MORAL HARASSMENT AT WORK: HOW TO END HUMILIATION!

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What is moral harassment?

Moral harassment is not a new phenomenon. One could even say that it is as old as work itself. What is new is that this phenomenon is becoming more intense, more serious in the magnitude of its impact and even a daily experience in the lives of people at work around the world. Also new is the approach to the problem and the consideration that violence is not inherent in the workplace but that there is a certain link between work today and the forms of violence being experienced. New thought is being given to the subject, especially with the repercussions of the publication in France in 1988 of a book by Marie France Hirigoyen translated for the American publication as “Stalking the soul: Emotional Abuse and the erosion of identity” by the HelenMarx publishing house, already translated to 27 languages.

What is humiliation?

Definition: The feeling of being offended, disregarded, belittled, denigrated, subordinated, embarrassed, forced, by someone else. It means feeling less than, without value, useless, hurt, revolted, disturbed, mortified, betrayed, ashamed, indignant and angry. It means experiencing humiliation which causes pain, sadness, suffering.

What is moral harassment in the workplace?

It is the repeated and prolonged exposure of workers to embarrassing and humiliating situations during the workday and in the performance of their jobs. Very often this concerns the relations in the chain of command and can mean authoritarian or negative behavior on behalf of superiors without ethical conduct over a long period of time. It can involve one or several superiors and how they conduct themselves with someone who reports to them resulting in the destabilization of the victims and their relationships to their work environment and organizations.

It is qualified as the deliberate deterioration of working conditions where the negative behavior and conduct of superiors are predominant with those reporting to them. This constitutes a subjective experience, which causes real damage for the individual worker and the organization. The victim chosen is isolated from the group without any explanation and subjected to hostile behavior, ridiculed, belittled, shamed, disqualified in front of his or her peers. The peer group out of fear of unemployment and of being shamed in turn, together with constant pressure to increase productivity, breaks off ties with the victim and even reproduces the attitudes of the attacker at the workplace thereby creating a collective silence and tolerance for such behavior while the victim becomes gradually more destabilized and fragile.

This description of the new worker as autonomous, flexible, capable, competitive, creative, qualified and willing to do anything is reinforced by today’s development of individualism. These so-called “qualities” are considered necessary for today’s job market and being “qualified” means holding workers responsible for their training/qualifications and making them feel guilty for unemployment and for the increase of urban poverty thereby distorting reality and imposing suffering on workers. Repeated and prolonged humiliation has a direct impact on the life of the person being harassed. This kind of treatment endangers a person’s identity, emotional ties and social relationships. It can be seriously detrimental to one’s physical and mental health, which can deteriorate to the extent where there is inability to work, unemployment or even death. It constitutes an invisible but very real risk in work relations and conditions.
Moral harassment at work represents an international phenomenon according to a recent study conducted by the International Labor Organization (ILO) in several developed countries. This study shows that in countries such as Finland, Germany, the United Kingdom, Poland and the United States mental health problems have developed as a result of working conditions. The outlook is gloomy for the two decades to come according to the World Health Organization (WHO), for these will be the years of a “malaise vis-à-vis globalization” with depression, anxiety and other forms of psychic suffering related to the new management strategies and organization of work connected to the policies of neo-liberalism.

**Phenomena of humiliation at the workplace**

At the workplace two phenomena of humiliation have been observed:

A **vertical phenomenon** characterized by authoritarian, inhumane and unethical attitudes where abuse, fear-based manipulation and competitiveness are predominant as manifested in total quality programs linked to productivity. With the restructuring and reorganization of the world of work, new characteristics have been incorporated in functions: qualification, poly-functionality, systemic vision of the production process, creativity seen as the responsibility for the continuation of one’s own job position (“adaptation to job”) with the sole purpose of producing more at the lowest possible cost.

"Flexibility "is seen as the ability of companies to adapt quickly to the global market without losing traditional content and the rules of industrial relations. If for heads of business competing in the global economy means" bending with elegance" to the changes in the market, for workers the reality is a different one altogether. It means being forced to adapt to constant changes and to the new requirements of the rules of competition made by employers in the now global market. As a worker," flexibility" means being subject to deregulation.

This **vertical phenomenon** includes greater precariousness, more redundancies and the loss of rights, which were acquired through great hardship. Workers are now experiencing employment contracts which favor the employer over the employee, on-going revisions of salaries as a function of the economic situation, low salaries being imposed, working days made longer and heavier workloads for fewer and fewer workers. Other aspects are the development of new illnesses, death, massive unemployment, the gray market for labor, small jobs and under employment, the destruction of trade unions and the increase of urban poverty with the ensuing obligation to live in heightened insecurity and uncertainty.

The influential order of neo-liberalism encompasses restructuring of production, accelerated privatization, less state regulation, tax policies, etc. which serve to support the abuse of power and the manipulation of workers through the inculcation of fear. All of these factors are demonstrative of the **deliberate degradation of working conditions**.

The **horizontal phenomenon** is connected to the pressure to produce with quality at low cost. This new form of tyranny is strengthened by the fear that workers have of losing their jobs and not being able to find legitimate jobs on the organized labor market.

With fear taking root and spreading at the workplace, individualistic attitudes and tolerance for abusive treatment and authoritarian attitudes within corporations are developed under the guise of a “culture of general satisfaction”. It is in such a climate that the ill hide their illness and the healthy, who do not show problems of productivity but carry within them the uncertainty of possibly facing such problems, mimic the discourse of management and join in discriminating against their “unproductive” colleagues by humiliating them.

The systematic competition between workers encouraged by employers causes aggressive behavior and indifference to the suffering of others. The exploitation of women and men at work explicitly results in greater frequency of violence at the workplace. The globalization of the economy is in and of itself responsible for a widening gap of exclusion, inequality and injustice, all of which support a climate of aggressiveness not only at the workplace but also in society at large.

This phenomenon has several variables:
• Internalization, reproduction, re-actualization and dissemination of aggressive behaviors in relations between equals, causing indifference to the suffering of others and making abusive behaviors from superiors a commonplace occurrence.
• Difficulty in the combat of aggressive work organizations and of reacting to workplace violence as a team.
• Breakdown of personal ties between equals, cold and hardened relationships, increase of individualistic attitudes and establishment of a "code of silence" in the group.
• Deterioration of health, undermining of identity and of dignity, sometimes resulting in death.
• Feeling of uselessness and of being transformed into an object. Lack of job satisfaction and fulfillment in one's professional life.
• Increased absenteeism, decreased productivity
• Forced resignations and unemployment.

The organization and conditions of work greatly determine the quality of one's life. What takes place at work is fundamental to democracy and to human rights. To fight psychological harassment at the workplace means to contribute to the concrete and personal exercise of fundamental freedoms. It is always positive to take action, whether through associations, trade unions or as groups or individually concerned persons, in order to help the victims of this type of harassment and in order to alert people to the dangers it can represent in terms of health.

**Strategies of the aggressor**

• Choose a victim and isolate this person from the group
• Prevent the victim from freedom of expression without explanation
• Undermine, ridicule, belittle, denigrate the victim in front of colleagues,
• Publicly shame the victim and hold the victim responsible, making comments regarding the victim’s inability to meet expectations at work which can be so far reaching as to represent an invasion of the privacy of family life.
• Destabilize the victim emotionally and professionally so that he or she loses self-confidence and interest in work.
• Destructive attacks on the victim to such an extent that health is jeopardized (causing illness or the aggravation of pre-existing health problems). The destruction of the victim can include heightened and on-going surveillance. The victim is isolated from friends and family, often resorting to drugs (usually alcohol).
• Getting rid of victims by forcing them to resign or by dismissing them for insubordination.
• Imposition of authority over the group to increase productivity.

**Explicit characteristics of moral harassment**

Gestures, abusive and hurtful behaviors, public humiliation, belittling, frightening, disdaining, denigrating, libeling, ridiculing, laughing at the person, sighing in their presence, making puns or jokes with sexual connotations, feigning indifference or ignoring the person, referring to the person systematically as ill at work and because of work, putting them in hurtful situations, whispering about the person, suggesting they resign, giving someone work through the intermediary of a third party or placing work on the victim’s table without forewarning, controlling time taken to go to the toilet, making public information about the victim’s private life, refusing to explain persecution, slandering.

**Characteristics of moral harassment**

_of women:_ behaviors of varying kinds showing authority over the victim and trying to intimidate her, encouraging submission, refusing her physiological needs (controlling time taken to go to the toilet), making a connection between a medical certificate or a sick leave and the suspension or withdrawal of a promotion or a meal ticket.

_of men:_ any behaviors which undermine the victim’s virility.
The spaces of humiliation

Situations of humiliation experienced in the workplace

- Always beginning meetings with the threat of unemployment or constant threatening dismissal
- Standing on a table and calling people incompetent
- Repetition of a simple instruction hundreds of times for a simple task to the point where the worker is emotionally shaken, or giving of confusing and contradictory instructions
- Overload with work or prevent continuity of work refusing access to information
- Public demoralization by stating that someone’s work is badly performed or by making a compliment but stating that the work is not necessary for the company or the organization
- Laughing in small groups at a distance, whispering, sighing and gesturing towards a worker.
- Not saying hello and preventing colleagues from having lunch with, saying hello or speaking to someone, even if the conversation is related to work to be performed. Wanting to know what someone is saying and making threats when colleagues are speaking close to the victim, etc.
- Ignoring the presence of the victim.
- Diverting workers from their initial duties or depriving them of the equipment necessary to perform their tasks thereby preventing them from doing their work.
- Requiring that workers perform outside of their normal working hours and changing their shifts without notice.
- Forcing workers to perform tasks above or below their competence level
- Being fired during one’s vacation
- Hostile behavior towards workers refusal to promote them or giving compensation to younger colleagues with less seniority, entrusting their jobs to less qualified workers so as to disqualify the work done.
- Spread rumors among colleagues that the worker has a nervous condition.
- Suggesting that someone resign for health reasons.
- Spread rumors about someone’s morale.

Examples of humiliation experienced in medical offices of companies and in national social security agencies

- Being publicly humiliated and called a liar
- Being refused the right to ask questions. Being told to shut up and ordered around by someone abusing their “authority”.
- Making fun of someone’s suffering
- Ridiculing the person who is ill and their illness
- Sending someone from one service to another without explaining the diagnosis or recommended treatment.
- Being treated like a child and ridiculed for expressing symptoms.
- Being examined with the door open and refused the right to privacy.
- Having one’s medical record refused and ridiculed.
- Not having one’s rights recognized nor being recognized as another “legitimate” person in dealings with others.
- Advising someone ill to ask to be dismissed.
- Refusal to recognize a causal link
- Giving the person who is ill a release bulletin to return to work when their illness warrants continued treatment.
- Denial of medical diagnosis, refusal to provide copies of tests and records
- Refusal to provide instructions to workers as to risks which exist in connection with their sectors or jobs.

Policy of reinforcement of humiliation in the workplace

a) Experienced by all workers

- Stimulation of competitiveness and individualism, discrimination based on gender (ie training and promotion reserved to men on a priority basis.
- Discrimination in terms of salary according to gender.
• Circulation of a list in the company calling for workers to commit to not making contact with the union and even threats made to workers who are union members.
• Preventing pregnant women from sitting during work or from taking time off for medical visits.
• Holding meetings with all the women workers from a given sector telling them to avoid being pregnant so as not to cause a prejudice to production.
• Preventing workers from using the telephone for emergencies or not communicating urgent messages from their families.
• Preventing workers from having a coffee break or reducing lunch breaks to 15 minutes.
• Lunches taken at the workstation.
• Diverting workers from their duties, making them clean toilets, prepare coffee, clean the work premises and there has even been a case reported of a boss requiring that an employee paint his home during the weekend.
• Receiving a letter notifying the worker of a fault based on a medical certificate or because the worker claimed rights.

b) situations experienced of discrimination against workers who are ill or have had work related accidents

• Finding someone occupying one’s workstation after an absence
• Being placed in premises without a work assignment and/or not being given work to do while others are working, being separated from other workers by glass panels under these circumstances.
• Not being given or being deprived of tools necessary for work.
• Isolating the people who are ill in quarters labeled “compatible”. Encouraging discrimination between those who are well and those who are ill, calling the latter “rotten, weak, incompetent, incapable”.
• Decreasing salaries after sick leave.
• Being dismissed after the legal period of required reinstatement.
• Being prevented from free movement within the company.
• Telephoning the home of workers and telling their families that they do not want to work.
• Controlling visits to the doctor and questioning what has been said outside of work. Preventing workers from contacting doctors outside of work.
• Making medical certificates disappear. Requiring workers to provide numbers from International Code of Illnesses (version number 10) on their medical certificates as a means of control.
• Having someone supervise arrivals and departures and having women searched.
• Preventing workers from talking to former colleagues, creating an atmosphere of vigilance and mistrust.
• Making it difficult to deliver documents necessary for materialization of medical expertise with the Social Security authorities.
• Omitting to report illnesses and accidents.
• Dismissing those who are ill and have had work related accidents.

Some examples of discriminatory language often used by the aggressor

• You are really difficult… You can’t even manage to learn the simplest things! Even a child could do that and you can’t!
• You’d better drop it! It’s very difficult even for those who are very dynamic! It’s not for people like you!
• You want to take advantage of everything! You don’t want to work…stay home! Sick people belong at home!
• You fooled me with your resumé! You can’t do half of what you have down on paper!
• If you don’t want to work…why don’t you give your place to someone else!
• The place for sick people is the hospital.. Here is a place for work!
• People like you there are plenty outside waiting for a job!
• I know it was an accident, but you can’t stop working! You can’t go to the doctor! What is important is the production!
• You better ask your dismissal...You are sick...you are going too much to doctors!
• If you keep asking to go out, I will transfer you of the company.. of your work position.. of schedule...
• Your curriculum is wonderful, marvelous, but at the moment we don’t need you!
• She makes confusion with everything...She is a trouble maker! She is histerical! She is unhappy in love! She did not sleep well...it is lack of iron!

Tipology of moral harassers as described by the workers

Despite the seriousness of the subject matter, Brazilian humor has already invented a new typology of moral harassers:

- The **intellectual thief** – uses the knowledge, efforts and projects of others as if they are his own when these are selected or recognized. When projects of his are rejected it is never his fault, always that of the people under him.
- The **vampire** – drains the energy, emotions and best qualities of others, keeps them dependent on him as a means of exercising power over them. He manages to keep his team exhausted with the attempt to please him and him alone.
- The **meanspirit** – centralizes everything, does' trust anyone, wants to see everything, wants to review everything. Spreads rumors that his team doesn’t know how to work, hates delegating and never encourages autonomy.
- The **eternally undecided one** – lives in permanent fear of falling out of favor with his superiors and consequently is always unhappy with his team, always requiring more, always finding fault with the work of those who report to him. He never evaluates anyone positively or recognizes anyone’s worth. He suffocates the initiatives of others. Always on the defensive, he is forever anxious finding that everyone is to blame (except himself of course).
- The **subtle blackmailer** – Fears success or that anyone one’s positive evaluation will harm him. He appropriates the ideas and work results of others as his own. He promises rewards and even threatens getting back at people; he isolates his team from the rest of the company so that he is the only one noticed.
- The **whistler-biter** – manipulates and uses the insecurities of those reporting to him. One day he congratulates the whole team and the next he criticizes everyone harshly without justifying his disdain. In this climate of permanent insecurity, those working under his supervision never know how they are evaluated. The result is discouragement, lack of self-confidence and rumor spreading. Of course he takes advantage of this situation.
- The **demolisher** – never faces problems of relations with subordinates. If he is not happy with someone, he slanders him publicly, thus “demolishing” him rather than calling him to a face to face meeting. This can result in the worker falling into disgrace and even being removed from the team or forced to resign.

Prejudice caused to health due to humiliation

Humiliation represents an **invisible health risk**, but it is very concrete in terms of work relations and the health of workers. It represents a powerful source of subtle violence, in relations within organizations – more frequent in the case of women and the ill. Humiliation is conducted invisibly in the twisted and arrogant behaviors seen at the workplace, in authoritarian relations in the company and society at large. Repeated and prolonged humiliation has become such an everyday occurrence in companies where disdain and indifference with regard to the suffering of workers is predominant to such an extent that even when they fall ill they continue to work. It is attitudes like these that reinforce individual fear and increase collective submissiveness built on such fear. Out of fear, workers produce more than they can sustain and remain in good health, hide their complaints and try to avoid being humiliated or dismissed. The emotional ties enabling resistance, the exchange of information and the communication between colleagues becomes a “priority target” for controls by heads of services where a “member” of a group transgresses the standard imposed. Violence at the workplace means intimidation, slander, irony and forcing the victim to accept being controlled and maintaining the established order.

In many societies, to ridicule or make irony with children is a very effective way of control, to be target of ironies between friends is devastating and simultaneously depressive. **In this sense ironies can be more efficient than the punishment itself.** The humiliated worker is victim of depression, anxiety, sleeping disturbs, internal conflicts and confusing feelings that reaffirm the feeling of failure and inutility.
The emotions are a constitutive part of our self, independent of the sex. Nevertheless the manifestation of feelings and emotions in situations of humiliation is different for each sex: while women are more humiliated and express their indignation weeping, feeling sad, resentful and grieved, finding odd the environment they identified as hers before, men feel revolt, indignation, and deshonour, anger, betrayal and feel like taking revenged. They feel ashamed in front of their wife and children, and the feelings of inutility, failure, a low self-esteem are predominant. They isolate themself from their family, avoid to tell what happened, and start to fell feelings of irritation, emptiness, revolt and failure.

They start feeling depression, palpitations, tremors, sleeping disturbs, hipertension, digestion disturbs, general pains, diminution of libido and thoughts and attempts of suicide are part of every day life. This is the kind of suffering imposed by work relations that reveals the making sick, because what make people sick is to live a life that they do not desire, that they have not choosen, and that they cannot bear.
Health related symptoms of moral harassment

Impact of moral harassment at the workplace on workers health

Interviews with 870 men and women victims of moral violence at work reveals how each sex reacts to this situation in percentage.

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<tr>
<th>SYMPTOMS</th>
<th>WOMEN</th>
<th>MEN</th>
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<tbody>
<tr>
<td>Crying crisis</td>
<td>100</td>
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<tr>
<td>General Pains</td>
<td>80</td>
<td>80</td>
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<tr>
<td>Palpitations, frights</td>
<td>80</td>
<td>40</td>
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<tr>
<td>Inutility feelings</td>
<td>72</td>
<td>40</td>
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<tr>
<td>Insomnia. or excessive sleep</td>
<td>69,6</td>
<td>63,6</td>
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<tr>
<td>Diagnosed Depression</td>
<td>60</td>
<td>70</td>
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<tr>
<td>Decrease of libido</td>
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<td>15</td>
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<tr>
<td>Thoughts of revenge</td>
<td>50</td>
<td>100</td>
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<tr>
<td>Increase of blood pressure, hypertension</td>
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<td>51,6</td>
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<tr>
<td>Stress headaches</td>
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<td>33,2</td>
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<td>Bowel disorders</td>
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<tr>
<td>Dizziness</td>
<td>22,3</td>
<td>3,2</td>
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<tr>
<td>Thoughts of suicide</td>
<td>16,2</td>
<td>100</td>
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<tr>
<td>Lack of appetite</td>
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<td>2,1</td>
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<td>Lack of air</td>
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<td>30</td>
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<tr>
<td>Starts or increase drinking</td>
<td>5</td>
<td>63</td>
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<tr>
<td>Attempt of suicide</td>
<td>–</td>
<td>18,3</td>
</tr>
</tbody>
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In: Margarida Maria Silveira Barreto

Uma jornada de Humilhações

Master Degree Thesis in Social Psychology

Pontifícia Universidade de São Paulo, São Paulo, May 2000, Brazil.
Is it possible to make a causal link?

The Resolution 1488/98 of the Federal Board of Medicine in Brazil determines that: "to establish the causal link between health problems and work, the occupational health doctor has to consider besides the clinical exam (physical and mental) and the complementary exams when needed factors as:

- the clinical and occupational story, fundamental for any diagnosis and/or investigation of causal link;
- the study of the workplace
- the study of the work organization
- The epidemiological data
- The study of actualized specialized literature
- The occurrence of a clinical and subclinical symptoms for workers submitted to aggressive conditions
- The identification of physical, chemical, biological, mechanical, stress, and other risks.
- The testimony and the experience of the workers;
- The knowledge and practices of other disciplines and their professionals inside and outside the health field. (Article 2 of the Resolution 1488/98)

And we add: duration and repetitiveness of the workers exposure to situations of humiliation.

HOW TO PREVENT WORKPLACE VIOLENCE!

If you are a victim of this kind of violence, resist!

- Make note in as much detail as possible of the humiliations experienced (day, month, time, year, place, sector, name of aggressor, colleagues who have witnessed scenes, or who have suffered similar humiliations from the same aggressor).
- Organize your resistance! Getting support is essential – inside and outside the workplace.
- Avoid talking to the aggressor without witnesses. Always be accompanied by a colleague or a union representative.
- Require in writing explanations for the act of aggression and keep a copy of the letter sent to the personnel department along with any possible answers from the aggressor. If possible send your letter by registered mail with acknowledgement of receipt and keep this document.
- Make contact with your union and let others know what is happening (doctors, lawyers, human rights commissions, courts, etc.)
- Ask your family, friends and colleagues for support because it is essential to have the emotional support and solidarity of those who know you in order to recover self-confidence, dignity and one’s identity as an equal citizen.

IMPORTANT:

If you have witnessed scenes of humiliation, don’t let fear take over. Keep your self-control and show your solidarity with your colleague. You can be the next victim and then the support of others will be just as important to you. Remember that fear strengthens the power of the aggressor!

REMEMBER:

Moral harassment at the workplace is not an isolated fact. As we have seen, it takes place through constantly repeated attitudes and behaviors that are hurtful and humiliating. These conducts are the explicit manifestations of deliberate degradation of working conditions in a context of unemployment, absence of unions, increase of urban poverty, precariousness, exclusion. The battle to recover one’s dignity, identity, respect and self-confidence must pass through the organization of collective forms of resistance such as: union representatives, works committees, health organizations for the protection of workers, human rights commissions, ministries of labor and other organizations that exist where you live and that are concerned with the health, working conditions and rights of citizens.
The battle against humiliation at work also relies on information, organization and the mobilization of workers. A healthy workplace is a daily conquest which is possible insofar as there is constant vigilance for the purpose of ensuring that working conditions are dignified and based on the respect of others as legitimate as well as on the encouragement of creativity and cooperation.

The battle against moral harassment and other forms of workplace violence to be effective requires collective and multi-disciplinary resistance which integrates various members of society such as: trade union members, doctors and sociologists, anthropologists, health professionals, brainstorming groups who are analyzing and thinking about solutions to this problem. These are the first steps to the conquest of a new workplace without risk and without violence, a workplace worthy of true citizens.