

Top Five Coping Responses to Workplace Bullying

Written by Australian Business

BELLINGHAM, WA, September 13, 2013 **/24-7PressRelease/** -- The empirical research literature on workplace bullying clearly demonstrates the painful impact on recipients, targets. The stress-related physical and psychological health consequences are more extreme than effects of other types of workplace harassment. Thanks to recent advances in neuroscience, we know the effects of psychosocial stressors like interpersonal bullying activate pain pathways in the brain. That is, bullying literally causes pain.

This single-question survey asked bullied targets to describe how they chose to offset the pain.

Most strategies (75%) pursued to cope with the pain of bullying could be characterized as negative, some to the point of being self-destructive.

The top five strategies were: 1. Withdrew from family & friends 2. Overeating 3. Drank alcohol more heavily 4. Took it out on family & friends 5. Turned to religion, faith or spirituality

Social withdrawal makes recovery from the harm of workplace bullying more difficult. Social affiliation with others is the best strategy to reverse the effects of distress. Unfortunately, few bullied targets engage. The tendency, driven by shame and distress, is to disengage. Withdrawal of different sorts was the most prevalent strategy adopted by survey respondents.

One-third of respondents reported that they drank more alcohol due to their bullying experiences, ranking it third in the top five list. Drinking more heavily represented 11% of the vote when considered with all other possible coping strategies. A negligible percentage (0.7%) began drinking for the first time in their lives. Bullied targets in this Workplace Bullying Institute study reported more drinking than in the random sample study conducted by Dr. Kathleen Rospenda the University of Illinois at Chicago Department of Psychiatry, 2009. Rospenda's wisdom is worth repeating. It is very hard to separate the impact on drinking of bullying from other deteriorating family conditions that accompany bullying. Even those who increased drinking chose several other strategies. Finally, it seems bullied targets don't much turn to using recreational drugs or increased their use (only 2% of respondents).

Respondents did choose to do positive things to ease the pain. Within the list of positive actions, relying on one's religion, faith or spirituality was most frequently chosen. In fact, it was the fifth most prevalent strategy overall and the only positive in the top ranked five strategies.

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The choice of actions taken to ameliorate the pain from workplace bullying is probably rarely a rational, conscious decision. If it were, then only positive behaviors -- engagement with family and friends, exercise, commitment to learning something new, and turning to one's preferred faith -- would be more prevalent. When targets face their darkest moments in the early stages of bullying, stress limits their ability to see alternatives. Later, when sufficiently over the shock of learning what has happened to them, targets seek information and help. Like the Workplace Bullying Institute, family, friends and coworkers who advise them must be ready to help targets recover by leading them to positive, health-enhancing, stress-busting behaviors.

You can read the full report at the Workplace Bullying Institute website (<http://www.workplacebullying.org/2013/09/10/wbi-2013-ip-i/>).

The Workplace Bullying Institute, founded by Drs. Gary & Ruth Namie, is the first and only U.S. organization dedicated to the eradication of workplace bullying that combines help for individuals, research, books, public education, training for professionals-unions-employers, legislative advocacy, and consulting solutions for organizations.