation to examine ways they exercise power.

Experiences of suffering and infringements of rights with which we are concerned are currently located at the margins of contemporary organisational life. Indications from our research are that bullying behaviours by managers tends to be marginalised in a number of ways, including: attributing it to deviance; justifying bullying in the face of resistance by employees to accepting the restructuring we have to have; attributing the experience of bullying to individual psychological pre-dispositions amongst both victims and bullies; and a general managerial ethos rendering the problem undiscussable.

Our approach recognises the significance of the marginalisation of bullying managerial behaviours in understanding the phenomenon. Following Foucault (1977), instances of bullying at the margins are significant in opening a window into the relations of power which normalise brutality inherent in markets and organisations operating therein.

The first step in collecting data in our study entailed recording stories of participants' experiences in restructuring programs. Here we focus on the language introducing restructuring, and on reports of good and bad managerial behaviours, including instances of bullying and their effects.

Next, we designed a questionnaire to pursue categories evident in pilot interviews. Our questionnaire might well be seen as a device to compress elements of respondents' stories of restructuring into boxes for purposes of preliminary profiling, rather than as a systematic, scientific research instrument.

Indeed, we conceived several problems in attempting to study the phenomenon of bullying managerial behaviours within a scientific framework. One such problem concerned ethical issues arising in attributing significance to the findings of such a study. We were concerned an objective, scientifically correct methodology might well over-control the data to the point of screening-out bullying managerial behaviours, in effect blaming the victims.

Our concerns were that an overly scientific framing of the study might well excuse managerial behaviours attributed to a normal exercise of managerial prerogative in meeting the market, so justifying their health and well-being effects. Furthermore, effects of these managerial behaviours judged to be magnified by individual psychological pre-dispositions amongst victims might also be rendered an unavoidable cost of restructuring. Additionally, relationships found might well be regarded insignificant in that they did not affect the well-being of the majority, or of the most powerful players in workplaces.

Also, we are mindful that narrowly conceived social scientific methods are quick to label the unproductive ones. Unfortunately the labelling effect of social scientific categories renders the unproductive ones as deserving of some coercion in the interests of the well-being of the majority.

Perversely, the social scientific labelling of a marginal occupational group as unproductive may then be used as a reference point to further dominance in the relations of power in restructuring. Scientifically objective identification of characteristics of the unproductive ones may also support claims to scientific objectivity of the economic rationalism at the basis of the discourse of restructuring. The danger is that narrowly applied scientific objectivity may covertly normalise and legitimise socio-economic violence in restructuring, with unaccounted effects at the margins.

Our approach of working from stories of the experiences of participants seeks to give those whose experiences of bullying behaviours might be marginalised in restructuring a political voice. To these ends we take a community development approach to the study. Our constituent communities include casualties of inappropriately coercive managerial behaviours in organisations undergoing restructuring.

POLITICS AND MEANINGS OF BULLYING: A SITE OF STRUGGLE

Explanation of the community development and social action face of our approach continues in this following section with a discussion of ways communities project feelings of resentment into concepts such as bullying as part of a politics of resistance.

In our everyday lives we experience behaviours which evoke painful feelings, empathise with these feelings in others, and take action to resist the behaviours. The name bullying is functional in language as a lightning rod which attracts a kaleidoscope of disturbing feelings, of repulsion, fear, withdrawal, helplessness, and anger, as they might arise in our dealings with dominant others.

Our socialisation into shared languages entails learning to recognise feelings evoked by behaviours regarded as arbitrary, unfair, and unnecessary, and to categorise these behaviours as inappropriate. Our bodily reactions, our intuitions, our categorising of these experienced behaviours, and our communication about them, all compose a politics of struggle over the appropriateness of the coercion we experience in restructuring.

Names such as bullying are evocative, acting to draw out, collect, and open channels for political action in reaction to experienced threats. The struggle over the meanings of bullying occurs as more powerful groups seek to justify brutal behaviours that the less-powerful resist. In the face of changing levels of consciousness, at points of critical mass in opinions, social codes, conventions and laws do change.

However, resentment generated by behaviours perceived to be unfair does not automatically lead to action for change. An individual may experience painful feelings as the recipient of unfair behaviours from others, yet may not associate these with meanings of bullying, unless there has been a socialisation into shared language concerning these relations. Awareness of these associations is fundamental to sharing of feelings and language marking the formation of social groups and the development of community attitudes. Ways communities form out of the experience of common threats, and development of shared language to address those threats provides a basis for political action to contest behaviours attributed to bullying.

Changing consciousness of what are appropriate levels of psychic and physical force in inter-personal and inter-group relations forever shape and re-shape conventions and codes delimiting appropriate behaviours. The extent to which 'normal', 'healthy' assertion associated with self-esteem, rights, duties, and well-being, might entail levels of discrimination, or of bullying, is the site of an ongoing political struggle over meanings.

Psychological projection of our fears and resentments into the name bullying strategically delineates emotional, conceptual, and social space in the face of felt threats to our well-being. A schema from Debray (1983) helps to explain how attributing the name bullying to various behaviours might be at once political, psychological, and religious. Applying Debray's schema, the name bullying is a political delineation of the boundaries of 'us' and 'them' - the bullied and the bullies. It is psychological in projecting our fears out into the construction of the bullies. The religious moment in the inscription of bullying in social space is in the delineation of a safe human-Christian-environmental space around 'us' - as though to overcome fears of what will become of us tomorrow.

Pre-modern Christian values were a pre-cursor to the secular containment of suffering in the ideals of liberty, equality, and fraternity with the rise of the modern nation state. These values are fundamental to our notions of rights to fair-play and well-being as citizens in a democracy. The association of experiences of suffering with the violation of rights is evident in cases of workplace bullying. For example, Leymann's study of psychological violence in the workplace remarks on the centrality of 'the feeling of violation of rights in all cases which have been examined' (1990:125).

Democratic ideals, which our institutions and political leaders are quick to expound, orientate our hopes for the future. We hope, albeit with varying expectations, to be protected from unfair exercises of power which threaten the well-being of ourselves and our loved ones. These hopes are forever condensing into the pressure group politics which collectively shape and re-shape the moral, legal, economic, and political conventions of our society.

Political survival of politicians and their parties, now more than ever, entails reading and reacting to levels of resentment in social networks. Pressure groups generate political power through their abilities to organise, evoke, collect, and channel feelings of suffering and violation of rights into action for change. Ongoing dialogues between individuals, social groups, and pressure groups over our fears and resentments stimulate a struggle over the meanings of behaviours such as bullying.

The struggle encompasses the appropriateness of threatening behaviours, our entitlements to protection, and our need to take action to change conventions and codes in the interests of redress and compensation. For example, in the case of gender discrimination, widespread reactions to the Australian judiciary's inconsistency in judgements on violence towards women, including proposals to re-train judges, illustrates how resentments and empathies may be networked to pressure experts over interpretations of the law.

Arguably, the general understanding of bullying in the workplace is now at a stage akin to that of the early understandings of gender discrimination which fuelled the drive to anti-discrimination legislation. These understandings are also akin to early intuitions there should be constraints, redress, and compensation for domestic violence and sexual harassment, and that State intervention in homes and work-places is desirable in these matters. In all these areas, progress has been made in developing the range of understandings of what is immoral, unethical, inequitable, unjust, in terms of ideals of liberty, equality, fraternity, Christianity, citizenship, justice, and humanism enshrined in our democratic way of life. However, neither all these ideals, nor strategies to achieve them are readily reconcilable. Contradictorily, bullying of marginalised groups may arise out of attempts to operationalise any one (or clusters) of these ideals in achieving the just, democratic entitlements of the citizenry - as discussed in the next section.

THE VIOLENCE IN CITIZENSHIP: SURVEILLANCE AND REHABILITATION

There are ironies in a discourse of restructuring which is promoted in a democratising, civilising logic. For example:

- liberty as freedom of enterprise (my freedom against yours?);
- equality as equal access to jobs (without regard for the level of wages)
- humanism (more productive human futures - regardless of the type of work, or what is produced)
- participation (within the structures and processes decreed by management)
- productivity (collaborate in meeting targets - otherwise you're out!).

The discourse of restructuring can have wide appeal. Even claims to fraternity, Christianity and justice may be woven into the legitimisation of discourses with a potential to leave a trail of human devastation. After all, so the argument might go, restructuring labour markets by introducing individual bargaining, removing controls on minimum wage rates, and allowing cheaper training rates of pay, open possibilities for work, training and welfare for all. And, isn't that Christian, equitable, and just?

Referring victims of bullying to rehabilitation can be both a civilising and a victimising act. A typical outcome of the counselling process may find problems in the victim's childhood, said to predispose him/her to feelings of victimisation, even to attract bullies. Yet, designating the victim as the one to be rehabilitated, distracts from the need to consider the tensions which may be bound up in the patterning of an organisation's finances, structures, equipment, processes, managerial styles, and market relations.

Rather than simply blaming the victim, we should examine the possibility of poor managerial practices. Ewer and his colleagues (1993:13) citing Australian management's low ratings in a World Competitiveness Report, questions their effectiveness in managing restructuring to achieve improvements in productivity and well-being.

Out of 23 countries, Australian management ranked 17th on long-term management outlook, 21st on managing export capacity/flexibility, 14th on education, 14th on management of plant and maintenance, and 14th on responsibility and entrepreneurship. However, one area where they were not slow off the mark was in awarding themselves extravagant pay increases.

Conceivably, lack of competency could contribute to managers adopting bullying behaviours when faced with the pressures arising within restructuring.

An ironic, marginalising outcome may be observed in the ways the discourse of restructuring labels some workers as the 'unproductive ones'. A particular illustration occurs in the Australian Government's ongoing tuning of its Jobs Package. The package affirms 'safety net' provisions, and provides the opportunity for those spun out of employment by restructuring to undertake subsidised retraining. Yet, claims that such programs are a necessary step towards economic and political vitality are challenged by Pixley (1993).

Pixley contends these supply-side strategies 'remove people from making claims for cash and conventional work', and from a site of political power in the struggle over rights, duties and responsibilities relating to the provision of paid work (p.199). Pixley questions the sustainability of these policies in a democratic society which is premised on a just balance of citizenship rights, duties, and obligations, and he calls for a re-focusing on corporate duties and responsibilities.

Another level of violence occurs in the process of identifying the 'bullies'. Naming the bullies consigns them to a therapeutic, rehabilitating space. The process is civilised. Yet, it does distract from an examination of the institutionalised, overtly normalised violence which has created the context in which bullying by managers arose.

Blaming of both victims and bullies is an adjunct to the construction of bullying as a disease of modern society amenable to treatment. Such a construction also diverts attention from an implicit violence in a restructuring decreed as necessary, and tacitly 'ethically proper'. For example, legitimacy is derived from proclaiming the necessity to meet international 'best practice' modes of production and organisation - in the interests of individual, group, corporate, and national survival.

In the sections following, I shall briefly evaluate the potential of two related ways of seeing economy and culture to naturalise violence in contemporary organisational life - they are, disorganised capitalism and postmodernism.

POWER AND VIOLENCE IN DISORGANISED CAPITALISM

A concern underlying the framing of our research is that the less-powerful do seem more vulnerable to marginalisation and victimisation in the vagaries of the disorganised capitalism modelled by Lash and Urry (1987). As trends in the distribution of wealth show (Stillwell, 1993), the world of disorganised capitalism is one in which those with economic and political clout get richer and the weaker become poorer. Appeals to the necessity to meet the demands of the global economy legitimate economic policies oriented to restructuring. With that comes the 'vanishing middle' syndrome as sections of the workforce are pushed into hourly-rate jobs and long term unemployment.

Lash and Urry (1987) name disorganised capitalism as the condition at the confluence of a number of contemporary economic, social and cultural trends, including:

- the growth of international exchanges at the levels of economy and culture
- the rise of the North-East Asian economies
- de-industrialisation in the West, with the transfer of labour intensive industries to cheaper labour countries
- the growth of a global electronic media which diffuses cultural post modernism
- the obscuring of traditional working classes within the new middle class work and lifestyles of a growing service economy
- and the shift to the new flexible, self-surveilling work systems of post modern organisation.

We consider that the discourse of restructuring has arisen as a reaction to the global uncertainty of disorganised capitalism. The discourse of restructuring conjures attractive new postmodern organisational forms led by transformational leaders geared to flexibility, excellence, quality and strategic alliances (Limerick and Cunnington, 1993), as the way forward in conditions of disorganised capitalism. Yet, the rhetoric implicitly legitimates tough managerial practices as necessary for survival in an international economy which is unpredictable and dangerous. The way the theory of disorganised capitalism accepts the global economic scenario as endemically violent, through conceiving the lifeworld as a clash of enterprises in the tumult of global markets, also legitimises brutality in the pursuit of survival and profit.

Tracing the lineage of violence in organisation into postmodern organisational forms evokes the feeling that it is a way 'back to the future'. Clegg (1990) finds characteristic types of postmodern organisation in the flexible high-tech textile and clothing manufacturing networks of Italian family businesses in the Emilia-Romagna district of northern Italy (Benetton country). Asian family businesses are also attributed the characteristics of flexibility, mutual support, and ability to prosper and survive through strategic alliances. Clegg's (1990) cognisance of the degrading outcomes of postmodern organisation also informs our search for the lineage of culturally normalised coercion in postmodern organisation.

In orienting itself to a wild and dangerous global economy, postmodern organisation recycles the early prototypes of charismatic leadership (in managerial excellence), tribal alliances, and traditional family business networks (within new guises of flexible, self-surveilling work groups, and strategic alliances). The romanticising of pre-modern formations of power in theories of postmodern organisation, masks the reproduction of culturally naturalised coerciveness which contributes to the viability of these forms of organisation. We contend that a qualitatively equivalent, culturally naturalised form of the coercive power in pre-modern community is reproduced beneath the mask of postmodern organisation and its discourse of restructuring.

The theory of disorganised capitalism also acts to legitimise the new-right penchant for the tough solutions of economic rationalism - often stimulated by experiences of the mayhem of this disorganised capitalism. Pusey (1992) finds, in the Australian government bureaucracy, the majority of the Senior Executive Officers (who are at the centre of policy-making) may be portrayed as 'economic rationalists' - in terms of their orientations to neo-classical economics, the primacy of the market, and to new-right views of wage earners and welfare. Economic rationalism both sees the world as a wild and dangerous place driven by the market, and instates solutions notable for their brutality to less well-off social groups.

One level of violence in economic rationalism stems from its instatement of the market as a quasi-transcendental economic force and with it, the Darwinian concept, 'let the fittest in the market survive'. Corporate strategy slips into the language of warfare as organisations fight for market share. The stridency that these world views bring to the discourse of restructuring, certainly has the potential to marginalise sections of organisations and society as the 'unproductive ones', and to foreclose ethical-political protections in favour of an 'ethically proper' violence directed to meeting market exigencies.

Economic rationalism enjoins us to an economic war of 'all against all' - often denying the cultures of cooperation underlying competitive survival.

Bauman's (1991:106,220) recognition of the brutality in modern organisations which subsume human needs to those of the scientific rationality of bureaucracy, seems even more relevant in disorganised capitalism and its cultural adjunct, postmodernism. The arbitrariness of these formations seem already operative in Bauman's modernity - a world of means without ends, at the intersection of a science and a bureaucracy which reduces the world to units which have no purpose other than reproduction or self-aggrandisement.

We premise our research on concerns that there are socio-economic, organisational, and cultural viewpoints such as disorganised capitalism and postmodernism, which forego economic and psychological rights to protection in favour of an 'ethically proper' violence directed to meeting market forces. We now turn to the normalisation of this violence in postmodern organisational forms.

VIOLENCE IN POSTMODERN ORGANISATION

Postmodern organisational forms are widely celebrated as an accommodation to turbulent global market conditions. They consist of networks and strategic alliances amongst flattened organisational forms and their flexible, creative, participative work groups. Violence in postmodern perspectives may be traced to Nietzsche. Thus, accepting postmodern organisational forms as normal, might also be seen to unleash the vicious drama of Nietzsche's (1968:550) universe - 'a monster of energies without beginning, without end - a play of forces a wave of forces', within our lifeworld.

In effect, postmodernism projects the revolution of relativism and quantum physics into our language and imagery in a way characteristically devoid of over-arching ethical constraints to violence in matters of organisation (McCarthy, 1993).

Together, postmodernism and disorganised capitalism blueprint the circuitry through which we channel desire into strategic approaches to organisation in our lifeworld. If the lifeworld is so turbulent and threatening, then one must seek symbolic power and skill, and fight to stay alive. Indeed, for Lyotard (1984: 10), 'to speak is to fight, in the sense of playing, and speech acts fall within the domains of a general agonistics'. An aggressive outlook, and a killer instinct, including a willingness to 'kick butt' assumes relevance, whether one's domain is a business, an institution, or a sporting club.

Given that postmodern perspectives tend to naturalise a play of pleasure and perversity in our lifeworld, we are concerned at the potential for the exercise of power in postmodern organisations to gravitate in sadistic directions. Preliminary indications of some managers getting their 'kicks' out of bullying, point to the need to investigate ways managers of restructuring might experience highs in the exercise of coercive power.

The potential of transgressive, sadistic behaviours to excite in the exercise of power has its prototype in de Sade, as evident in Juliette's prescription:

The stronger...by despoiling the weaker, that is to say by enjoying all the rights which he has received from nature, by giving himself every possible licence, enjoys himself more or less in proportion to that license. The more atrocious the harm he does the weaker, the more voluptuous the thrill he gives himself. (de Sade, 1968:119)

We are concerned that the postmodern way of seeing, and its focus on power and conflict, represses the lineage of cooperation in the history of human affairs. Also in this vein, Milbank (1990:314) doubts that postmodernism can engage in the levels of critical analysis which might examine its own propensity for violence. Of interest, Milbank notes the pleasurable imagery of postmodernism conceals the brutality of contemporary capitalism's 'war of all against all'.

Certainly, postmodern studies are preoccupied with the interplay of pleasure and violence in popular culture - as the plethora of Madonna Studies indicates. In another instance, Bayles traces 'the roots of the modern cult of obscenity, brutality and sonic abuse....in the age of MTV and gangsta rap' (cited in Davis, 1994:14). Cultural Studies also target such perversities as Oliver Stone's Serial Killers. However, rarely is this research underpinned by a critical and ethical analysis which could challenge the postmodern view of violence as natural.

The couplet of postmodern organisation plus the discourse of restructuring pushes into our lifeworld with such devastating effect as to evoke desires to share analogies of suffering in seeking constraining cooperative 'common measures' (Milbank, 1990:289) against manifest brutality. However, our complicities in the seemingly natural interplay of violent forces do impede cooperative development of ethical constraints, as discussed in the following section.

COMPLICITIES

The following discussion addresses the relationships between self and organisation, which engender complicities with power structures in organisations, and their implication in bullying behaviours.

A re-appraisal of the relevance of the work of Milgram and Zimbardo is of interest in understanding the tendencies of those in chains of authority to implicate themselves in bullying behaviours.

In Milgram's work, otherwise 'normal' participants deferred to the authority of organisers in authorising varying intensities of electric shocks to be administered to other people who were subjects in an experiment - of course, unbeknown to the participants the electric shocks and their effects were simulated. Also disturbing, Zimbardo's work indicated that otherwise normal college boys could turn into brutal prison guards perpetrating an 'orgy of cruelty' in simulations of power and control.

Bauman's (1991) modelling of the holocaust as an 'ideal-type' of the relations of violence, bureaucracy, and scientific rationality in modernity also refers to Milgram's and Zimbardo's work. Bauman suggests their experiments indicate that cruelty is neither committed by cruel, nor deviant individuals in conditions of social disruption, 'but by ordinary men and women trying to acquit themselves well of their ordinary duties' (Bauman, 1991:153).

We stand warned that ordinary duties carried out by ordinary managers exercising power in contemporary restructuring deemed to be natural, may produce in postmodern conditions, brutal outcomes which are seen by some people as akin to soft fascism.

The issue of complicities leaving ordinary people in chains of command implicated in brutal exercises of managerial power, prompts us to focus on the need for an ongoing rigorous examination of brutality relayed through our own participation in hierarchies. Questions of accountability, and the need for mediating processes are canvassed in the concluding section.

CONCLUSION: TOWARDS ACCOUNTABILITY

Our research traces a trail of damage to livelihood, well-being, corporate productivity, and public support funds, from inappropriate coercion at the underside of restructuring. Of concern is an apparent lack of accountability for the effects on health and well-being. There is a need to establish arenas for auditing and mediating both human and financial effects, and for our own participation in chains of command relaying brutality. An example of the need to address this problem is seen in a consultants' informal costing of the effects of a bullying managerial style of a (now former) managing director in a medium size organisation at more than \$1 million.

Given potential internal costs, organisations might well institute internal auditing procedures designed to measure the level of inappropriate coercion and its relations to morale, productivity, customer service, quality, and the well-being of work groups. Such audit procedures could entail instituting appropriate human asset accounting procedures. Organisations which account for the level of abuse to their plant and equipment, and provide programmed maintenance, could well design reporting systems to monitor the level of brutalisation of their staff.

Much of the costs of inappropriate coercion are presently borne by external agencies, including: welfare programs, superannuation, sickness, and compensation funds, individuals, families and volunteer groups. Agencies of the state and society thus have an interest in measures of inappropriate coercion in organisation, and in establishing independent forums which establish standards, resolve grievances, and consider compensation. A model for such an approach is suggested in the work of Dr Heinz Leymann and has been developed from ongoing research for the Swedish Work Environment Fund. Leymann (1990:123) writes:

We must assume that the economic consequences - like the psycho-social - are considerable. A person can be paid without having any work to do (or none at all), and this can go on for years. Long periods of sick leave; a catastrophic drop in production by the whole group; the necessity for frequent intervention by personnel officers, personnel consultants, managers of various grades, occupational health staff, external consultants, the company's health care centres and so on. . . All this extra effort, combined with loss of productive work, can be estimated to amount to between 30,000 and 100,000 U.S. dollars for the employees exposed to such mobbing.

Leymann proposes processes of conciliation to address the problem. Firstly, the conciliator would act to arrest the tendency for the victim to be expelled from working life and associated incidents, including: the stigmatisation attaching to 'long-term sick leave; no work provided (but still employed); relocation to degrading work tasks and psychiatric treatment' (p.122). Leymann suggests that both psychological and legal mediation may be necessary. Also, the victim may require representation (for example by a union representative or a self-help organisation) in the conciliation processes.

In finding the existing literature on negotiation wanting, Leymann (p.124) proposes that principles for mediating the conflict should aim 'to solve the conflict', while extending basic rights to the weaker party. The conciliator should have appropriate status and, in

the event of the process reaching an impasse, both parties should have access to conflict resolution and ethical recourses.

Our preliminary research indicates an urgent need for procedures for identification, prevention, skilling, and accountability for bullying managerial behaviours and their effects. An analysis of interview data supporting this contention is presented by Michael Sheehan in the following chapter.

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Chapter 6

<http://cwpp.slq.qld.gov.au/bba/book/05.html>

WHEN THE MASK SLIPS: CASE STUDIES IN ORGANISATIONAL RESTRUCTURING

Michael Sheehan

In the previous chapter Paul McCarthy discussed the theoretical framework of our ongoing research into inappropriately coercive behaviour in organisations undergoing restructuring. (McCarthy, Sheehan, and Kearns, 1995). This chapter describes some of the results of the study so far.

Forty interviews of approximately one hour's duration were conducted with a sample of participants from several public and private sector organisations undergoing restructuring programs in the past three to five years.

The theoretical framework set out in chapter 5 suggested that we might find participants in our research project addressing several areas of concern:

- The effect on their health and well-being of managerial styles in implementing restructuring programs.
- The way management explains and justifies restructuring programs as a desire to benefit both the individual and the organisation.
- The perception that the outcome of restructuring may be very different from what was proposed.
- The perception that in the process of organisational restructuring they feel they have been bullied.

The interviews were semi-structured. While there were a series of questions to address, the interviewer was able to explore issues that arose during the interview in the depth considered necessary to gather the information. With the permission of the participants, interviews were tape recorded and the transcriptions scanned for themes.

Participants are assured of confidentiality during all phases of the project. This includes the initial contact, the interview process, the transcription and perusal of the data phases, and in the storing and final reporting of information.

Here is a selection of ten case studies selected at random from the forty completed interviews. The names of the participants and their organisations are changed or omitted to protect confidentiality.

CASE STUDY 1

Don't Let A Little Surgery Stand In The Way Of Work

Tom is the branch manager of a sales and service team reduced from fourteen to five in twelve months. Decisions about the restructuring are made by head office staff in Sydney who offer little consultation in the process. Efficiency, while not defined, is used as the criteria for change. Tom alleges that managers 'lacked any concern for any of the individuals' and offers a story about himself as an example.

It is necessary for Tom to take six weeks off work to undergo major surgery. He arrives at hospital on a Monday morning and books in for his surgery. By the time he reaches his ward there is a message to ring his national sales manager, which he does. While the matter is of 'minor importance', Tom rings again the next day, prior to undergoing seven and a half hours of major surgery that afternoon and evening (from 2 p.m. to 9.30 p.m.). The national sales manager rings him again at lunchtime, also on a 'minor matter'. This is followed by another call from the national sales manager on the Wednesday morning, requesting Tom to return his call. These calls are work related, not personal. Tom feels that 'there was no consideration for myself as a person. It was only what he could obtain out of me. The productivity that still came from me while I was on sick leave'.

When Tom returns to work he mentions to the national sales manager that he does not appreciate the number of business calls made to him while he was in hospital. The national sales manager accuses him of being prepared to talk to everyone else except him while he is on sick leave. The implication is that Tom is disloyal. He is left with the feeling that he 'shouldn't have questioned the fact that he wanted to speak to me in hospital'.

This conversation is later followed up with requests for reports, as Tom sees it, about quite insignificant issues. Issues include the number of private and business telephone calls being made by staff, simply to 'put greater pressure on me'. Tom is also accused of 'idle chit-chat' with other managers at a time when the managers need to liaise because they are setting up national agreements with various companies.

At a national conference held in Sydney, Tom and another branch manager are made to sit at the front of the room beside the national sales manager's desk 'like the two naughty children in the classroom'. Both branch managers are used, on a number of occasions, as examples of poor management, even though the national sales manager, in Tom's opinion, is 'not truthful'.

Tom feels victimised by an authoritarian manager who isolates him from decision making processes. He also feels that the manager attempts to ridicule and intimidate him in front of his peers.

CASE STUDY 2

Put Your Religious Beliefs Aside, Or Suffer The Consequences

Betty is a shop assistant in the delicatessen section of a major Australian supermarket chain. She sees positive aspects from the restructuring through increased teamwork and improved communication. She perceives, however, that 'intimidatory' and 'unnecessarily manipulative' tactics are used in some instances.

Staff are often employed on casual, part-time work. Those staff who managers 'didn't like or that didn't put out enough productivity' have their hours reduced, forcing them to turn elsewhere for employment. Betty states that this outcome means that managers do not have to follow dismissal procedures.

Betty also suffers this type of treatment for a short period. Because of her religious convictions she is unable to work on a Saturday. As a result the manager reduces her hours until the manager 'sort of got over her little mishap', and Betty's hours are restored.

CASE STUDY 3

I'll Do What Is Asked Because I'm Afraid Of The Consequences

Jim is employed as a production manager in a leading manufacturing firm employing 460 people. Jim's position is abolished in the restructuring process 'to try and promote the fact that we weren't bashing people on the shop floor'. He is given a new role that leaves him with feelings of anxiety and bitterness. Jim hates the role change because he asserts that he is left with all the jobs the manager doesn't want to do, and because his role is downgraded.

Restructuring is guided by a new chief executive officer, who offers a need to be more competitive with South-East Asia, and to be more cost effective, as reasons for change. While Jim reports some positive aspects of managerial behaviour during the change process, he also identifies unnecessary behaviours of a type that affect his well-being.

When required to move to a different shift time in order to meet excessive work demands, he feels intimidated. At the time he thinks "bugger you, I've done a hell of a good job doing what I was doing and I felt I'd made good progress and you guys are coming along telling me 'yeah, well you made good progress but....'". I felt like they were playing 'yes but' with me and I'm sitting there thinking 'you buggers'. And I guess that's calmed down over time'.

Jim also observes that some managers display a range of coercive behaviours in speaking to staff including sarcasm, unpleasant tones of voice, yelling, and emotional and psychological abuse. Jim is left feeling fearful of the changes.

Additionally, Jim identifies three people who access medical assistance because of the strain of the change process. Two of those people are 'offered' psychological counselling, fully paid for by the organisation.

CASE STUDY 4

When Rumours Become Reality

The rationale for change in one major Australian bank includes the elimination of middle management, development of new structures, and a more customer oriented approach. Centralisation and rationalisation of services to be more cost effective, and to be more competitive are also offered as reasons for change. John is a middle level manager within this bank.

With the assistance of external consultants, the change process is driven from the top. Direction on 'a need to know basis', rather than consultation, is the communication style used. Because staff are not consulted about the changes, exclusion from participation is also identified by John.

John recognises a self-centred manager, stating that 'he's not interested in the welfare of others...., he's more worried about what's going to happen to him rather than what's going to happen to anybody else'.

The process used evokes feelings of fear, is manipulative and intimidatory according to John. The 'downsizing' operation is identified as an arbitrary figure of 25% of the workforce in the State. More specific explanation is not given. Moreover no mention is made in the initial stages of the types of positions to be assessed, geographical location of the offices involved, change strategies to be followed, or provisions for redeployment, redundancy or retrenchment of staff.

Information circulating throughout the organisation is said to be only rumour. Staff are advised that there is 'no truth in any of the things that were being stated and bandied about'. John adds that 'the sad thing, of course, is that all of them were true'. Misinformation results in lack of trust, by employees, of senior management.

John indicates that people are also left with feelings of anxiety, depression, low self-esteem and stress symptoms. These outcomes are bought on by the uncertainty of the change process and increased work loads. Some of these workloads are met through unpaid overtime that results in degrees of burnout because 'you've got your pedal to the metal, so to speak'.

CASE STUDY 5

Control Versus Autonomy

Doug works in a publicly listed national transport company. Economic recession is proffered as the primary reason for change and flatter hierarchical structures are seen as part of the change process. Initially, some older workers are happy to take redundancy packages. Slower than anticipated economic recovery however, sees the imposition of

further 'downsizing' strategies. Most of the restructuring decisions are driven by the organisation's corporate head office in Sydney.

Rumour and innuendo permeate the organisation. People are becoming 'pissed off' because they know that their conditions are being whittled away'. Working conditions altered include changes to job descriptions, introduction of performance appraisal, and alterations to time-frames for taking annual leave. These changes enforce management control in an organisation where the management of the last 20 to 30 years has managed on the belief 'that you get work out of beating people'.

Another change has been the introduction of Total Quality Management (TQM.) in an effort to alter past practice. Doug states that the introduction of this technology is happening, however, within a climate of emotional abuse, which appears to contradict quality philosophy.

Some peoples jobs, for example, are advertised as vacant while they still occupy the position and without consultation with these staff. They only find out about it if they see the advertisement, or if a colleague brings it to their attention.

Doug also asserts that some managers use intimidatory and bullying tactics. This particularly occurs with centralisation of decision making processes. Some also resort to autocratic management practices to introduce change.

Job satisfaction is affected by these behaviours. The approaches result in 'a don't care attitude' from staff who originally were proud of their work. As such, the quality of work decreases and productivity declines.

While Doug is given the task of introducing quality control processes into the company, he meets resistance from workers and management. Workers are not committed to the process because they are unable to see a need. Managers simply 'pay lip service' to Total Quality Management. These problems are exacerbated by a lack of communication from senior management in terms of strategic direction, and lack of training.

CASE STUDY 6

It's All Your Fault

One of the founding members of a small manufacturing organisation, Martin states that the company reached an annual turnover of \$2.5 million in less than two years. In that period the company maintained a workforce of eighteen full-time, and up to 8 part-time, employees. The company now has two employees and Martin has been replaced.

Martin alleges the reason for his replacement is related to the introduction of the superannuation guarantee levy. While the company can no longer afford to pay him at his current salary level, no alternatives other than dismissal are offered.

Other people are also replaced, especially those in the older age bracket, so that young people may be given a chance. The rationale for this approach is related to Federal

government subsidies paid for the wages of young unemployed people. Martin alleges, however, that most of these people 'don't want to work'.

Martin also perceives the problem as lack of leadership skills by the managers. He suggests that managers are often reluctant to undertake self-assessment. They blame others rather than examining their own behaviours.

CASE STUDY 7

Move It Or Lose It

Barry works in a Federal government department where legislative and systems change impact on the department's structures. The alterations affect peoples skills, work processes, types of technology and work organisation. While a two years old promise to change is offered as the rationale for change on this occasion, the real reason is seen as political because change is *expected* to happen on this occasion.

The change process is also affected by the selection of a new chief executive officer. This officer is of the opinion that the current departmental structure is incongruent with achievement of the department's goals. With the assistance of American consultants, a change strategy is implemented at corporate level. While the premise for change may be suitable at a strategic level, little information is offered in terms of operational activity.

Barry perceives his case as a useful example of lack of information at the operational level. As a member of a working party charged with implementing a review process, Barry is initially angry with the lack of direction and incomplete briefing for the working party. The working party is left to design its own brief.

Another example offers different ramifications. The American consultants decide to introduce compulsory mobility. Mobility is to occur not only within work groups or branch offices, but also between branch offices. This means that an employee may be required to move from one area of the State to another to work for short periods of time. While the consultants have some time to prepare their submission, staff are only given two weeks to respond to the decision. No further information is given in terms of the proposal. Basically the instruction is move or lose your job. Staff are angry and feel threatened. The approach reinforces Barry's view of managers as 'a bunch of lying, conniving, dishonest bastards'.

CASE STUDY 8

The Negative Self-fulfilling Prophecy

Although financial pressure is offered as one of the reasons for change, the organisation that Mary works in makes a record profit the year restructuring commences. Competitive forces, long term survival, and elimination of duplication are other reasons

given for the need for change. The organisation is a large financial and insurance institution.

Mary states that staff are frustrated by the change process, the processes to be followed, and the time frame for change. There is uncertainty about their jobs. These feelings are exacerbated by managers who 'whipped people up into a state of frenzy...(about the positive aspects of change)...that couldn't be sustained'. Feelings are also affected by managers with a negative perception of change.

One manager's approach is described as dysfunctional, demoralising staff who work in the area. The manager's pessimism and lack of confidence are described by Mary as contagious. People in this manager's work area can only see the negative implications of change. Ultimately most of the people in the section are retrenched.

Mary attributes the manager's approach to a lack of ability to use personal power, for the betterment of staff, during a time of crisis. She sees it as management by abdication which

sets up a negative self-fulfilling prophecy for staff in the section. Mary's perception is that people are assisted into submission by a manager who, while not directly intimidating, threatening or bullying staff, nonetheless fails them.

CASE STUDY 9

You Bully The Customer Or We Will Bully You

Alteration to the way successful car dealerships are assessed impacts on the retrenchment of Gordon. A 42 year old fleet sales manager of a new car dealership, Gordon was employed in an organisation undergoing restructuring because of economic pressures brought on by recession. Dealerships previously judged as successful in terms of profitability are now judged as successful by the number of units sold. Price cutting is a factor in obtaining market share. This results in cuts to overheads, including retainers and commissions, forcing many people out of the industry.

No consultation occurs; rather the dealership director makes a unilateral decision. Contracts, usually of twelve months duration, are not renewed. Older staff are replaced with younger, inexperienced staff who are prepared to work for a small weekly retainer, minimum commission on sales, and the opportunity to drive a brand new car. Gordon's response to such change is that you only get what you pay for. In terms of staff changes, he states that 'if you're going to pay peanuts, you're going to get monkeys'.

Management philosophy is that a large pool of unemployed salespeople exists. Therefore, 'if you don't like it, you leave'. There is no concern for people. Gordon reinforces this assessment with the story of one person who, upset by this approach, is taken outside and 'punched....in the nose'.

People despair of coming to work, wondering whether or not they will have a job at the end of the day. The general consensus in the industry (at least among salespeople) is

that 'if you stay in a dealership for more than about three or four months you should be taking long service leave'.

Dealer principals, according to Gordon, manage by threat and intimidation. Salespeople are bullied into coercing customers into buying vehicles. One way to do so is to not hand a customer's car keys back to them after their current vehicle is valued for trade-in purposes. Another way is the referral game. The salesperson constantly says 'I'll have to go and ask my manager'. This is repeated ad nauseam until the customer weakens.

Gordon states that these approaches not only weaken the customer, but also cause the salesperson a great deal of stress. Salespeople feel powerless, caught between the machinations of both the customer and the manager, as both seek the best deal. The outcome is often a lack of trust between all parties.

Salespeople are also bullied into working long hours to close a deal. One sales manager goes around to a customer's premises to check if a salesperson turns up, after having told the salesperson to confront the potential customer at their residence at night. When the salesperson fails to show up at the designated time, the sales manager goes around to the salesperson's home, retrieves the company vehicle and says 'You don't come in tomorrow'. Gordon states that this type of threat and intimidation occurs on two occasions, an action that evokes fear in salespeople.

Gordon is left so dejected that he has a lot of trouble sleeping. He ends up taking an anti-depressant drug-'I spent about three months popping pills to stop myself going insane....', he states.

CASE STUDY 10

'Is This A Heart Attack?'

With a rationale of meeting shareholder expectations, the large Australian bank that Peter works for restructures. Job losses of 8,500 staff by 1995 are covered by voluntary redundancy.

Peter describes one manager for whom he works. A 'long timer', with only five years to retirement, and with a teenage family to support, Peter's manager is particularly embittered by the change process. Peter outlines a personality change manifestation. Once an affable, likeable manager, he now shouts and swears at staff, lacks patience, is intolerant, abuses people, and becomes autocratic and terse in managerial style.

During the change process people leaving are not replaced, resulting in excessive, increased workloads for remaining employees. The workload puts unusual pressure on people. Some staff respond by taking 'sickies' and using up all outstanding entitlements. Bullying behaviours are in evidence in the organisation, particularly against staff who choose to leave. Sarcasm abounds and it appears to be mostly directed at those people deemed as taking a 'sickie'.

Moreover, work is controlled by a weighting factor in which set tasks are governed by time limits, so that time may be quantified. Daily logs are kept to justify how each day is spent. Peter describes the process (outlined in more detail in the interview than is possible to report here) as 'a lot of bullshit'.

Peter, a person with a strong work ethic, accepts a package but feels bitter because the original psychological contract with his employer is negated by the employer. He admits he paints himself as a victim and is at a loss to understand why.

For Peter the bullying behaviours, combined with his decision to exit the organisation, result in a 'combination of anxiety and depression'. A further outcome is chest pains with Peter reporting 'I thought I was having heart attacks every day and I had to actually go and get some medical help'.

Peter is left bitter, anxious and depressed by the managerial behaviours during organisational restructuring. It impacts on his home life. He is now less tolerant towards his children and argues more often with his spouse over 'small things' that did not concern him prior to the implementation of restructuring.

PRELIMINARY FINDINGS

The preliminary findings in the study done so far, confirm a gap between the rhetoric used as justification for organisational restructuring and the reality of participants' experiences. Instances of inappropriately coercive behaviours exhibited by managers in the case studies suggest that the experience of violence has been normalised in organisational restructuring. Within organisations that express a culture of care and concern for people, over and above the eloquence that often permeates modern organisational value statements, we find evidence of a dark side of restructuring.

The case studies show incidences of victimisation, religious bigotry, complicity, duplicity, emotional abuse, blaming and compulsory mobility. Additionally, they indicate management by abdication, sadism and cruelty, maintenance and enhancement of power relationships, and empire building. They also evidence sarcasm, verbal abuse, dishonesty, intimidation, harassment, exclusion, and enforced job loss by managers charged with the task of organisational restructuring.

A number of participants associate the behaviours with gross inefficiencies undermining the aims of the restructuring programs. Inefficiency reportedly occurs because of psychological and emotional bullying by managers. Such behaviour is considered to be beyond reasonable levels of intensity necessary for completion of workplace tasks, often resulting in the disruption of the climate, services and resources required for productive performance in the workplace.

The particular experiences raise questions as to the effect of managerial behaviour for employees' health and well-being in organisations undergoing restructuring. There appears to be evidence that a significant organisational problem exists. Each of the case studies presented provides evidence of the exhausting effects on the health and well-being of the participants.

The case studies confirm that a common terminology of restructuring is used by managers. The language used is evidenced by the recurring reasons offered for the need for restructuring, such as to become more competitive, to improve customer service, and to be more cost effective. The rationale places increasing demands on staff that result in work intensification and role overload.

Participants identified inappropriately coercive managerial styles used during the change processes, including authoritarian behaviour, lack of communication, intimidation and humiliation, describing effects on them and the organisation similar to outcomes noted for victims of school bullying (Olweus, 1992). They felt clearly their rights had been violated. (Leymann, 1990)

They identified degrading impacts on their health and well-being and the quality of their relationships, including feelings of anxiety, depression, uncertainty, frustration, helplessness, anger, dejection and fear. The feelings resulted in a lack of trust, raised stress levels, and culminated in the need for medical assistance and the taking of prescription drugs.

Moreover, participants in the study described these things happening to their work colleagues, and reported taking days off work as a further outcome, indicating decreased productivity. It also appears that these experiences may be repressed in the interests of 'getting on with the job' and maintaining an image of competency in conditions of threat. Such outcomes are counterproductive to the expressed aim of improved productivity in the restructuring process, and serve to highlight contradictions between the rhetoric and reality of restructuring.

Moreover, the behaviours experienced by participants reveal a propensity to violence by people under pressure, raising an ethical issue. In times of organisational restructuring and the requirements of performance and accountability, managers rationalise their cruel behaviours under a rhetoric of restructuring that allows them to do the wrong thing (Austin, 1993b). Managerial defence of their behaviour resorts to a utilitarian ethical stance (Premeaux and Mondy, 1993), thus allowing ethical deviations (Austin, 1993b) and justifications to be taken in the name of organisational restructuring.

RESISTANCE

Also of interest are participants' indications of ways in which employees covertly resist the programs. Behaviours include psychological and emotional withdrawal from the organisation, discussion of the negative implications of the program with colleagues, lack of support for the programs, and active and passive resistance. These findings reflect outcomes of a Norwegian study (Matthiesen, Raknes and Rokkum, 1989) that examined the extent and frequency of bullying in the workplace.

LANGUAGE VERSUS REALITY

Thus, while managers may frame the aims of restructuring as increased effectiveness, improved productivity and enhanced customer service, quite the opposite appears to be occurring. For example, while charged with introducing Total Quality Management, a participant reports lack of training and lack of management support. Yet TQM is based on Deming's (1986) management philosophy that organisations ought to provide support for intrinsic motivations for knowledge and creativity, rather than relying on coercive reward systems. The approach relies on management support for the change and provision of appropriate training.

HIDDEN AGENDAS

Furthermore, employees attribute contradictory behaviours such as these to hidden agendas. While the rhetoric of restructuring is framed in terms of positive outcomes, participants suspect ulterior motives. Thus claims for increased productivity, for example, are seen to come at the expense of people forced out of the organisation. Management is perceived as being untruthful, only interested in their own well-being, and lacking in concern for the welfare of employees, resulting in feelings of resentment towards the managers concerned.

After years of what participants would consider dedicated and loyal service to the organisation, they find themselves being told to accept the changes, seek other employment or be retrenched. The threat of high unemployment in times of economic downturn is used as a psychological torture tool to force employees to comply to the change agenda or leave the organisation. This tactic may help managers avoid claims of unfair dismissal or discrimination (Lesley, 1992). Participants are left feeling uncertain, insecure, hurt and unsure of themselves.

COERCION

Managerial behaviours are seen as predominantly coercive, sadistic and cruel. Participants often feel unimportant and excluded by the coercive behaviours which lower their self-esteem and reduce effectiveness. In commenting on the conduct of management in the United States, Lamb and Publow (1992) suggest that use of coercive power is deemed unacceptable because it abuses the authority relationship and violates the social contract between employer and employee. Furthermore, managerial negligence may breach duty of care requirements (Adams and Bray, 1992).

CULTURAL CHANGE

A similar exposition, in terms of the behaviours identified, is also apparent in the case studies within the concept of cultural change. Cummings and Worley (1993) and Limerick and Cunnington (1993) point to the significance of structural change for cultural change. Structure and culture relate to the formal and informal patterns of

behaviour required to achieve organisational goals. Inherent in concepts of organisational culture are employee loyalty and commitment.

The case studies indicate the existing organisational culture is used to encourage employees to comply with the demands of restructuring, but bullying behaviours do not lead to employee dedication (D'O'Brian, 1992). Employees lose the support of cultural norms and become cynical towards organisational change and managerial behaviours during the change process. Eventually the culture deteriorates, forcing managers to introduce other programs such as Total Quality Management to rebuild cultural norms. Moreover, within a post-industrial framework, an influential relationship between managers and staff, rather than an authoritarian relationship, is required (Rost and Smith, 1992). Such a relationship is based on mutual purposes, trust and commitment to agreements by all parties.

LEADERSHIP SKILLS

Poor leadership skills associated with coercive behaviour and lack of management support are also evident in the case studies. Managers, in attempting to grapple with notions of empowerment, struggle to reconcile the traditional approaches to power and control, and the new skills required for leadership in new organisational forms (Austin, 1993a). Those with low skill levels may revert to coercive behaviours when their competency level is reached and they are unsure how to address complex situations. A study by Plowman (in Hand and Plowman, 1992:192-3) asserts a similar outcome. Plowman argues that reticence to question decisions, and reluctance to self-examine, makes it difficult for managers to challenge their own values and behaviours, and to demonstrate leadership skills.

INTERPERSONAL SKILLS

The case studies also show evidence of inappropriate interpersonal skills by managers. They demonstrate an inability by managers to truthfully explain the objectives of, and rationale for, restructuring. Moreover, they reinforce the findings of other research which has identified poor communication skills by managers as one of the most significant barriers to improved productivity (Mariner, 1994), and one of the most common reasons managers fail in their careers (Hymowitz, 1988).

COSTS

Analysis of the case studies also provides evidence of another issue requiring discussion that was not envisaged in our original hypotheses. Research by Adams (1992), Lesley (1992) and Leymann (1990) highlight significant financial issues worthy of consideration in the Australian context. Citing figures from a Department of Health survey in the United Kingdom, Adams (1992) suggests that of the 360 million days lost

through ill health, a proportion could be attributed to the effects of unidentified bullying at work. Moreover, the annual cost of absenteeism and staff turnover is estimated by the Confederation of British Industry to be £1.3 billion, with Adams also asserting that some of this substantial cost could be attributed to workplace bullying. In the United States, the Bureau of National Affairs suggests business is losing between \$5 to \$6 billion annually in decreased productivity because of managerial abuse of employees (Adams, 1992; Lesley, 1992).

When taking into consideration the total costs for all parties involved when someone is on extended sick leave, Leymann (1990) estimates a cost of between \$30,000 and \$100,000 U.S. for each employee exposed to 'mobbing'. Mobbing is the Scandinavian term for bullying. This includes sick leave payments, a drop in work group productivity, and intervention by people such as the personnel officer, occupational health staff and external consultants as a result of 'mobbing'.

A similar extrapolation may be made in the Australian context. In its 1994 Annual Report, the Workers Compensation Board of Queensland stated that the number of statutory claims for benefits increased in 1993/94 by 10.9% over the previous year. Claims costs increased by 13.2%, medical costs by 13.5% and hospital costs by 8.4%. This represents an increase in claims payments from \$284.20 million to \$329.66 million in the years 1992/93 to 1993/94. It is an increase of \$45.46 million. Premiums collected in the corresponding period increased from \$395 million to \$495 million, a 25% increase.

A similar extrapolation across the entire Australian workforce would paint an even more frightening picture based on Industry Commission (1994) data. In a report entitled Workers Compensation in Australia, the commission points out that there are at least 500 workplace deaths in Australia annually. Moreover, there are about 200,000 injuries and illnesses serious enough for people to be absent for at least five days. The commission conservatively estimates the costs of workplace injury and illness at \$10 billion annually. If bullying behaviours by managers in organisations undergoing restructuring accounted for only 1% of these costs, then it is obvious that there are significant financial amounts involved.

CONCLUSION

As stated earlier, more specific conclusions at present are limited. Further analysis of completed interviews, gathering of more interview data, and administration and analysis of a questionnaire has occurred since this paper was delivered at the *Beyond Bullying: Towards National Guidelines* conference in 1994. The results have been published in a report to Worksafe Australia entitled *Managerial Styles and Their Effects on Employees Health and Well-Being in Organisations Undergoing Restructuring*. Further strategies are currently being undertaken and it is planned to present the results at the *Beyond Bullying: Causes, Costs, and Cures* conference in 1996.

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Chapter 7

<http://cwpp.slq.qld.gov.au/bba/book/07.html>

PSYCHOLOGICAL ABUSE IN THE WORKPLACE

Robyn Mann

When are actions, dismissed in the workplace as 'culturally acceptable behaviour', 'office politics', 'adjustment to culture', 'initiation to regime', and 'mentoring', really abuse of power in the workplace?

Bullying in schools and in the home is out in the open, recognised as a problem within our society. In the workplace, legislation ensures that physical abuse and sexual harassment are seen as unacceptable, and perpetrators of this type of abuse face legal action. Yet, bullying in the workplace continues unrecognised, or at least justified as inevitable, in the world of corporate affairs and workplace politics.

The level of abuse in the workplace is difficult to gauge. If the 'horror stories' surfacing at any mention of this subject indicate how widespread this problem is, then there is an urgent need to address this issue, by documenting incidents, finding the source of the abuse and what and who perpetrates it, and developing a procedure to eliminate the abusive behaviour.

What forms may psychological abuse take in the workplace?

This chapter discusses one form of abuse in the workplace: sustained psychological abuse. This form of abuse systematically undermines self-esteem and destroys self-confidence by undermining the rights of the person. Its subtlety is insidious; those people perpetrating the abuse are masters at disguising their actions and the effect on the victim is difficult to detect or to isolate. Furthermore, those inflicting the damage do not see their behaviour as wrong or unjust because they can justify their actions as being for the good of the company or the workgroup. If challenged about behaviour, the abuser twists blame away from themselves by crying victim of circumstance. The effect on the victim can be debilitating and long-lasting.

Why do some people become perpetrators of abuse?

Research on psychological abuse within close relationships, such as between spouses, family members, and child and adult, has shown that in many cases the abuser was once a victim. Abusers in domestic violence tend to have:

- low self-esteem
- poor communication skills
- insecurity in developing personal relationships
- a revenge and retaliation mentality

Furthermore, abusers tend to replay unresolved problems of their own by projecting them onto their victims.

The same kind of abuse can happen in the workplace, with abusers believing they have a right to inflict their controls and expectations on others, perhaps because they had suffered at an earlier stage in their career.

When I started here 17 years ago, I didn't get any help from anybody. I had to start at the bottom and do all the difficult jobs. Nobody ever encouraged me. I had to fight for everything I got.

Once they are in a position to dominate others, they take the opportunity to retaliate. Abusers devalue the strengths, abilities, competencies, intelligence and integrity of others, because to acknowledge these qualities as 'good' is to damage their own, already low self-esteem. In a work situation, the abuser uses their position to exaggerate or fabricate weaknesses in others to cover up their own inadequacies and insecurities in the job.

How do abusers reduce a confident, skilled worker to a state of helplessness?

The abuser systematically destroys self-confidence and self-esteem over a period of time. The abuser is not always in a position of legitimate power but has power over resources and 'in house' knowledge and, particularly, power by association due to alliances with people in positions of legitimate power.

In order to identify the process of abuse leading to complete compliance, I use a model based on the severest form of abuse-that of physical and mental torture-developed by Biderman after studying the breakdown of the American soldiers, through emotional and physical torture techniques during the Korean War. His work is reported by Amnesty International in their *Report on Torture* (1975).

Amnesty International suggests there is no precise and scientific definition of torture because 'it describes human behaviour, and each human being is unique, with his own

pain threshold, his own psychological make-up, [and] his own cultural conditioning'.(Biderman, 1975:33). However, they suggest that the following elements give the term *torture* its meaning and should be incorporated in any comprehensive definition:

- involves at least two people
- inflicts acute pain and suffering
- breaks the victim's will
- follows a systematic process
- has a rational purpose in the mind of the torturer

The outcome of this process ensures that '[the] victim is trapped in a situation in which the stresses are manipulated so as constantly to frustrate this need to behave in a consistent, learned personal behaviour pattern and in accordance with an esteemed self-image-both of which are necessary for the protection of basic self-identity'.(Biderman, 1975:52).

Elements of psychological abuse in the workplace correspond with elements of torture and the outcome of the torture process. The following chart parallels stages of psychological abuse in the workplace with those stages outlined in Biderman's Chart of Coercion.

Biderman's stages of coercion	Abuser's actions	Victim's response
Isolation	Befriends the newcomer. Introduces to others with high praise. Monopolises until other staff begin to reject. Warns of the perils of associating with other members of staff.	Deprived of developing social support with colleagues. Initiates total dependence on abuser. Acquires a false feeling of security. Confuses reality.
Monopolisation of perception	Informs victim through stories about power alliances. Outlines superior knowledge and skills. Intimates that victim does not possess necessary knowledge and skill but may be able to acquire it through association with abuser.	Loses self-esteem. Doubts ability to perform. Self-blames for accepting a position because unworthy. Consumed completely by introspective thoughts.
Induced physical and mental exhaustion	Overburdens victim with time consuming and/or physically demanding tasks. Places unrealistic standards of acceptance on these tasks.	Becomes physically and emotionally too weak to resist or challenge. Loses ability to reason rationally.
Threats	Reminds of power over victim's workload, promotional opportunities, and acceptance in the hierarchy of the company. Warns with stories of the demise of predecessors who did not reach	Complies with demands to escape retribution. Displays anxiety about every action performed. Despairs of any change in the situation. Shows symptoms of depression.

	the acceptable standard.	
Occasional indulgences	Praises victim's work in a public forum.	Believes they have finally reached the accepted standard and pattern of abuse will stop. Doubts that the abuse really happened because everything seems all right for the moment. Becomes reliant on the abuser for further praise.
Demonstrating 'omnipotence'	Demonstrates: Complete control over the victim who is taken for granted. 'Read my mind' expectations. Martyrdom for the company. Affects of being indispensable to the company. Claims victimisation by those who challenge any behaviour.	Accepts powerlessness. Accepts the pattern of behaviour as normal.
Degradation	Perpetrates derogatory stories about the victim on work and personal topics.	Feels disgraced and humiliated. Loses all will to resist.
Enforcing trivial demands	Continues to remind victim through innuendo, suggestion, and stories that demands will be complied with.	Accepts habit of compliance.

Developed from Biderman's Chart of Coercion in Amnesty International (1975) *Report on Torture*, London, Gerald Duckworth & Co. p. 53.

How can this happen in the work place?

Abusers work their way into situations where they will have influence over the vulnerable-appointees, newly promoted staff, and those in highly stressful working situations where deadlines and client satisfaction are crucial. People become victims of these abusers when they are isolated from the rest of their colleagues. Once they are without a support system that can put unreasonable behaviour into perspective, they are vulnerable to the stages of abuse that lead to complete coercion. If other members are aware of the danger of this abuser, but unaware of how people become a victim to the abuser, they may see this early alliance as threatening and so ostracise the victim, expediting the abuser's aim.

As the victim becomes reliant on the abuser, the victim is overwhelmed by the perceived power this person has over others. Other members of staff keep their distance which means the victim has no way of substantiating the stories of the abuser's power. Because of the constant drive to meet unreasonable demands and expectations in order to gain approval and stop the abuse, the victim becomes physically, and in turn, emotionally weak which reinforces compliance rather than challenging the abusive

behaviour. The victim knows that he or she is being treated unfairly, but feels powerless to do anything about it. Veiled threats and stories that lead to the demise of other members of staff are further incentives to comply with the abuser's demands. The victim believes that compliance means that the abuse will abate. By this stage victims blame themselves for their low self-esteem. They think they are not worthy to hold the position and so should be grateful for any tolerance offered. Positive comments or actions, often displayed in public, offer the victim a chance of respite from the abuse - the chance to believe that the worst is over. Yet in reality, the victim falls further into the coercive pattern of behaviour as the abuse returns. By this stage, the victim can see no way out of the situation. The victim is reduced to self-preservation tactics. Compliance with the requests and expectations seem the most reasonable. Once this pattern of compliance is established, it is difficult to break.

Why is this type of abuse so difficult to detect and document?

Psychological abuse is very difficult to document and even more difficult to prove. No tangible evidence exists. When the victim is asked: Well, what is happening to cause such stress? The answers are difficult to express, they seem trivial and pathetic:

- 'He ignored me in the corridor.'
- 'She looked at me in a disparaging way.'
- 'I've heard rumours about me that are not true.'

Isolated incidents in the working day do not necessarily lead to degradation, but interlinked, continual episodes of abuse can. The victim is left feeling as if they have a serious problem coping with life. Lack of understanding, action or perception on the part of the superior, colleague, friend or doctor plunges the victim further into the belief that he/she owns the problem. Because of this, the victim usually keeps it all to him or herself for fear of being labelled. In many cases it is the GP who deals with the symptoms as the patient presents with symptoms of depression such as altered sleeping patterns, gain or loss of weight, relationship problems, periods of panic or dread, etc. However, the symptoms of depression and demoralisation can easily be blamed on stresses outside work because as the abuse continues, unhealthy stress affects all areas of the victim's life.

The abuser always has an explanation to cover any query about the abused:

- 'She really doesn't have the qualifications for the job.'
- 'He is going through a pretty rocky patch in his marriage.'
- 'She has a history of not staying very long in any job.'

The abuser easily hides or justifies the abuse:

- 'People learn from me then take the knowledge somewhere else.'
- 'He's just appalling, but no one will speak out.'
- 'I keep the standards high here.'

The abuser intimates that he/she is carrying more than a fair share of the workload:

- 'I can't get anyone to stick at this job.'
 - 'I end up having to cover for them.'
 - 'I just get them trained and they are gone.'
 - 'I can't be expected to complete these tasks without people who can do the work.'
-

What is being lost if this is allowed to continue?

The cost to any organisation whose workers are suffering this type of abuse is substantial. Individual workers are not performing anywhere near their potential. Their enthusiasm, creativity, vision, participation in decision making and productivity is curtailed. Employees with high potential for developing the organisation are lost through unnecessary staff turnover. The symptoms of the abuse lead to increased demand on sick leave and eventually superannuation. Abuse affects the morale of all workers. If this type of abuse is rewarded in any way, it leads to more workers adopting abusive forms of behaviour to attract attention and gain whatever spoils are in the offering. The spiral of abuse must be stopped.

What can the aware manager do?

Those in positions of legitimate power can make change. In the first place, display appropriate leadership behaviour and make it known that you do not condone or tolerate coercive leadership practices. In identifying the source of the abuse, it is necessary to ask if psychological abuse is ingrained in the culture of the company or if it has been imported through individuals. Be aware and sensitive to instances where people are using their power in an abusive way. Relegate to the past, myths and stereotypes in the workplace that perpetuate abusive behaviour.

Acknowledge that abuse of power exists and is not acceptable behaviour for any member of staff and reject the idea that all workplaces operate with abusive behaviour. The following cliches indicate tolerance of abuse:

- 'That's the way we have always done it around here.'
 - 'I had to put up with it and I'm still here.'
 - 'If they don't like it they'll leave.'
 - 'It's good for them.'
-

About the abuser

If the abuse can be isolated to an individual or small group, then the power and opportunity to abuse can be reduced. Where possible change the job role of the abusers

and remove them from any activity where they will have influence over workers who could be vulnerable. Induction programs, mentoring programs, leaders of small task groups and controlling the work schedules of individuals are not the places for these people. Do not reward any outcome that has been completed at the expense of someone else's health. Identify specific behaviour and, wherever possible, document the abusive behaviour. Challenge the behaviour at every opportunity. Back up the challenge with documented evidence. Challenge the abuser's explanation with clarifying questions and insist on specific answers to questions. Unless the abuser takes responsibility for abusive behaviour, no change can occur. Violence is the responsibility of the abuser. Professional help would benefit abusers once they come to the stage of taking responsibility for their actions and wanting to change.

For the victims

The most productive action in these abusive situations is to intervene to release the victim from the cycle of abuse. Even though these strategies may not address the cause of the abuse, the victim must not be neglected in the interim.

Remove the victim from under the control of the abuser. Set up a support system of colleagues. Begin to restore self-esteem, set tasks that ensure success and respect from a wider group of the workers, then provide opportunities for the abused to take control of their tasks and responsibilities free of ridicule, doubt and innuendo.

Support the victim by acknowledging that abusive behaviour is not condoned. What they experienced was real: they did not imagine it. Help the victim to reassess the power base of the abuser from the new perspective. Continue to support the victim as he or she develops coping strategies for dealing with psychological abuse.

Conclusion

Psychological abuse exists in the workplace. Workers suffer sustained degenerative abuse that undermines their self-confidence and leads to debilitating life changes. The abusers affect workers above and below them and are usually well-known for their behaviour. Abuse of others in the workplace is not acceptable. The abuse needs to be recognised in all its ugliness, documented and brought out from behind the 'respectable' roles and actions that disguise it.

Effective policies must be guided by research. Policy makers need far more information than is presently available on such issues as:

- Defining this type of abuse.
- The extent and duration of the abuse.
- Identifying the conditions under which this abuse evolves.
- Recognising the characteristics of the abuser and the victim.
- Knowing the intentions of the abuser.

- Understanding how abusive behaviour is perceived and interpreted by the victims.
- Identifying the components of the abusive actions.

Bassman and London (1993) offer the following challenge to researchers:

Finally, we need to learn more about organizational policies and practices towards abuse, to identify the types of responses available to targets of abuse and the effectiveness of these policies and practices in curtailing and preventing abuse. They offer policy makers the following challenge: Given this uncharted territory, organisations should be open to management researchers who wish to investigate abusive managerial behaviours. This requires executives to admit that managerial abuse can occur, and acknowledge that learning about abuse and taking corrective and preventive actions are needed.

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Chapter 8

<http://cwpp.slq.qld.gov.au/bba/book/07.html>

BULLYING AND PSYCHIATRY

Brian Boettcher

As a preface to Jean Lennane's chapter on bullying in medico-legal examinations, I'd like to make a few comments about bullying and psychiatry. Psychiatry has an element of bullying to it more than most other medical specialties but bullying is also present in the professions of teaching and law.

It can be pointed out that law is simply one stage in a continuum of disciplinary and normalising discourses, starting with the rules of grammar, etiquette and the social, political and moral aspects of collective existence, through to the more explicitly coercive language of psychiatry, therapy, law and religion.

What is needed is for psychiatry to recognise it has a coercive role in psychiatry. It is not recognised as such by many of its practitioners who seem to take this aspect for granted, or may not have given it much thought.

Foucault, in a published dialogue commented, 'but from the outset, psychiatry has had as its project to be a function of social order'.

BULLYING & PSYCHIATRY

There have been episodes of psychiatric bullying in other countries as you will find when reading Foucault, but Australia has had some very notable examples. The one I had personal experience with was the use of deep sleep therapy at the private hospital called Chelmsford. There were 40 plus deaths, 20 in the hospital, and 20 shortly after leaving. The last death occurred in 1979, following a meeting of doctors that I called 48 hours after discovering there had in fact been deaths. Although there were a number of doctors working at the hospital and we had heard that there had been a death or two, none of us realised the full horror that was occurring under our noses.

It was some junior nurses from the local district hospital who alerted me that something was wrong; they showed disgust that I worked at Chelmsford. I questioned them further and they described critically ill patients being transferred to their hospital. The next morning, on questioning the matron, I was handed the death certificate book and told there had been at least one death per year. Psychiatrists can expect on average one suicide per year, and one death, if you're unlucky, from drug reaction, but death from anything else is unacceptable.

I was outraged at the prospect of one death a year due to this treatment and organised a doctors meeting for the next night. I was not prepared to stand by as many others had apparently been doing, just closing their eyes and hoping it would go away. The meeting was tense and it was more difficult for me as I was relatively junior in 1979. Dr H. had been the superintendent of the hospital where I had been, however I chaired the meeting and after considerable debate got the support of the other doctors (despite a lot of refuting by Dr H.). Eventually we agreed to all disagree with Dr. H., which is quite a feat with conservative and libel-aware doctors. However, no-one could get away from the fact that there had been a considerable number of deaths. All the other doctors agreed we would cease using Chelmsford and to my surprise they all did. All this is documented in Volume 3. of the Royal Commission which has all the ingredients of any best selling paperback and it costs only about \$18 from the NSW Government printer.

Over the next 18 years there were the most shameful cover-ups and delaying tactics one could imagine, by Government departments and other bodies. Finally a Royal Commission was set up. The findings came out in 1990 recommending criminal charges be laid against a number of doctors. Before this came out I felt very isolated and vulnerable. I was being given the impression by other doctors that I had somehow acted improperly. No doctor being prepared to discuss Chelmsford; the mere mention of it caused them to run for cover.

The Royal Commission cleared me of all involvement in actual use of deep sleep therapy and I think I was about the only person to be given high praise by the report. In fact the Australian Medical Association has given me an award for outstanding service to Psychiatry. Criminal Compensation is currently being paid to the victims who can get their act together enough to prove they have been harmed. No-one has been charged with anything and Dr H. is in practice as a psychiatrist in Hornsby, not far from the ex-Chelmsford hospital.

Where does bullying fit into this? Well, there was bullying by the Chelmsford doctors who used deep sleep therapy. Bullying of nursing staff as well as patients. Nurses felt intimidated and powerless and it was only with encouragement that the nurses from the district hospital felt able to speak to me about the deaths and the critically ill patients that were coming into their hospital.

The staff at Chelmsford were completely under the thumb of Dr Bailey and knew that they would be sacked if anything was said; many nursing staff just left, unable to tolerate the situation. The patients and their relatives were even more powerless and some relatives who could not get support from their general practitioners, had no-one to turn to and had to simply watch as the patient faded into an often fatal illness. Most relatives were initially not allowed to visit and when eventually they did, they got a terrible shock to find their loved ones emaciated and extremely ill only a week or two after being admitted. So the relatives were also bullied. These stories are coming out more clearly as the Victims Compensation Tribunal hearings continue to progress. Other doctors held Dr. Bailey in such awe that they weren't game to speak and it seems this applied to the Health Department and other Government Departments as well.

I believe that the Chelmsford disaster occurred because a psychopathic doctor was allowed to bully all about him and cause the death of many patients. It will happen

again so long as we do nothing when we see bullying behaviour, whether it be individuals or institutions.

In dealing with these difficult situations we need to look at psychological, social and cultural factors. If the bullying persists then those around the offender, that is, the significant others, should be tactfully looked at as well as their reactions to the offender. This is precisely what the Royal Commission did in the Chelmsford case; it looked at all the surrounding factors and pointed to factors that caused the situation and how to correct these factors by regulation. Most of these recommendations have now been carried out in NSW but it is very hard to regulate against bullying. It has to be more of a change in attitude in society but such changes do gradually occur when enough people are affected.

Chapter 9

<http://cwpp.slq.qld.gov.au/bba/book/08.html>

BULLYING IN MEDICO-LEGAL EXAMINATIONS

Jean Lennane

This chapter was rewritten by Jean Lennane and the text submitted direct to the publishers. Therefore what follows is the original chapter.

Medico-legal examinations by psychiatrists, and less often psychologists, GPs, and other health personnel have caused problems in two particular areas. First when whistleblowing employees are forced to undergo medico-legal examinations as part of the typical process of victimisation and harassment. The process is aimed at discrediting the whistleblowing employees while diverting attention from the issues which they have raised, issues which are usually corruption or danger to the public. Second, within Workers Compensation cases, where the employer/insurance company are trying to avoid liability for stress-related illness. This may happen in cases that are not related to whistleblowing, but often whistleblowers become Workers Compensation cases when they suffer stress breakdown as a result of victimisation at work.

The following are extracts from reports, legal judgements, and complaints by patients. Reports and doctors are from several States. Some doctors (Dr. X) appear more than once, most do not. Identifying data has been removed regarding patients, except where they have given permission. Extracts are grouped roughly as Behaviour, Reports, Results and International Implications.

BEHAVIOUR

WORKERS' COMPENSATION/WHISTLEBLOWER: Dr. A.s' complaint concerning behaviour of Dr. X:

"The psychiatrists refuse to allow relatives to go in, however in the case of Mrs G. I had warned her husband that he should go in with his wife. He did insist on going in and was so amazed at the performance that he has put in a complaint. The usual performance involves yelling at the patient, accusing them of lying to get compensation, walking round behind the patient while firing questions, walking out of the room without warning and generally taking an aggressive and adversarial approach. Mrs G. was so distressed that she had to be put into hospital for a while. In fact it is not unusual for patients to be so distressed after these 'interviews' that they start seriously

considering suicide. Mr B. had suffered brain damage: The receptionist told the wife that usually after 30 minutes the doctor asked relatives to come in because by then the patient in medico-legal examinations was very distressed. *It is not whether there is agreement on opinion, that is a matter for the Court alone. It is the manner in which this small number of psychiatrists treat patients during the examination that I strongly disapprove of.*"

WORKERS' COMPENSATION: A female patient whose own psychiatrist refused to allow her to attend any assessment by Dr X. He had himself witnessed X's unethical treatment of one of his (Dr A's) own patients when he had accompanied his patient to an X assessment. Dr A advised me he was willing to release the written complaint he had made regarding the man's unacceptable behaviour.

WORKERS' COMPENSATION: "As we entered Dr. X's office he sat down behind his desk reclining back in his seat with his feet on the desk...just sat there pivoting in his chair and after quite some time he then proceeded to talk to my husband in a laughing and mocking manner. He started becoming very rude in his tone of voice and said, 'There is nothing wrong with you by the looks of you.' I tried to explain [re her husband's wounds] and he then turned to me and said 'Shut up, you fat bitch'. On leaving his office I was quite upset and crying. His receptionist said, 'O God, what has he done now?' She asked if my husband was all right and we then left. I spoke to [insurance company] and told her what went on. She said 'We did not send you there to be abused or upset. I am terribly sorry, do not worry, we will send your husband to someone else.' About one week later my husband received a letter stating that we were not to receive any more compensation as we did not stay for the full length of the appointment with Dr. X."

WORKERS' COMPENSATION: "I felt that Dr. X's behaviour at that initial interview was so crass and rude as to be dangerous...contrived so as to elicit the reactions the Insurer wanted. He conducted the whole interview with his feet on his desk, eating his lunch."

WORKERS' COMPENSATION: "I think Dr A. said that Dr. X. was not qualified to examine me and what's more was dangerous, upsetting or harmful (something like that) to patients in my condition."

WHISTLEBLOWER & WORKERS' COMPENSATION: "I was approached in a manner that I felt was intimidating and questioned at length regarding issues that appear irrelevant. Certain questions also seemed to suggest impropriety between myself and other parties. Dr. Y further questioned me regarding a long list of symptoms. I was to answer *yes* or *no* irrespective of when and why I may have suffered these symptoms. The inference can be drawn that I suffer from 'x' rather than that I developed 'x'. Dr. Y did not offer comment or reassurance regarding my visible distress. When I questioned the reason for a urine specimen I was not answered. I was given no indication that the consultation had finished. When I asked, I was shown the door in silence. I was puzzled and alarmed by Dr. Y's intimate familiarity with the details of my case. I have since been informed that Dr. Y is employed by the same company who effected my dismissal and has close communication with those instrumental in this dismissal."

WORKERS' COMPENSATION: "I found Dr. X's attitude from the start to be provocative and intimidating. He frequently smirked when I replied to his questions, and the whole interview with him was more in the nature of an interrogation. At a later stage of the interview Dr. X sat me in a chair and asked me to hunch up my shoulders. I indicated to him that I was in pain and that pushing down caused me pain. He asked me to hunch up my shoulders again and I refused. He pushed down on my shoulders hard."

[Dr X's report said "He was bristling with anger and hostility. Although diagnosed as suffering from major depression by Drs. A and B, I have reservations about this diagnosis and note he failed to respond satisfactorily to any treatment prescribed". The patient subsequently suicided.]

WB/WORKERS' COMPENSATION Report: "At first the patient showed signs of great anguish. He paced the floor and contorted his face with expressions of desperate anguish. He said that he was in such a desperate state he would do anything. It seemed so bad that I gained the impression he was crying, but when I gave him a Kleenex his expression changed and it was obvious he could not use it." *[Patient says Dr X threw the box of tissues at him and hit him on the head!]*

WORKERS' COMPENSATION cases: "Injured workers being sent to the X private hospital under the pretence of a Pain Management Clinic, and treated as psychiatric patients. When the patients have complained about the treatment, they have been given a signed medical certificate stating that they are fit to return to work."

[Patients being abused and physically assaulted by doctors]

WORKERS' COMPENSATION complaint by union representative: "In my view, Dr. X's performance as a witness at the AAT hearing was unethical. The Tribunal itself noted that Dr. X was in the hearing room when S gave evidence. In fact I was sitting next to Dr. X at the back of the hearing room and saw what the Tribunal obviously did not, i.e. that Dr. X listening to S's answers, was hurriedly scribbling notes and passing them to the Australia Post instructing solicitor to obviously assist their counsel in his cross-examination of S. It is noteworthy that Dr. Z was the specialist who, together with Dr. G for the Postal Commission, recommended S's invalidity retirement in 1985. Dr. Z continued to treat S for some time. S then sought treatment from Dr. P. Dr. Z subsequently made a report to Australia Post which was contrary to his original invalidity recommendation and which contributed to the decision to terminate compensation payments."

WHISTLEBLOWER: As a result, heavy pressure was placed on him to see a 'management consultant.' Eventually he agreed. The consultant proved to be a clinical psychologist who told him to complete [an MMPI]: "I saw they were trying to trap me, because you can interpret the results of these tests pretty much as you wish. I went back to him and told him I wouldn't do it. He told me his report would say I was obsessive and paranoid unless I agreed to fill out the questionnaire. He said he had already made up his mind and my only chance to change it was to do the test."

Urine Testing Used In Reports:

WHISTLEBLOWER/WORKERS' COMPENSATION: "Ms H. asserted that she was taking Parnate 4 per day and Valium 5mg mane. It is noted that Parnate has been detected by Mass Spectrophotometry, no Valium has been detected. It is noted that the Valium asserted to be taken by Ms H was not taken by her. I do not think much can be made of this but it is simply noted that her assertion of medication ingestion is unreliable."

WHISTLEBLOWER: "Mr P. stated that he had last taken Prothiaden, a tricyclic antidepressant some 3 days ago at a dose of 150mg nocte. It is noted that this was not detected on urine screening. He asserted he was taking Panadeine Forte between 6 to 9 on a daily basis, no evidence of this medication was detected and Mr Ps assertions in this regard are clearly untrue. The assertion that he is in significant pain and that he finds it necessary to take the medication, a statement clearly negated by the drug screening result must raise the possibility, that since Mr P. clearly lies in this regard, as to whether other aspects of his account could also be coloured by frank dishonesty."

[Both patients were not in fact taking the disputed medication daily, and it is highly unlikely they would have said they were]

WHISTLEBLOWER: Under the WorkCover Act, the employer is supposed to have a locked area for employee medical records allowing specified officers limited access for the purpose of rehabilitation. This is almost impossible to police and relies almost entirely on standards of ethics not readily understood outside the medical profession. Workers are unwittingly and unknowingly handing to their employer unseen psychiatric reports (obtained by the employer in the normal course of a workers compensation claim for stress) which are skewed against the worker. The employer can take action against the worker on the basis of a psychiatric report that, on the face of it, appears to be above the accusation of the employer using a 'hired gun psychiatrist'.

REPORTS

Reports fall into two main groups. In whistleblowing cases the emphasis is on the patient's *abnormal personality* as the cause of all the problems at work, with the usual diagnosis being *paranoid personality disorder*. In Workers Compensation cases the emphasis is on denying or dismissing the possibility of *post-traumatic stress disorder*.

Reports on Whistleblowers:

Donald Soeken: (US psychologist) "What I decided was that my loyalties, in terms of whatever loyalties I had, would lie with the individual who was coming in [whistleblowers forced to come for 'fitness for duty' examinations to be used as part of an adverse action]. I made a decision that it was unethical for a licensed professional to interview somebody and then destroy his or her life."

Paranoid personality disorder is defined in the Diagnostic and Statistical Manual (DSM 3R) as follows:

Diagnostic criteria

A pervasive and unwarranted tendency, beginning by early adulthood and present in a variety of contexts, to interpret the actions of people as deliberately demeaning or threatening, as indicated by at least four of the following:

1. expects, without sufficient basis, to be exploited or harmed by others
2. questions, without justification, the loyalty or trustworthiness of friends or associates
3. reads hidden demeaning or threatening meanings into benign remarks or events, e.g. suspects that a neighbour put out trash early to annoy him or her
4. bears grudges or is unforgiving of insults or slights
5. is reluctant to confide in others because of unwarranted fear that the information will be used against him or her
6. is easily slighted and quick to react with anger or to counterattack
7. questions, without justification, fidelity of spouse or sexual partner

(Note that much of this description normally will fit whistleblowers' behaviour at work once they are being victimised, and is of course then not 'unwarranted'. Other key points which would need to be demonstrated are that the pattern was present by early adulthood, i.e. it long pre-dated the whistleblowing; and that they are equally paranoid in other contexts, not just at work).

WORKERS' COMPENSATION, WHISTLEBLOWER: Treating psychiatrist: "The question of whether or not Mr W. was 'paranoid' in his perception of his work environment in the past required my consideration at an early stage. While I of course do not have first hand information corroborating his story, I believe from the consistency of his story, his obvious intelligence, and the general intactness of his cognitive reasoning, that there are no persecutory delusions present in this man's mental state. While during my treatment of him I have found him a tired, troubled individual, I have found him reasonable in his evaluation of the world around him, and to take a balanced view of his overall circumstances; something clearly not easy to do given this man's history over the last 13 years. Mr W impresses me as an honest, courageous man who has been prepared to pay a high price for the defence of his principles. It would seem highly unlikely that a scientist of Mr W's qualifications would fabricate the story that he has related to me and others."

Government-appointed physician: "It is my opinion that Mr W. suffers from a severe personality disorder, which is manifesting itself with ideas of persecution and complaints of stress. There is little doubt that the present state of affairs could have been brought on if Mr W. was mistreated in his previous job. It is not my brief to make a judgement on the rights and wrongs of his treatment. Whatever the case, I am equally sure that Mr W's personality would make it extremely difficult for anybody to deal with him in a work situation."

Government-appointed psychologist's report: "Conclusion: Validity scales do not indicate malingering or exaggeration of symptoms. There are indications that the disturbances are sufficiently severe to warrant treatment. My opinion of the profile is that it is descriptive of personality conditions that pre-exist [current] pressures."

Government-appointed psychiatrist: "I am of the view that his job is essentially secondary in the development of his emotional and related physical symptoms, and that

he would probably have developed these wherever he was or whatever he was doing. I think it likely there are strong paranoid traits in his personality which would result in problems in his relationship with others, and from this conflict would arise various emotional and perhaps physical symptoms. He is an ambitious and driving person and is likely to experience profound disappointment if he does not attain his ambitions.

After having interviewed Mr W. for almost 5 hours and reading the various documents about him forwarded by you [information from the people he was in dispute with], I am of the view that he suffers from a serious personality disorder. This is characterised by very marked suspicion of others, and an underlying belief that he's always at risk of being persecuted by others teaming up against him. I believe this derives from very deep and intense feelings of insecurity which possibly derive from early childhood experience. The other side of his marked suspicion and tendency to feel persecuted is a grandiose view of himself. There is a marked preoccupation with physical health. To describe someone as suspicious, litigious, grandiose and hypochondriacal could be viewed as pejorative, and I want to make it clear that this is not my intent - my description is clinical and not moralistic."

WHISTLEBLOWER case - Mr N. Psychiatrist: "He presented as before, as a tense man, and there seems little doubt that in the last year what had been a highly valued idea by him, that is exposure of corruption in the SRA, has become an obsession in the sense that he both cannot and will not put it out of his mind [List of bodies approached - Auditor-General, Ombudsman, ICAC]. By this time everyone except Mr N. had had enough, apparently involved in a battle that he both cannot and will not give up and the cost is irrelevant apparently." [Transport Appeals Board found against Mr N. in his action for wrongful dismissal. Judgement quoted: "Mr N. was certainly under significant situational stress and now appears to have become obsessed in the neurotic sense of the word by his fight so that he both cannot and will not give up the battle no matter what the cost" (extract from same report)].

Report by another government-appointed psychiatrist: "All of this occurred on a background of work with a very good record. He does not at present suffer from a nervous disorder and is fit for work not involving the stresses mentioned. Further management depends on the outcome of the relevant matters. I would be interested in any other information available with respect to his work performance and the allegations he makes."

WHISTLEBLOWER case Mr K: Psychologist: "It is likely that he has a severe personality problem, and he may in fact have a personality disorder. His personality traits are such as to produce grandiose and obsessive behaviour, paranoid reactions and regular grievance procedures for insufficient cause."

Treating psychiatrist: "At all times Mr K. has presented as a coherent, relaxed and good informant. It would appear to me that his grievances were justified. As a consequence I regard the position he took as being appropriate to that of a dedicated scientist and not the behaviour of an emotionally disturbed person. I have not found any evidence to support the assertion that he is grandiose, obsessive, or paranoid."

WHISTLEBLOWER case Mr T: "He was a rather rigid, obsessional, paranoid personality. He held all his viewpoints very rigidly and was very grandiose regarding

his abilities as a ... He certainly does have a marked personality disturbance, which has seriously impaired his work performance to the point where he has now lost all reasonable perspective in the conduct of his duties. There is every reason to believe he will continue in his current litigious activities writing numerous letters to Parliamentarians, Ministers and the PM, etc. He is quite insightful into his mental condition. There are substantial grounds, on the basis of his mental state, to prevent him carrying out his duties now or in the foreseeable future."

Psychiatrist's report on the same case: "Very detailed, several external checks, including the report of his medical boss. Refers to a conversation with Dr M. in which he said that, 'He is not responsible for his actions. He needs treatment otherwise he could do harm to his family. He is in danger of becoming a paranoid schizophrenic.' I have, with Mr T's consent, asked Dr M. to confirm this report, and indicate whether he has ever held the view that Mr T. was mentally ill. Dr M. denied holding this opinion most emphatically."

WHISTLEBLOWER Mr V: "I spent over one and a half hours with Mr V. It became apparent during my questioning, which at times was necessarily provocative, that Mr V. has a very abnormal personality. He has developed compulsive behaviour based on his own set of high moral values. His compulsive neurotic behaviour showed itself in other forms. He constantly wrote down observations or comments that I made. He linked this [objecting to the Water Board underestimating contamination by a factor of 1,000] to his experiences with the Second World War. He felt he had been severely cheated and misled by the authorities under the Nazi regime. He determined that he would never unquestioningly accept those who are in power. Mr V. exhibits quite an extreme degree of compulsive-obsessional behaviour. This type of personality could qualify as a reason for retirement on medical grounds. If this did occur, it would have to be forced upon Mr V., as he can see nothing wrong with his personality and merely considers himself to be a person of great integrity."

Same case, government psychiatrist: "Mr V. does not suffer from any form of clinical nervous disorder. Given the accuracy of the information supplied, he has substantial reasons for his criticisms of the Water Board, and his disclosures to the media. It would not make him an abnormal personality, even if a somewhat unique one."

The following two reports are in the 'you can't win' category:

WHISTLEBLOWER Mr T: "I found Mr T. to be very cooperative in the interviews and to have a cheerful and pleasant manner. This contrasted with accounts given to me by others, mentioned above, that he can at times be very belligerent and uncooperative. It was easy to see that he would be able to present his viewpoints in a very plausible manner to people who were in relatively brief contact with him, or who did not seriously challenge his statements."

WHISTLEBLOWER Mr W: "There is no past history of personality difficulties which I am aware of and from a psychiatric point of view I cannot establish the presence throughout his life of personality traits which significantly affected his work or social life. This is not surprising given Mr W's defensiveness and projection of all his difficulties onto the Department."

Workers Compensation Reports

Post-traumatic stress disorder - DSM 3R definition (abridged)

- A. The person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone.
- B. The traumatic event is persistently re-experienced in at least one of the following ways: intrusive memories, distressing dreams, 'flashbacks', distress on exposure to reminders.
- C. Persistent avoidance of stimuli associated with the trauma, or numbing of general responsiveness indicated by at least three of the following: avoiding feelings, activities associated, detachment, loss of interest, restricted affect, foreshortened future
- D. Persistent symptoms of increased arousal, indicated by at least two of: difficulty falling/staying asleep, irritability, difficulty concentrating, hypervigilance, exaggerated startle response, physiological reactivity on exposure to reminders.
- E. Duration of at least 1 month.

WORKERS' COMPENSATION report by Dr X: (who incidentally has published an article in which he expresses a very broad and different view of the causation and course of Post Traumatic Stress Disorder). "In the last year or so I have been referred a number of compensation claims for service-related PTSD. In nearly every case, the external objective facts of the matter were so obviously inconsistent with a plausible diagnosis of service related PTSD, that I was left puzzled as to why such a claim and diagnosis was ever made. I think Mr B's presentation is yet another example of these cases [remarks concern 25-yr gap between trauma and major illness]. There is no history to suggest that he developed or showed any clinically significant reaction to the traumatic event. Whilst he was no doubt shaken by the experience I could find no evidence that Mr B was suffering from any manifest psychiatric disorder, despite his angry and somewhat hostile manner. He accused me of calling him a 'bludger', which I certainly did not do. I simply tried to explain to him my difficulties of attributing his alleged complaints more recently on the Voyager incident for all the reasons detailed above. In my opinion, there is simply no plausible clinical basis for Mr B's claim. This is not to deny that Mr B has been variably dysphoric for the last few years, for other reasons. Every astute observer of human nature recognises the common tendency in people to find a blameless explanation for their problems and failures in life. Possibly this applies in this case."

Report from another psychiatrist on Mr B's case: "The worst experience of his life was when he was on board the Voyager on 10th Feb, 1964, when it collided with the bows of HMAS Melbourne and was cut in half. Mr B. was in the forward half of the ship which rapidly rolled over and sank within eight minutes of the collision. There was loss of life (eighty-four men, all in the forward half) and many injured. He has tried to forget this experience and is amazed that his memories are so vivid despite his attempts to push them out of his mind. Just prior to this event, both ships were in darkness as part of the exercise, and the Voyager could not be seen from the Melbourne [and vice versa]. Mr B. was in the lower mess when suddenly there was an explosion and all the inside lights went out. The ship began rolling over and there were injured men screaming all around him. Mr B. was not physically injured to any extent, although a piece of steel thumped him in the chest as he rapidly made his way to a staircase. The most horrifying

aspect for him was knowing that he could do nothing to help anybody else in the darkness while his survival instinct took over as he attempted to escape from the sinking ship. Water was coming in and he had to make his way up a staircase (now listing to one side) and towards a light which turned out to be the escape hatch opening and closing. He estimates that it took him about six minutes to get out of the ship and dive into the oily water.

He had to swim past men who were apparently never saved, found a life raft, climbed in and promptly vomited. As the life raft progressively filled with injured men, he climbed out and held on to the edge. They were evacuated by helicopter. To this day he feels extremely guilty that he may have contributed to the deaths of others by simply struggling through the darkness inside the ship to get out before it sank. Many of his colleagues were trapped within the ship, and those who were still alive at the time of the sinking were singing Waltzing Matilda to comfort themselves knowing they were trapped and would die. Mr B. can no longer hear this song without it bringing back strong experiences of his situation at that time."

WORKERS' COMPENSATION/WHISTLEBLOWER - Ms. H.: "She asserts that as a result of her dismissal she has developed a psychiatric disorder namely a disease of the mind. To assert that as a result of a dismissal a disease of the mind can be produced is as close to psychiatric nonsense as it is possible to get. It is well recognised that external environmental circumstances may cause a mental illness [PTSD and Adjustment Disorder]. It is not tenable that Ms H. suffers from PTSD since the external stressors are not significant. The assertion that she suffers from an Adjustment Reaction is also negated by the fact that by definition an Adjustment reaction is limited to 6 months dismissal itself is distressing.

Summary dismissal is even more distressing and undoubtedly is for the person being dismissed an unpleasant humiliating anxiety provoking situation. This description however constitutes a normal human response to a situation that is decidedly unpleasant. It does not constitute an illness, nor does it constitute a disease of the mind which would in any manner prevent work."

WHISTLEBLOWER/WORKERS' COMPENSATION - the 'colour TV case', which occurred towards the end of the years of the Fraser government. The patient, who remains in a very emotionally disabled state, says that his treatment by this psychiatrist was the most traumatic aspect of the whole very traumatic affair. "The prominent feature at this interview was what I consider to be over-acting. The appearance of great anguish was so excessive that I can only regard it as histrionic. It is my impression that [his complaints] are manufactured for the purposes of elaborating upon what may have been a genuine disorder in the past. The PTSD follows a predictable course. Gradually it improves and the change follows a consistent pattern. Only in certain circumstances would it be expected to become worse, namely, a succession of significant stresses producing a cumulative effect. The patient has not had this succession of stresses. [Comparison with Vietnam Veteran claimants who had never been to Vietnam]

In my opinion the state of the patient at present no longer meets the criteria of PTSD, but rather impresses me more as malingering hysteria. Clearly he has not cooperated with the treatment program and from the beginning I pointed out the existence of a

personality disorder in his case there is always the outside possibility of schizophrenia in a circumstance such as these."

[Result - immediate withdrawal of benefits; patient had to appeal]

Treating psychiatrist: "It is important to look at the upbringing and the past history of this patient to be able to understand his reactions to a stressful event in his life; only child, close family, stable, played sport, friends, 8-year engagement, lack of ambition, refused promotion, steady, effective work 20 years, calming influence on upset passengers. Dr. X mentions a character disorder in his report yet he does not name what sort of disorder this is. I cannot find any character disorder in this man except that he is a particular personality, namely a man who is rather retiring and unambitious with limited interests. There is no doubt that there is an intimate connection between the trauma he suffered while on duty and his present condition. As far as malingering is concerned or exaggeration of symptoms which Dr. X mentioned, I cannot find any evidence of it and one has only got to witness the distress of the patient to see that this is genuine."

Miscellaneous

WHISTLEBLOWER Mr G: Report by police/forensic psychiatrist which probably saved his life: "Mr G. was referred because of anxiety and suicidal ideation arising from his belief that he was being persecuted by the police. He described a complex system of ideas/concerns involving the SA police/Star Force holding them up at night with guns, threatening/harassing. Dr A. was unsure, as was Dr B, whether or not Mr G's complaints of persecution were reality based or delusional. Faced with the same problem, I spoke to Mr G's girlfriend. [Outline of Mr G's complaints].

I contacted Commodore M. I have the greatest respect for Commodore M. and was therefore somewhat disappointed that Commodore M. had dismissed Mr G's complaints. He believed the use of the Star Squad, as described above, was justified because Mr G. is a violent man. I pointed out that Mr G. had no history of violence. Commodore M felt, it seemed, that police assurances that G. was violent were sufficient justification. Commodore M. had not checked to ascertain whether Mr G. had in fact reported police officers to Operation Hygiene.

I cannot judge the legality of Mr G's actions, nor the validity of all his allegations, but as a result of my examination, I am of the opinion that:

- a. Mr G. is not delusional
- b. he has become depressed and anxious as a result of at least some of the above events
- c. his hypertensive state has been aggravated by the above
- d. the enforced three times weekly attendances are aggravating Mr G's mental health problems."

RESULTS

WORKERS' COMPENSATION/WHISTLEBLOWER (Appeal Court decision): "For the defendant it was contended that the plaintiff suffered from a prior personality disorder, which would not, in the early stages from 1977 onwards, have been reasonably apparent to the defendant and which by late 1979 and thereafter would have caused the plaintiff to suffer in any event a breakdown similar to the one which he in fact suffered".

.....derived most help from the reports of Dr X. He concluded that by the end of 1990 the plaintiff's personality problems did indeed 'constitute a severe affliction' and his feelings of persecution and frustration, often manifested in signs of physical illness, had become so strong that they rendered him unfit for employment.....

.....agreed with the following description by Dr Y. of the plaintiff's personality:
.....displayed personality traits which would have made it difficult for his employee (sic) to deal with. In particular;

1. a tendency to be easily slighted and quick to take offence
2. the emphasis on always being correct and moral
3. a readiness to counter-attack when any threat is perceived
4. the expectation of trickery or harm from his co-workers
5. the blaming of all his problems onto others
6. a tendency to distortion and over-reaction

.....once the process had begun there was really no turning back. Mr W. *[interpreted most of what happened to him in a persecutory fashion, and became increasingly obsessed with the injustice of his treatment]*

"The proposition that a man susceptible to nervous shock is not entitled to damages is said to be reconcilable with [the egg-shell rule] because it is said that there is no duty of care for unknown abnormal persons who suffer harm because of their abnormality: only if a defendant knew or ought to have known of the existence of the plaintiff's infirmity had he a duty to avoid harm to him which a normal man would not suffer"

Much the same opinion was expressed by Dr X. in his report of 24 Feb 1991, that the patient's emotional symptoms were not a result of what happened to him in his department, but rather the result of gradually developing processes in his life which would have taken place regardless of the circumstances at work. The trial judge found Dr X's reports 'most helpful'.

WORKERS' COMPENSATION/WHISTLEBLOWER: - found plaintiff suffered from 'an underlying personality disorder prior to 1979.' Supreme Court ACT judgement 11.3.92/ Federal Court on appeal 22.9.93 - Gallop Spender and Ryan - appeal dismissed; cross-appeal allowed, and judgement set aside. Plaintiff to pay costs of action and appeal.

[Catchword ' abnormal psychiatric state' - duty of care only arises if abnormal state known by employer. Record of medical examination prior to employment disappeared. Plaintiff would not have had access to this report; the Court did not comment on its absence. On 12.10.94 Mr W was denied leave to appeal to the High Court. The case is a significant precedent for people who have been injured at work. It is also a typical case of re-victimising the victim/restigmatising the stigmatised. Mr W was illegitimate, and

spent much of his childhood in an orphanage. The government-appointed psychiatrists made much of this in their reports, the implication being that someone from such a stigmatised background, however well he might have performed in the past, was a breakdown waiting to happen. A similar line is often taken with people who have suffered abuse as children.]

W. to Senate Select Committee on Public Interest Whistleblowing:

"The fundamental error in the approach to psychiatrists in the first instance is the erroneous reliance they put on false and misleading copious data they are sent by the Commonwealth, in order to assist them in their demolition task. One psychiatrist in his very biased reports on myself relied entirely on slabs of unbalanced and untrue information provided by people with whom I was in conflict, which he literally transcribed into his own reports.

If you cannot discredit the report or you cannot discredit what a man writes, then you have only one avenue, which is to try to discredit him personally. In fact the first psychiatrist they sent me to was honest enough to tell me what the brief was from the Department of Defence. It was to write a report that said I was paranoid. But the man was honest enough to tell me, after half an hour's conversation with him, that his ethic would not allow him to go that far. But others do not care what kind of ethics they have at all."

INTERNATIONAL IMPLICATIONS

Recent contact with a police whistleblower from Hong Kong. Forced to attend a police psychiatrist, who had been in the job (from UK) only 3 months. Psychiatrist reported there was nothing wrong with him. Psychiatrist was ejected from job and back to UK shortly afterwards. Replacement psychiatrist a few months later certified a junior police whistleblower insane, who spent 12 months in a psychiatric hospital and was then repatriated to UK.

Medicine Betrayed - The Participation of Doctors in Human Rights Abuses (BMA).

Reporting on this publication, Goodlee (1992) notes that by withdrawing cooperation, doctors could prevent institutionalised torture. Doctors certify prisoners fit for torture, revive after collapse, monitor during, give false or inadequate medical care, falsify death certificates.

The international medical community was 'negatively struck by the number of examples of false, inadequate and absent forensic statements' regarding torture-related incidents.

If governments choose to carry out life-threatening punishments, they must not look to the medical profession to alleviate or contain the suffering so imposed.

No distinction between torture and judicial corporal punishment. The participation of doctors in inflicting pain and suffering is regarded in the same way: as a breach of the doctor's ethical obligations to the patient.

Refusal of doctors in Pakistan to perform judicial amputations has meant none performed since 1979. No new cases of Soviet psychiatric abuse since 1991.

To contribute to the preservation of democratic freedom doctors need to keep an ever watchful eye on the state.

South Africa - Steve Biko:

Three doctors examining him during his terminal illness diagnosed malingering in spite of overwhelming evidence suggesting that he had suffered extensive traumatic brain injury. Dr Silove (1990) suggests the doctors' failure was due to complex influences:

- their own social conditioning
- habituation to degrading prison conditions
- apartheid's influence on medical practice
- possible reprisal from Security Police
- doctors' obedience and passivity exploited by the Security Police
- failure of major medical organisations in South Africa to provide clear guidance and leadership to state-employed doctors, with increased risk of individual doctors succumbing to pressures to condone acts of state-sanctioned violence against detainees.....

Soviet misuse of psychiatry

- Adler and Gluzman, in a recent review of the subject (1993) state: "The misuse of psychiatric hospitals, techniques and medications with the aim of repressing political dissidents was widely practised in the USSR. By claiming to 'treat' political adversaries in psychiatric institutions, the failures of the political system were relocated from the institutions of state to the psyche of the individual so that the Soviet Union could deny its own structural failings. A mature system of government typically tolerates its dissidents. Just as conformists support the stability of a system, dissidents provide the self-corrective feedback to alert the governors to remedy sources of discontent and destabilisation. When the arguments put forward by dissenters in any organisation are ignored, the system itself may be weakened.

The messenger who brings bad news can be shot, tortured into recanting, or declared insane, but that will not make the bad news any better.

The Soviet special psychiatric hospital system ...was at worst criminal, and at best had lost contact with scientific reality. Its dissident inmates were neither criminal nor insane, but were treated as if they were both. Many mentally healthy individuals entered special psychiatric hospitals only to be eventually released from them as patients - with nightmares, symptoms of depression, and difficulty in communicating."

As Bloch et al noted (1977), criticism of the Communist Party and recommendations for social change reflect 'poor adaptation to the environment'. A dissenter's advocacy of

change can only indicate that he is suffering from 'reformist delusions'. Dissent is a symptom of schizophrenia, and constitutes a sufficient basis for the diagnosis in the absence of other symptoms: "Dissent is a different way of thinking...a way of thinking which is in disagreement with that of other people. It can be of various origins. It may also be determined by a disease of the brain in which the morbid process develops very slowly (sluggish form of schizophrenia) so that its other manifestations remain imperceptible. Diagnostic difficulties increase if the subject relates in a formally correct way to the environment." (Prof. N. Timofeyev).

In sluggish schizophrenia, the onset of the illness is often 'insidious', with the patient retaining full ability to function socially. The syndromes may include paranoid ideas in which the patient overvalues his own importance and exhibits grandiose ideas of reforming the world.

Demands that patients give up political convictions, via ECT, neuroleptics and sulfazin, led to some reciting the Party line, recorded as 'fading away of delirious conceptions.'

Diagnostic reports on dissenters:

paranoid delusions of reforming society or re-organising the state apparatus; overestimation of his own personality; opinions have a moralising character; and poor adaptation to the social environment; paranoid development of the personality. 'He expresses with enthusiasm and great feeling reformist ideas concerning the teaching of Marxist classics, revealing in the process a clear overestimation of himself and an unshakeable conviction of his own rightness.'

The presence of this form of schizophrenia does not presuppose changes in the personality noticeable to others the absence of symptoms of an illness can not prove the absence of the illness itself.

"Much evidence points to the conclusion that the core group of psychiatrists are indeed acting unethically and prostituting the medical profession. They have twisted psychiatric concepts and terms to fit the requirements of the state. Among the factors which help to explain their collaboration is their allegiance to the Communist Party to which most, if not all, belong. The party can rely on their total obedience; in return, the psychiatrists are given important jobs and reap the benefits of the good life: access to privileges not available to ordinary Soviet citizens such as foreign travel, a country cottage, high salaries, shopping in special stores selling luxury goods, and the like." (Bloch et al, 1977).

SUGGESTED GROUND RULES FOR AUSTRALIA:

- Normal good manners and considerate treatment of someone who must be presumed to be ill. Avoid tactics that will prevent the development of rapport and 'dehumanise' the patient.
- Recognition that mental battering of patient 'to get the truth' is a form of torture, and the ones that crack will be those who are most ill.

- Obligation to get independent evidence on premorbid personality and functioning; descriptions of personality should be just that, and must relate to lifelong patterns.
- Obligation to spend adequate time (one independent psychiatrist for 6-8 hours would be infinitely preferable to 3 on each side, and cheaper).
- Obligation to obtain written statement from patient of information that is to be contested.
- 'Obsessional' personality should be expected in most whistleblowers.
- 'Paranoid' attitude should be accepted as normal (at work) once whistleblowers are being victimised.
- Anger is a normal human emotion in response to adverse events, and should be accepted as such.

NSW Branch AMA Guidelines adopted April 1993;

It is unethical for a psychiatrist chosen by the employer to see an employee who has been forced to attend. In cases where there is a genuine need for employees to be treated, they must have the right to choose their own doctor, and the only communication from doctor to employer should be a statement on whether or not they are fit for work. Psychiatrists' reports should be confidential to the patient and the patient's GP. These guidelines are currently under attack from the Royal Australian and New Zealand College of Psychiatrists, who have described them as 'unnecessary and offensive'. They particularly object to any parallel being drawn with the Soviet misuse of psychiatry - readers can decide for themselves whether such comparisons are justified.

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Chapter 10

<http://cwpp.slq.qld.gov.au/bba/book/09.html>

"WHERE HAVE ALL THE BULLIES GONE ?"

Julian Boulnois

*Where have all the bullies gone
Long time passing-
Where have all their victims gone
Long time ago
Where have all the schoolyards gone
Turned to institutions every one
When will THEY ever learn
When will WE ever learn.*

(with apologies to Jimmy Rogers)

I stand before you in a mild state of identity confusion, a little unsure whether to speak to you as a psychiatrist or a journalist, or as a victim or a bully.

My small involvement in this conference began over lunch. Bill and I were discussing the way in which the medical profession seeks to exert its influence and maintain discipline "in the ranks"; for the uninitiated the mechanism used is known as "a Medical Board". It was to the sitting of such an August body that I was summoned some years ago, having been charged with "conduct unbecoming", though if the truth were but known another interpretation of this phrase might well have been "behaviour deemed unfitting for a member of the Medical Profession"; either way it was considered by some that my behaviour had "trivialised the dignity" of medical practice, and the charge for which I was summoned, the overt agenda if you like, was that I had used a naughty word in public, the word being "bullshit". I know not whether this charge could be repeated in 1994, as the word has now been sanctified in the text of the Macquarie dictionary.

I have often been asked by my colleagues, those that still talk to me that is, what such an experience is actually like, and after contemplation, the comparison that comes most easily to mind is that of Alice's journey into Wonderland, most notably the time she spent at the Mad Hatter's Tea Party. If I may quote:

"There was a table set out under a tree in front of the house, and the March Hare and the Hatter were having tea at it: a Dormouse was sitting between them, fast asleep, and the other two were using it as a cushion, resting their elbows on it, and talking over its head.

'Very uncomfortable for the Dormouse,' thought Alice; 'only, as it's asleep, I suppose it doesn't mind.'

The table was a large one, but the three were all crowded together at one corner of it: 'No room! No room!' they cried out when they saw Alice coming. 'There's plenty of room!' said Alice indignantly, and she sat down in a large arm-chair at one end of the table.

'Have some wine,' the March Hare said in an encouraging tone.

Alice looked all round the table, but there was nothing on it but tea. 'I don't see any wine', she remarked.

'There isn't any,' said the March Hare.

'Then it wasn't very civil of you to offer it,' said Alice angrily.

'It wasn't very civil of you to sit down without being invited,' said the March Hare.

'I didn't know it was your table,' said Alice; 'it's laid for a great many more than three.'

'Your hair wants cutting,' said the Hatter. He had been looking at Alice for some time with great curiosity, and this was his first speech.

'You should learn not to make personal remarks,' Alice said with some severity 'it's very rude.'

The Hatter opened his eyes very wide on hearing this; but all he said was, 'Why is a raven like a writing-desk?'

'Come we shall have some fun now!' thought Alice. 'I'm glad they've begun asking riddles. - I believe I can guess that, ' she added aloud.

'Do you mean that you think you can find out the answer to it?' said the March Hare.

'Exactly so', said Alice.

'Then you should say what you mean.' the March Hare went on.

'I do,' Alice hastily replied; 'at least - at least I mean what I say - that's the same thing, you know.'

'Not the same thing a bit said the Hatter. 'You might just as well say that "I see what I eat" is the same thing as "I eat what I see!"

You may think the comparison is spurious, and that I exaggerate, but if I do it's possibly an under-exaggeration; though to attribute specific names to the above characterisations would probably be both libellous and slanderous. However at the end of my "trial", that is with myself at the end of an exceedingly long table, the "court dignitaries" at the other, complete with sandwiches and bottles at their end, the "dormouse" woke up long

enough to intone "people who go out on a limb should expect to be shot at", presumably a direct quote from a pre-war desk diary. Usually on these occasions my mind goes completely blank for at least thirty minutes until I can come up with precisely the right answer; I'm happy to report that on this unique occasion my reply was instant; "that may well be so, Sir, but the view is so much clearer".

In the end the Board delivered its verdict, but never directly to myself; I was apparently found to be "severely non compliant", and the OED defines that word as "a failure to yield under applied force".

But why was it, I perhaps hear you cry, that the medical profession should have actually bothered to single me out for such special treatment?

Amazingly enough, the answer is to be found in the reality that for several years I had endeavoured to give my profession "a human face" by taking on the curiously named role of "talking head" in a talk back show based on issues of mental health. It wasn't long before it became more than that this excursion into humanity, and I sincerely hope common sense, was the last thing that my profession found acceptable, and there were many complaints made about the apparent dangers of commercialisation and trivialisation, which frankly I felt, and still feel, were as precious as they were hypocritical. Not one complaint was ever received from anyone who was not medically qualified, and sadly the majority of those who were kept an obedient silence.

Now I would like to add that I've never considered myself to be a rebel, the very idea that I might be is a hat that I don't think fits me terribly well; I've never belonged so much as to a political party, in many ways I'm the picture of middle class conformity, but "the powers that be" obviously considered me a threat, and I am convinced that they saw "an immigrant pommy shrink" as a soft target. I doubt if they would have dared if I had been an eminent established cardiologist, with sound medical parentage, the right school background, particularly if I'd been designated to be a spokesman of the Australian Medical Association.

Frankly, I felt like a contagion, a source of infection, to be neutralised, sanitised, rendered impotent, or at least to be taught a darn good lesson.

I have to admit that I found the experience of being considered a threat as a novel one, for nothing could have been further from my intentions. In the eyes however of my profession truly "the road to Hell was paved with good intentions". To this day even though I know just how very vulnerable my profession is, my denial system is still strong enough to find it difficult to believe that they're quite so vulnerable.

For the record I kept trying to keep my radio program alive, but eventually it was discontinued for reasons that were at best spurious, called "a change in programming" - ironically my replacement was a naturopath; not even registered by the medical board - the ultimate hypocrisy, the ends apparently justifying the means. Perhaps I am naive, for I kept trying to make some kind of contribution to my profession outside the formal confines of the Consulting room: I sought to become a member of the State Council of the College of Psychiatrists, but was told my application was too late, even though those who were appointed applied later than myself; I felt I had an expertise in media work, but my application to become a media liaison officer was completely ignored; my

efforts to become involved with experiments in provincial/outback based Psychiatry, as a follow up to my radio show, by visiting some of the centres from which I frequently received calls, was met by a total brick wall of bureaucracy, correspondence going backwards and forwards between the Health Department and College, even though recently the idea has been considered to be innovative, and has duly been credited to someone within "the College".

More sinister however was a complaint to Medibank about my clinical behaviour, the complaint I eventually discovered derived from a doctor's receptionist, whose sister was a patient of mine; the patient was endeavouring to come to terms with the sexual advances of her elderly landlord, and as a result of seeking help she resisted these advances. It could be said she refused to remain a victim, but the old man then turned his attentions on the lady who saw fit to complain about me. Trivial to the nth degree, but not to the dozens of my patients who were interrogated by Medibank Inspectors flown up from Canberra especially for the purpose, asking them any number of questions, not least being whether they considered that referral to a Psychiatrist was appropriate. To say the least a number of my patients took significant clinical steps backwards, particularly those with any type of paranoid suspicion; such a lack in ethics shown by Medibank seems in sharp contra distinction to the true aims of professionalism and confidentiality which should be the hallmark of the medical profession. It suffices to say that "the powers that be" denied that any investigation was in process, even though my desk top featured an ever increasing pile of these interrogators' visiting cards. Apparently to Medibank, the ends justify the means, whatever those means might be. Even when I pointed out to "them" that I was concerned about the welfare of my patients, my protests were denied as having neither admissibility or relevance; to be fair both the inspectors did call on me afterwards and were generous enough to admit that they could find no case to be answered; they needn't have bothered to do that, and apparently were under no obligation to do so.

In the same period of time I was also threatened with legal action because "the Board" had discovered that on proof reading the next year's Yellow Pages that my name appeared twice, which contravened their laws, and I needed to seek an Affidavit from Yellow Pages indicating that the fault was their printing error; presumption of innocence until proven guilty is not a reform that at that time was known to "the Board". Yet curiously enough "the Board" was supposed to represent the profession to which I belong, yet into which I have no input whatsoever.

That there are actually people employed, and paid, presumably with magnifying glasses and tape measures, to undertake investigations of such trivia, would lead me to believe that some how an organisation whose function was at one time to jealously guard the professionalism of those who entered medicine as a vocation, has now deteriorated to the point that the only appropriate expression would have to be one frequently used by teenagers, "they've lost the plot".

As an aside, the medical profession must need change, and it's my belief you can either choose to be part of that change, or sit in an ivory tower "tut tutting". It is perhaps ironic that we now live in an age in which there is an epidemic of complimentary therapists. Surveys demonstrate that those who seek therapeutic care beyond the strict confines of medicine do so for two basic reasons, the first being that complimentary therapists often seem "to be more like doctors than doctors, and the second being that apparently these

practitioners "have time and seem genuinely interested" in the problems of those who seek their help. This "wind of change" must either be addressed, or continued to be denied as is currently the case. Neither "Ward 10B" nor for that matter "deep sleep therapy" were ever satisfactorily or publicly debated by the bodies representing the professions involved. Public accountability is accepted these days as being an essential component part of being professional, refusal to join in the debate, or worse, to deny the debate even exists, is tantamount to "fiddling whilst Rome burns".

I eventually "got the message", and since that time have tended to "keep my own counsel" at least most of the time. Nonetheless I still believe that denial and apathy are the greatest enemies of free communication as well as of professional and individual growth; I'm sufficient of a Jungian not to believe in coincidences, I do believe in hidden agendas, and I do believe I was the victim of institutional bullying. Only a few within my profession could acknowledge that such a phenomenon actually exists, let alone be able to give me any support; it would have been good to know I was not alone, though obviously others have been much braver than I, and have had far greater causes for which to stand up.

I still don't accept that anyone who criticises the Fitzgerald Inquiry is corrupt, and I don't accept that those who pointed the finger at Senator McCarthy had to be Communist. Humbly, I hope, I have some understanding of the problems that Copernicus had with the Inquisition or Columbus had in endeavouring to persuade Mother Church that its view of geography was in need of updating, or maybe it didn't need a view of geography at all.

So when Bill talked to me about this conference, I instantly realised that it was not for my detailed and erudite exegesis on the psychopathology of bullying, it was just to give you a few words on my feelings about Institutional thinking, hence the title of my talk.

INSTITUTIONAL BULLYING

Institutional thinking, at its worst, becomes the embodiment of all that is reactionary, and in its own mind becomes a bastion against the horrors of that which it regards to be a source of potential anarchy. It's ever alert for change that may infect or demand from it resources that it suspects it may not possess, so that "not wishing to appear foolish" (as in the King's New Clothes), or in order not to lose face, change must be avoided at all cost, unless it be controlled by the Institution itself. In essence Institutionalised thinking sets a pace on change in others that determines a rate of growth at the speed at which it deems it to be expedient; and to administer this process it can easily attract to itself, and to its own ranks "true believers" who can so easily use "bullying" as an apparently justifiable "means to an end", for which "people will ultimately thank us". The bully can thus easily justify behaviour based on "knowing what is in the best interests of others", and as such deems itself to be exempt from the normal checks and balances whilst condemning others for breaking precisely the same rules.

Bullying can so easily be legitimised as a fine tuning mechanism for "the public good", even though the public may not even understand, or even care terribly much what is for their own good, the process continues, and apathy and indifference permit this process

to continue. Failure to acknowledge and publicly celebrate the liberty is the best way in which to lose it.

As an aside both bully and victim act out the unfinished business of their dysfunctional origins through behavioural patterns that are the mirror image of each other; this danse macabre, "this Clayton's symbiosis" is best perceived in terms of a mutual need that is ultimately inherently to leave both groups without any growth potential, and is inherently destructive, as demonstrated in family dynamics theory.

The bully uses an illicit source of power, power that has been gained by illegitimate means. By this I mean that the bully does not gain power through successfully confronting experience, and increasing personal emotional repertoire; but rather from factors for which they can usually take little credit, such as physical strength, intelligence quotient, years in service, position in the peck order, stripes on the shoulder and pips on the epaulets etc. This source of power is demanded as a right, not earned by responsibility, resulting in a false system of communication based on guilt arousal in those eager to hand over their own power in the hope that they will receive the approval that their past has denied them - an impossible dream.

Licit, that is legitimate power derived from successfully overcoming the challenges of change, with the previously mentioned expanding and growing emotional repertoire. It's a source of power that provides drive and maturity, and therefore growth. Above all it's self empowering, without rendering others impotent.

Illicit power has no communication skills, understands only aggression, and is essentially parasitic, all of which of course being the outward invisible sign of a defence system cobbled together to hide an inner intense insecurity. Licit power, is power based on a communication system that empowers everybody, the so called "win-win" situation.

I would like to expand upon this, but time and space prohibits; it suffices to say that it would be my clinical opinion that bullies are locked into a prison that is continual adolescent thinking, and from this, for them, there is apparently no escape, and ultimately they don't even understand why there should be any escape.

The method of bullying used may be as benign as "the old school tie network" (if that is benign), it may lead on to "doctor knows best", so that "health" becomes defined in terms of a powerful all knowing male dominated medical profession dispensing to the weak sick, or it may take the form of deliberate censorship, as has already been discussed. The medical profession must needs awake from its slumber before other health carers completely divert the trust of the sick to themselves.

So whether we consider Lee Kwan Yu's Singapore, "it's expedient that the majority takes precedence over the individual"; or even "it's true that liberty is precious, so precious that it must be rationed", the words of Lenin; or Otto Von Bismark's "Politics is the art of the possible"; or Caiaphas' it is "expedient that one should die for the many"; these are all examples of "acceptable" institutional bullying.

Bullying can so easily become a basic methodology for the functioning of the institution, if it's allowed to happen; but before becoming too negative, it's not my belief

that it is essential that it functions in this way, and there are many other models. Perhaps a key was provided by Michael Balint in his excellent book "The Doctor, the Patient and the Illness"; he used the expression "collusion of anonymity", to describe the threshold at which an organisation reaches "critical mass". This is a reversible point of growth and is "the outward and visible sign" of the fact that "the slippery dip into institutionalisation" is around the next corner. The symptoms are best expressed in terms of the sad reality that an inquirer to that organisation will never be able to speak to the same person more than twice, because they will be on sick leave, flexi time, at a meeting, been promoted, etc; this situation can be salvaged, providing there is a human face with whom the inquirer can identify. Alexander Dubcek tried to put a human face on communism and found out the hard way how the institution reacts to such thinking; a "true believer" can never be permitted to identify too closely with the real needs of those whom they are supposed to serve.

Bob Dillon declared that "The Times They Are a Changing", and the great Victor Frankl wrote in the '40's that we were entering the age of the existential vacuum, symptomatised by aggression, both to self and to others, depression and addiction, the latter which we now more fashionably call dependency.

Who could deny the reality of Frankl's prophecy, or deny the reality that the institution is often impotent to help.

CONCLUSION

I hope I have demonstrated why I believe that the institution is so terribly impotent in dealing with change. It has to develop new ways of thinking, based on communications systems that seek to empower, rather than to merely provide answers, usually for problems which have been re-defined in terms which the institution understands and creates for itself.

This currently is a process that seems to be running away from us, rushing down a slope like a snow ball, becoming an avalanche, leading to what I can only call "the age of the victim" which is a re-definition of Frankl's ideas.

I do not believe, and never have believed, that the word *victim* is necessarily synonymous with the inevitability of powerlessness; it is my belief that a victim is only such because their experience lacks in any precedents in how to use power, how to use a language that is based on communication, rather than merely providing answers to questions; a language that is assertive, without being aggressive, a language that is empowering, rather than one that renders others impotent, or perhaps in Freudian terminology, a language that is truly sexual, and not merely a shadow of genitality.

Nonetheless in my daily practice I see and talk with many folk who feel "totally out of power with themselves", and in the solutions that they have prescribed for them, often through "pop psychology" they become more and more impotent. So much that is currently peddled as popular psychology, teaches folk how to construct their own brave new world, their own Aquarian age, their own autonomous freedom but they teach nothing about site clearance, or about leaving behind excess baggage. The books teach

people what to do, but they don't tell people why and they don't tell folk how. Institutional solutions are "doing" solutions based on ideas of independence; real release can only come from a certain awareness of self and of one's own identity. As Fritz Perls wrote: "I do my own thing and you do your own thing; I am not in this world to live up to your expectations and you are not in the world to live up to mine; you are you and I am I and if by chance we find each other it's beautiful."

Otherwise folk feel themselves to be the ever present victim of Murphy, that is the more they try the more they are condemned to fail. They feel cheated by systems in which they once had faith; they express overwhelming sensations of meaninglessness; they have lost a personal sense of individuality, confusing the term with independence; they have no feelings of either belonging or becoming, let alone of being; they too are locked into an adolescence that has no end and no exit.

Yet it is not all "hopeless and helpless", for that is merely the language of impotence, too often expressed by those who have taken on board too much responsibility for that which has never been their responsibility; hopelessness implies that too much that is "taboo" has been passed through, unwittingly, and that the only inevitable consequence will be unending impotence, with a handing over of more and more power to those deemed for all the wrong reasons to be powerful, the so called neurotic defence mechanism of "identification with the aggressor".

Obviously there are other ways of thinking, and I betray my age in recalling Ivan Illich's comments on the occasion when the Bishop of Sao Paulo was expressing his sadness that the Catholic Church in America had been unable to send him the quota of missionaries for that particular year; the Bishop saw it as a great loss for the missionaries themselves, as his people, the poor, the rejected, the disease infested, had so much to teach them.

I very nearly began this talk with Lewis Carroll; I believe in a Wonderland, but I also believe that we must all emerge from the other side of the Looking Glass World; we need to no longer "see as it were through a glass darkly", but see the world and its systems as it really is, unembellished either by naivety or apathy. With a new kind of power, based on genuine communication, movement into forward gear is more than possible and I hope it is not mere presupposition to suggest that begins with each of us acting as free individuals, including ourselves among those people whose opinions we value, and whose expectancies we seek to fill.

This is the end of the beginning.

Chapter 11

<http://cwpp.slq.qld.gov.au/bba/book/10.html>

DOMESTIC VIOLENCE, BULLYING AT HOME

Zoe Rathus

I will be focusing on domestic violence which is obviously a form of bullying. It is often taken to mean violence between men and women living in heterosexual relationships but it also includes violence in other close relationships and shared households such as homosexual couples, dating violence, and violence towards relatives other than the spouse or partner.

For the purpose of this paper, I will deal mainly with male violence towards female partners but much of what I say applies equally to other situations.

It would seem to me that bullying occurs when one person who is more powerful than another uses that power to abuse, denigrate or control the other. The power may come from being stronger, bigger, louder or simply seeming to have a higher status. For this reason, male violence towards women in the home is often seen partially as a manifestation of the relative lack of power of women in society.

WHAT BEHAVIOUR IS INCLUDED?

In a speech delivered at the first national conference on domestic violence held in Australia in 1985, Dawn Rowan, a refuge worker, identified five main kinds of behaviour common in domestic violence (1985:27):

1. Physical abuse
2. Sexual violence
3. Psychological abuse
4. Social abuse
5. Financial abuse

Physical Abuse

Whilst some forms of physical abuse are obvious, in my experience a common form of physical abuse is damage to property. Breaking furniture, or punching a hole in the wall has the effect of terrifying the other party because the implied threat is 'this could be you'.

Sexual Violence

With regard to sexual violence, I believe that most women who have experienced other forms of domestic violence have also experienced rape and other sexual violations within their relationships. This is often the aspect of abuse which the women are most reluctant to disclose and hence it is likely that it is significantly under-reported. From the stories told to me by my clients over the years, a common feature of sexual violence within domestic violence involves forcing the woman to engage in sexual acts which she finds humiliating and degrading.

Psychological Abuse

Psychological abuse is used to annihilate the woman's self esteem. It is often achieved by verbal abuse and Dawn Rowan (1985:27) provided common examples such as 'You're incompetent, stupid, insane; I'll have you committed; You're a hopeless mother; All my problems are your fault; And if you weren't so incompetent, I wouldn't have to bash you.'

Social Abuse

One form of social abuse involves verbal denigration in front of friends and family. In my view, one of the most insidious manifestations of domestic violence is social isolation. Many violent men are jealous and possessive and are threatened by the family and friends of their partner who could provide her with a support network. They deal with this by forbidding regular contact.

Financial Abuse

Financial abuse relates to the situation where the woman is not given sufficient money by her partner to meet the daily needs of the family, but is expected to do the shopping and pay the bills and is accused of incompetence when she cannot stretch the budget far enough.

Why Women Stay

Dawn Rowan explained the complex dynamics which trap women with their violent partners:

The most fundamental process involved in keeping a woman in a violent relationship is to create in her a belief that she is the cause of the violence, that she has provoked it, and that she deserved to be treated abusively. (1985:27-8)

and recognising the extraordinary qualities of women who managed to break free:

Finally, when everything possible has been done by the woman to please her partner, but the abuse continues to become more dangerous, the woman fears for her life and for children's lives and she leaves, usually in a severe state of crisis. It amazes me, given the horrendous and debilitating experiences of beaten women, that any are able to leave

their relationship at all and I greatly admire the strength and courage of these women who act in spite of their terror and devastated self esteem. (1985:28)

Cycle of Violence

A useful model to understand the nature of domestic violence is the 'cycle of violence' which describes an ongoing pattern of abuse within a violent relationship and explains why women cannot easily leave. The cycle has the following phases:

1. the build-up phase
2. stand-over phase
3. explosion
4. remorse phase
5. pursuit phase
6. honeymoon phase

During the build-up phase, tension increases and the violent man usually demonstrates no skills in resolving conflict. As there is no release of the tension, the man moves into a stand-over phase where he relies on his strength and aggression to frighten his female partner. The woman recognises this as a prelude to a violent explosion. By the time of the outbreak, the perpetrator often feels justified and self righteous. Such indulgences may be exacerbated by the woman's fear and consequent inability to appease her partner.

After the explosion comes the remorse phase. The man may feel ashamed but will also minimise his brutality saying things like 'she knows I get mad when she does that'. The woman may collude with the man's remorse because this avoids admitting to herself the danger in which she lives.

Next is the pursuit or buy back phase when the perpetrator becomes concerned about the consequences of his behaviour. The woman who considers leaving or even leaves temporarily is usually pursued relentlessly by a 'Dr Jekyll and Mr Hyde' partner who oscillates in his tactics between threats and pleas. He buys his way back either through fear or pity. 'If you don't come back I'll kill you and the kids' to 'If you don't come back, I'll kill myself'.

Finally is the honeymoon phase, if the relationship survives the violent attack. This can involve a high degree of intimacy and emotionality. A woman living with a violent man often loves the man and the couple may be interdependent in many ways. This is one of the complex reasons why women find it difficult to leave a violent partner.

Power and Control Wheel

Workers in the field of domestic violence are beginning to criticise the cycle of violence as too simplistic a model. I still find it useful as a starting point for people who are just

beginning to learn about the dynamics of domestic violence. However, its critics have legitimate arguments and it is true to say that not all relationships fit that particular pattern.

In Duluth, Minnesota, an internationally acclaimed program has been established to deal with domestic violence in the community. The workers at the Domestic Abuse Intervention Project have developed a more sophisticated model to explain domestic violence which they call the power and control wheel.

Using Intimidation-

Making her afraid by using looks, actions, gestures, smashing things, destroying her property, abusing pets, displaying weapons

Using Emotional Abuse-

Putting her down, making her feel bad about herself, calling her names, making her think she's crazy, playing mind games, humiliating her, making her feel guilty.

Using Isolation-

Controlling what she does, who she sees and talks to, what she reads, where she goes, limiting her outside involvement, using jealousy to justify actions.

Minimising, Denying and Blaming-

Making light of the abuse and not taking her concerns seriously, saying the abuse didn't happen, shifting responsibility for abusive behaviour, saying she caused it.

Using Children-

Making her feel guilty about the children, using the children to relay messages, using visitation to harass her, threatening to take the children away.

Using Male Privilege-

Treating her like a servant, making all the big decisions, acting like the "master of the castle", being the one to define men's and women's roles.

Using Economic Abuse-

Preventing her from getting or keeping a job, making her ask for money, giving her an allowance, taking her money, not letting her know about or have access to family income.

Using Coercion and Threats-

Making and/or carrying out threats to do something to hurt her, threatening to leave her, to commit suicide, to report her to welfare, making her drop charges, making her do illegal things.

(from the Domestic Abuse Intervention Project, 206 West Fourth Street, Duluth, Minnesota 55805 216-722-4134)

It is important to understand that domestic violence tends to become more frequent and more serious as a relationship continues and for this reason, some workers describe the dynamics as a 'spiral' of violence.

This is Serious

The Australian community has not yet been convinced of the seriousness of domestic violence. It is necessary to dispel the myth that women are in more danger on the streets. Whilst there are an alarming number of assaults, abductions and homicides of women by strangers, it is estimated that approximately 3% of the female population in marital and de facto relationships experience substantial domestic violence.

In 1987 the Queensland Government established a Task Force to investigate domestic violence in the State. The report of the Task Force, *Beyond These Walls*, was published in 1988. It provides a detailed picture of domestic violence, the problems confronting the victims of violence and service providers working in the area, and the ways in which government agencies, the law, doctors and other health practitioners, the police and others respond to domestic violence.

A 'phone-in' conducted by the Task Force collected information from 661 women. Of these, 144 reported broken bones, 176 reported head injuries, 53 reported loss of consciousness and 293 reported psychological problems (1988:18). Unfortunately, the ultimate price of domestic violence is death. Usually women are the victims, although occasionally long-time perpetrators of domestic violence are eventually killed by their female partner.

The level of danger in which women live is demonstrated by a New South Wales study of homicide victims between 1968 and 1981. This revealed that 47% of all female homicide victims were killed by their spouse-46% of those at a time when the wife was either leaving or had left her husband (Wallace 1986:83&99). This certainly gives reality to the fear that many women have of leaving.

A Form of Bullying

Once the nature, dynamics and seriousness of domestic violence are understood, the fact that it is a form of bullying clearly emerges. The stories which I have heard from my clients over the years contain a common theme of the perpetrators striving to create scenarios of fear and domination. Clients have told me stories of being locked outside

their homes (sometimes without clothes) left with the choice of pleading with their abuser to be let back in, or the embarrassment of revealing the humiliating extent of their abuse to neighbours or friends. I have had clients who have been tied up naked underneath spinning fans in winter, others who have been locked in cupboards for long periods of time and those who have been tied up on the bed while their partners have gone to work or left the house for extended periods of time. To me, the enduring theme of domestic violence is the intention of the perpetrator to humiliate his partner and achieve total control over their lives.

DOMESTIC VIOLENCE (FAMILY PROTECTION) ACT (QLD)

As a result of the work of the Queensland Domestic Violence Task Force, legislation was introduced into Queensland in 1989 to specifically deal with the issue of domestic violence. The legislation has since been significantly amended and the amendments became operative in May 1993.

Who is Covered?

The Act is limited in its coverage and only applies to men and women in heterosexual relationships. Specifically, it covers a man and a woman:

- who are or have been married to each other; or
- who, although not married to each other are, residing or have resided together as husband and wife; or
- who are the biological parents of a child (whether or not they are or have been married or are or have resided together) (see Section 12).

This means that the provisions of the domestic violence legislation do not extend to other kinds of relationships such as couples in gay or lesbian relationships, adult child to parent violence, flatmates, and other relatives.

The spouse who is seeking protection is called the ‘aggrieved spouse’ and the 1993 amendments to the legislation allow the aggrieved spouse to ask that the Court protection order made in their favour to also include specifically named relatives or associates. However, these people do not have a direct right of action for protection, it is merely an ancillary right of the aggrieved spouse.

What is a Protection Order?

A protection order is an order made by a Magistrate which places certain conditions on the behaviour of the respondent spouse. All protection orders require the respondent spouse to be of good behaviour towards the aggrieved spouse and not to commit domestic violence (see Section 22). Most protection orders also require the respondent spouse to surrender any weapons and all weapons licenses are revoked. This condition can only be waived in exceptional circumstances.

The Magistrate can impose a variety of other conditions and prohibitions upon a respondent spouse which can be tailor-made to suit the circumstances of each case.

Definition of domestic violence

To obtain a protection order an aggrieved spouse must prove that the respondent has committed an act of domestic violence against them (Section 20). Domestic violence is given a wide definition under the Act which accords with the types of behaviour I described earlier as being forms of domestic violence.

Section 11 states the domestic violence includes the following:

1. wilful injury;
2. wilful damage to the spouse's property;
3. intimidation or harassment of the spouse;
4. indecent behaviour to the spouse without consent;
5. a threat to commit any of the above acts.

Perhaps rather alarmingly, but not surprising for those aware of the incidence of domestic violence in the community, over 31,000 applications were taken out in the first four and a half years of operation of the Act.

STALKING LAWS

At the end of 1993 the Queensland Government introduced amendments into the Criminal Code which created an offence of stalking. Being followed and watched continually by a former partner is a common experience of women who have left violent and controlling men. The stalking laws are intended to provide these women with an opportunity to enlist police assistance and have their partners charged with an offence before physical violence has been committed. Although the drafting of the law leaves much to be desired, the following kinds of conduct are identified as stalking:

1. following a person;
2. loitering outside a person's home, workplace or place frequented;
3. interfering with property;
4. watching a person;
5. telephoning or otherwise contacting a person;
6. leaving offensive material for the person to find;
7. threatening, intimidating or harassing the person.

(Criminal Code: section 359A)

For the conduct to amount to 'stalking' it must occur and be reported to the police on at least two occasions. The stalker must intend the other person to be aware the behaviour is directed at them and the other person must be put in fear of violence as a result of the stalking.

DIFFICULTIES WITH THE LAW

Ironically, the specific and intended consequences of domestic violence make it difficult for victims to take effective legal action. The destruction of self confidence and self esteem are very effective in preventing women from consulting with lawyers and entering the legal system. The overwhelming and immobilising fear created by the bully means that the victim often believes in the omnipotence of their abuser.

The problems experienced by women generally are even worse for those women who are already marginalised and afraid of the legal system. Aboriginal and Torres Strait Islander women, women of non-English speaking background, and women with disabilities have enormous problems accessing information and developing the confidence required to achieve success within the legal system.

SOLUTIONS

Although it is not possible here to discuss the kinds of solutions which may be available, it is clear that training on issues of domestic violence, gender, race and class bias are essential for judges, lawyers, court staff, police and other players in the legal system. It is also necessary that time and resources be committed to developing an integrated response to the problem of domestic violence so that key agencies work together and provide a consistent response. The type of model which has been developed in Duluth provides a useful example from which we can draw on in Queensland.

One of the main features of this program is that all key players in the system give the same messages to the perpetrators and the victims regarding domestic violence. It is made clear that domestic violence is a crime; there are no excuses for violence; and that safety and support for the victim are a priority.

WOMEN'S LEGAL SERVICE STRATEGIES

Because many of the women who contact the Women's Legal Service have experienced domestic violence, we have had to develop strategies to ensure appropriate responses to these women. In particular, our staff and volunteers never trivialise the violence which our clients are describing to us and affirm its seriousness and unacceptability. We anticipate our clients' fears and acknowledge them as valid. Safety is an absolute priority and as a result of this, unless we have specific permission from a client, we never leave a message with anyone at their home or work that the Women's Legal Service has called.

Women nearly always fear taking legal action against a violent partner. Most are afraid that the violence will become worse because they have been threatened with severe beatings or death if they turn to the legal system for help. Again, their fears of increased violence are entirely justified and should not be lightly ignored. However, it is possible to explore with these women, that past decisions not to take legal action or to withdraw proceedings already commenced, have not usually reduced the violence.

CONCLUSION

I think it is important to recognise the different manifestations of bullying in our society. Although domestic violence is only one kind of bullying, it could well be the source of many other kinds. In other words, boys who bully in the school playground may only be emulating conduct which they have seen at home.

Community attitudes must change before domestic violence can be eradicated and this change of attitude requires a recognition of the gendered nature of domestic violence and an understanding that until we live in a society which genuinely allows all people equal opportunities to participate in public and private life, violence against women will continue to be one of our most serious social concerns.

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CONCLUSION

<http://cwpp.slq.qld.gov.au/bba/book/14.html>

CONCLUSION

Towards National Guidelines

We hope the reader has been able to experience from this book, some of the impact the conference had on the participants. The messages are clear. Bullying is endemic, costly and damaging our society. We must begin to do something about it.

During the conference, a glimmer of hope emerged from reports of British and Scandinavian success in curbing bullying in schools and also in the juvenile offenders' wing of Cardiff prison. Most of the papers at the conference indicated that bullies tend to employ similar methods whether the victim is a school child, a battered wife, whistleblower or political prisoner. Could we adapt the strategies proven to be useful in school anti-bullying programmes as a basis for national guidelines for dealing with bullying in general?

We learned, for example, from Delwyn and Eva Tattum that successful anti-bullying programmes:

- come from the top.
- are supervised and regularly reviewed by a committee appointed for that purpose.
- are based on a clear awareness of the extent and nature of the problem.
- have a written policy.
- change basic attitudes towards unfair aggressive behaviour.
- teach people to report incidents of victimisation promptly.
- involve the whole community.
- put strict limits on bullying behaviour, encouraging the use of strong and consistent, but not violent, discipline.

How might these principles be adapted in the formation of national guidelines?

1 Successful anti-bullying programmes come from the top.

Attempts to curb bullying in schools where the decision was not initiated by the school governors, are doomed to failure. Half measures seem to make the situation worse. There has been a similar experience in Brisbane schools. A possible reason for this is that the technique being used in half-hearted approaches is often one of targeting the bully. Victimising the bullies merely reinforces a coercive environment.

Norway was successful in cutting down bully/victim incidents when the decision not to tolerate bullying was made at the top by the Minister of Education.

Likewise, school bullying in Australia is not likely to diminish until the Australian Government and state ministers for education set down a policy to stop bullying, and say clearly that *what is illegal for adults is also not permissible for children*. An adult male regularly invading another man's office, punching and shoving, tearing his shirt and taking his lunch, would soon be charged by the police with having committed a criminal offence. Such behaviour in a 12-year-old boy should be regarded likewise.

If Australia is to have a national policy about victimisation, it should come from Federal Cabinet.

2 Successful anti-bullying programmes are supervised and regularly reviewed by a committee appointed for that purpose.

Anti-bullying programmes require an ongoing positive commitment to alter the way coercion is perceived by the whole school community. Where the anti-bullying programmes are initiated by enthusiastic staff members, they usually lapse when those individuals are no longer at the school. It is advisable that school governors think long and hard before embarking on an anti-bullying programme because the school will need a permanent committee to oversee the programme year in, year out.

Any committee set up to oversee anti-bullying programmes in the State and Federal public service should be bi-partisan, apolitical, and permanent.

3 Successful anti-bullying programmes are based on a clear awareness of the extent and nature of the problem.

School programmes should begin with a survey of students' complaints, in order to gain a clear understanding of the nature and the extent of bullying in the school. It is important to pay careful attention to the wording of questionnaires, because what students say will vary with their expectations and fears about what use will be made of their answers.

National anti-bullying programmes should be based on a clear awareness of the methods and systems that exist in our society. If our nation is to alter the way management views coercion, we must be aware of situations where coercion is accepted as a necessary evil. For example, re-structuring in the educating, medical, caring and rehabilitating institutions promises excellence, quality, multi-skilling, productivity, and survival. Yet many of us experience this reality as brutality, having to work longer and harder under the daily threat of dismissal, coping with time consuming self-surveillance reporting, and being rewarded by declining relative earnings as the rich get richer and the poor get poorer.

The concept of *user pays* and the privatisation of public utilities, as well as reduced public amenities and decreased welfare entitlements, are placing the burdens of restructuring on individuals. In attempting to get the most out of workers, opportunities for bullying of staff by supervisors, are probably on the increase.

When economies are restructured to become more 'lean and mean', individuals usually have to bear the costs of any mistakes. Furthermore, managers may be offered large financial incentives to achieve a reduction in the cost of wages without compromising

productivity. Conditions therefore exist where some managers may attempt to introduce coercive strategies to help them achieve these aims.

4 Successful anti-bullying programmes have a written policy.

Apart from establishing an anti-bullying committee, it is very important that an anti-bullying policy is written into the school rules.

We have discovered as a nation, that anti-discrimination policies to combat racism and sexism must have the backing of legislation, otherwise after a period of initial enthusiasm, the situation never improves. Anti-bullying programmes should have the force of law.

Queensland's Domestic Violence (Family Protection) Act 1989 is a good example of legislation aimed at altering the balance of power in domestic bullying. It may be possible to adapt the principles of this legislation to cover other situations of repetitive bullying, in schools or in the workplace.

5 Successful anti-bullying programmes change basic attitudes towards unfair aggressive behaviour. They teach people to report incidents of victimisation promptly.

Submitting to coercion is characteristic of communities vulnerable to totalitarian takeover. Therefore education of children in the workings of democracy should include teaching an awareness of bullying as undemocratic and unacceptable. National programmes to reduce victimisation in schools, homes and workplaces must include education on the principles of democracy in action. All citizens must be taught it is their duty to report incidents where bullying occurs, whether those citizens are eight years old or eighty.

It is essential that we teach Australians that bullying the bullies is not an answer to bullying. Although we feel better when we see bullies being punished, this process alone does not prevent victimisation. Punishing the bullies simply reinforces a coercive attitude in which bullying flourishes.

6 Successful anti-bullying programmes involve the whole community.

For national guidelines to be put in place, it is essential for these to be debated in the Federal and State Parliaments, and for informed media discussion.

7 Successful anti-bullying programmes put strict limits on bullying behaviour, encouraging the use of strong and consistent, but not violent, discipline.

In schools, strong discipline is underwritten by the ability of schools to expel individual students, even though control of bullying behaviour is mainly achieved through pressure from a re-educated peer group that will no longer tolerate victimisation. National programmes designed to deal with bullying must therefore have some ability to punish bullying, even though this may not be used.

Under the Queensland Domestic Violence (Family Protection) Act, a person warned by court order against violent acts specified by the complainant spouse, is guilty of the offence of Contempt of Court if he or she repeats the abusive behaviour. All that is required to establish guilt is to establish that the person warned against specified abuse did in fact ignore that order. Perhaps legislation preventing victimisation in the workplace could be framed in the same way.

The Beyond Bullying Association

These comments on guidelines for reducing bullying nationally, arose from the experience of people from different fields commenting on their own experiences of victimisation. We have suggested some national guidelines as a result of this experience. The Beyond Bullying Association will continue to organise similar conferences and publications focusing on victimisation endemic to our society. Hopefully, a range of options will arise from such a creative melting pot.

People interested in joining the Beyond Bullying Association may write to the Secretary, Beyond Bullying Association, P.O. Box 196, Nathan Qld 4111.