

Working with clients who are experiencing harassment in the workplace

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G10

Information Sheet

Introduction

This information sheet deals with the topic of workplace harassment, its visible and invisible effects on individuals, and ways for practitioners to work with these difficulties. It considers complex group and workplace dynamics, and skills to address problems caused by harassment. It is important to bear in mind that bullying and harassment can occur at all levels in the workplace from subordinates to peers and management. They are not restricted to managers and management presenting as the problem or to men as the sole perpetrators. Workplace harassment can occur from all directions of the workforce.

Objectives

The practitioner shall:

- have a fuller understanding of organisational dynamics that contribute to harassment
- be able to distinguish between various forms of harassment
- be more knowledgeable about issues involved
- be more informed and guided in this aspect of trauma work

Essential areas for therapists to address:

- working with psychological trauma and issues of loss
- working with identity wounding and

self-esteem issues. (Identity wounding describes the hurt and offence caused by being singled out for negative or unfavourable treatment.)

- working with 'the internal oppressor' (Alleyne A, 2004)¹ in black/white contexts. This may also include other contexts, for example age, gender, sexuality.

Introduction to organisational dynamics

When people work in groups, tensions exist that can be creative as well as destructive. Positional power in organisations can mirror our experiences of the power that adults had over us as children, and the power we experience socially, culturally and politically. Abuse of power can also stem from situations where personal inadequacies and anxieties are acted out in relationships with others. Such acting out can be understood as manifestations of false power and a desperate, even perverse wish to be recognised. In such circumstances, the bully or harasser is often compensating unconsciously for unacknowledged personal shortcomings and weaknesses in themselves.

Workplace harassment may arise from these powerful sources. Therapists working with clients who experience harassment need an awareness of unconscious processes such as projection, projective-identification, unhealthy competition and acting-out.

Awareness of these processes can deepen the



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practitioner's understanding and facilitation of this work. Examples of these dynamics are as follows.

Projection

Colloquially known as 'dumping', this is a defence mechanism whereby individuals attribute their own feelings to someone else.

An example would be where a colleague or group denies certain feelings and wishes but asserts that another person or group has them: 'I/we are not prejudiced, but X/ that group has a chip on their shoulder.'

Projective identification

This is an unconscious process by which we project a hidden aspect of the self on to an outside agency and then fuse with that agency. The recipient of the projection is then seen to carry the critical unresolved aspect of the self which cannot be directly owned or dealt with. An example might be a burnt-out worker who puts their apathetic feelings onto their client and then blames the client for not moving on or making progress.

Unhealthy Competition

Competition between colleagues can sometimes create an unhealthy working environment and a difficult atmosphere, e.g. envy, jealousy, rivalry and competition may arise among group members. This may mirror feelings similar to those experienced in relation to a brother or sister.

Acting out

This occurs when people use passive or active aggression to deal with conflict. The absence of appropriate communication can both cause and exacerbate this behaviour. The worker for example, who is repeatedly late for work, meetings and other appointments might be communicating their unhappiness at work or expressing some other dissatisfaction in their life.

Practitioners can help clients understand the realities of harassment by helping them see how they contribute to these situations. Therapists may use the following questions in their work

- Is there something else here that is being missed?

- Is there another way to look at this?
- Does this situation remind you of any previous experience?
- Is there any similarity between what is going on now and any previous work experiences?
- What might you be bringing to this problem?
- When your colleague does X, what do you think the intended aim is?
- What are your choices, entitlements and rights in this situation?

It has to be acknowledged that there is a grain of truth in most projections, that is to say, there often is something 'wrong' in the other's behaviour. However, distortions and exaggerations may overshadow the degree of blame and undeserved 'wrongs' may be added to the assessment of the other's behaviour. Therapists should consider that what may be deemed as harassment or bullying by the client might, in certain circumstances, actually be acceptable management behaviour in that management is the delegation of tasks, responsibilities and specific goals designed to achieve organisational objectives. Therefore it is not unreasonable that the monitoring of progress towards the fulfilment of these should take place, nor is the application of reasonable corrective or remedial measures when individual performance falls short necessarily to be construed as harassment or bullying.

What is harassment?

Harassment is unwanted conduct affecting the dignity of men and women in the workplace. It may be related to age, sex, race, disability, religion, nationality, or any personal characteristic of the individual and, as previously stated, can occur across all levels of the workforce. The key is that the actions or comments are viewed as demeaning and unacceptable to the recipient.

Harassment is legally prohibited on many specified grounds, including race, sex and disability. A list of relevant statutes is included in the Further Reading list at the end of this Information Sheet.

Bullying

Bullying is offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient (ACAS, 2003).²

Bullying may be a one-off incident or part of a persistent pattern. It may include verbal abuse, physical assault, unjustified criticism, sarcasm, insults, twisting things said or done, spreading false or malicious rumours about someone and isolating or ignoring a person. It may also include putting people under unnecessary pressure with excessive work, impossible deadlines and sabotaging their work or ability to do their job by not providing them with vital information and resources.

There is a wealth of legislation to provide equality of opportunity and protection from unlawful discrimination (treating someone unfairly or unequally simply because they belong to a certain group), harassment and bullying. The key Acts and Regulations are set out in the Further Reading list but this is not to be taken as an exhaustive list.

Racial harassment occurs when a person is threatened, abused, insulted or taunted in relation to their race, or nationality, colour, language or ethnic origin, or racial characteristic. It may include derogatory remarks, innuendo and slur, intolerance, mimicry or mockery; displays of material offensive to a particular race, racial jokes, allocating least favourable jobs or singling out for unfair treatment (see Race Relations Amendment Act 2000).

Sexual harassment is any verbal or physical sexual conduct that is unwelcome and uninvited. It may include kissing, embracing, patting, pinching, touching, exposure, leering or gestures, questions about a person's private or sexual life, requests for sexual favours, smutty jokes, phone calls, emails, facsimiles or messages, offensive noises or displays of sexually graphic or suggestive material (see Sex Discrimination Acts 1975 and 1976).

Discrimination is treating someone unfairly or unequally. This may occur on the grounds of sex, marital status, pregnancy, family responsibility, family status, race, religious beliefs, political conviction, gender history, impairment and disability, class, age or sexual orientation.

Victimisation is the intentionally or knowingly unfavourable treatment of a person. This could include adverse changes to their work environment, denial of access to resources, information or work, unrealistic goals and deadlines, allocation to unpopular jobs/shifts, having work and credit denied.

Scapegoating in the context of the workplace involves an individual or group made to bear the blame for others.

Workplace oppression (Alleyne A, 2004)³ is a specific intercultural term used to describe and include silent and subtle forms of racial discrimination experienced by black and other minority ethnic people in the workplace. The term highlights the hidden aspects of workplace difficulties, which have the potential to cause deep distress and ultimate damage to individual's identity and self-esteem. Some key elements of workplace oppression may also apply to other minority groups such as gay and lesbian people, those with hidden or visible disabilities, and people embracing a religion. An example may be where a deeply religious person or minority seeks to assert their beliefs on others.

Dynamics of harassing behaviour

Harassing behaviour tends to follow a basic three-stage process: **identification** (being singled out), **transference of blame** (projection), and **banishment** (isolation and attack) (Dyckman J, Cutler J, 2003)⁴ Understanding this process is important in order to help break the cycle.

Without full knowledge or insight into what is happening, 'victims' might be puzzled or confused, think something is wrong with them, feel trapped or tempted to retaliate. Whichever the response, the continuous feeling of being under attack can chip away at self-esteem and confidence. The greater the insecurity of the individual, the worse the perpetrator's behaviour can become. Where the perpetrator is in a position of power, or has access to power, and is supported by institutionalised management culture, the 'victim' inevitably comes off worst. Organisations should now have some form of Harassment, Bullying and Unlawful Discrimination Policy & Procedure (for example that of BACP which sets out an organisation's stance and the route available to employees who have suffered, or are suffering from harassment, bullying or unlawful discrimination at work from another employee, group of employees or third party. Organisations should regard acts of harassment, bullying or unlawful discrimination as a disciplinary offence.

Effects of harassment

While victims of harassing behaviour may maintain a false air of normality, to the alert observer, certain clues

may arouse concern and over time become increasingly obvious. Initially there might be:

- preoccupation with problematic work events
- irritability and poor concentration
- increasing sense of isolation
- withdrawal from group activities and normal everyday interactions with others
- weakened interpersonal skills
- frequent minor illnesses and sick leave
- a growing sense of anger.

Continued harassment can lead to increased confusion, resentment and fear. Emotional pressure can build up inside the person to the extent that they feel threatened and might explode or implode. The perpetrator's behaviour can make the sufferer feel trapped in a job that they would otherwise enjoy. Mistakes in the individual's performance may become more apparent. Worries about losing their job, financial dependence on it and loyalty to clients and other colleagues may all add to the growing stress.

Stress from workplace harassment can develop into post-traumatic stress. In situations involving prolonged institutional and individual experiences of racism, the long-term effects can sometimes resemble 'complex post-traumatic stress' (Alleyne A, 2004),⁵ a term used to describe a specific syndrome over and above post-traumatic stress and related to repeated psychological traumas such as child abuse or captivity. Research (Alleyne A, 2004)⁵ on black workers' experiences of harassment in the workplace suggests that the more subtle and virulent forms of modern day racism can also contribute to such complex effects (Hermon J L, 1992).⁶

Those experiencing harassment may respond by:

- ignoring the symptoms
- rationalising and making excuses
- acknowledging that personal control has given way to physical illnesses and mental distress.

Clinical symptoms of traumatic work stress

Physiological symptoms

- headaches, migraine, altered blood pressure, back pain, irritable bowel syndrome, increased susceptibility to infections

Psychological, emotional and behavioural symptoms

- anxiety, hypervigilance, irritability, panic attacks (eg experiencing palpitations just thinking about work), having a constant feeling of dread, being tearful
- depression, avoidance of reminders of the stressful events, social avoidance and withdrawal, emotional numbing
- delusions, personality changes, fluctuations in emotions, paranoia,
- comfort eating, excessive drinking and smoking
- post-traumatic stress

This list of symptoms is not exhaustive. The symptoms vary with individuals, and may be sporadic at first, or become more persistent.

Working therapeutically with those experiencing harassment in the workplace

Essential skills

- Challenge your personal beliefs about harassment by questioning whether:
 - these situations exist only in people's imaginations
 - harassment only happens to weak, unassertive people and those who ask for it
 - only managers harass
 - only men harass
 - it happens to politically correct people who can't take a joke
 - it's fashionable to cry racism and then seek compensation through an employment tribunal.
- **Validate clients' experiences;** enable clients to tell their stories by being an effective facilitator and non-judgmental witness
- **Provide containment;** by helping clients deal with overwhelming and intolerable feelings.
- **Strengthen clients' capacity for resilience;** by helping clients to come through challenges of adversity and maintaining emotional balance and psychic equilibrium.
- **Facilitate closure, healing and restoration;** by helping clients to let go in order to begin the process of repairing distorted perceptions of self and to reclaim their self worth.
- **Maintain your own capacity to think;** by receiving and holding clients' distress without

absorbing it or acting out. Supervision is essential for maintaining the professional distance needed in this work.

- **Provide information about supportive resources;** by being aware of trade unions such as ACAS (Advisory, Conciliation and Arbitration Service) or other resources such as the CRE (Commission for Racial Equality), the EOC (Equal Opportunities Commission), and HSE (Health and Safety Executive). Both the CRE and EOC have issued Codes of Practice for the purpose of eliminating discrimination in employment.

Essential themes

Working with invisible injuries of workplace harassment

Human beings achieve good mental health by having a strong sense of cohesion and continuity in their lives. Such feelings enable us to feel properly grounded and connected to others and ourselves. Having a sense of self-worth validated by others is a key factor to maintaining this psychological equilibrium.

Many writers, (Herman J L, 1992),^{6,7} (Garland C, 1999),⁸ (Starker, Watson, Robinson, 2003)⁹ agree that psychological reactions to traumatic events cause interruptions to positive feeling states and upset our internal balance. When such conditions persist and become severe, they can disrupt effective functioning. A diagnosis of PTSD (post-traumatic stress disorder) can be distinguished from generalised post-traumatic stress when there is a history of exposure to a traumatic event and in addition, over a specified period of time, the presence of some or all of three main groups of symptoms. These are:

- recurrent and intrusive recollections, or re-experiencing, of traumatic events that distress the person
- avoidance of stimuli associated with the traumatic events, emotional numbing, and withdrawal and detachment from others
- hyper-vigilance and hyper-arousal.

If the symptoms continue for a minimum of one month, PTSD may be present. If symptoms persist for up to three months, the diagnosis may be acute PTSD. PTSD becomes chronic when symptoms persist for more than three months.

Workplace harassment may cause PTSD. Over time,

this invariably leads to invisible, but nevertheless real, psychological pain. Chronic psychological pain can lead to 'radical disconnection' (Starker, Watson, Robinson, 2003)⁹ a form of emotional *disturbance* that threatens the individual's capacity to have a sound mind. Therapists can identify such emotional distress when clients talk about experiencing deep shame from ongoing humiliation, embarrassment, guilt, fear, loss of power and loss of dignity. Further signs of such distress are in client's constant questioning of their self-worth and their relating in an anxious state of hyper-vigilance. Such negative experiences may lead to deep and debilitating stress and distorted self-perceptions. It is not uncommon for individuals to say they are 'being taken over by events' or 'not thinking straight'; or for them to say they 'don't know what to think or believe anymore'; or for them to ask 'am I going mad?' Therapists can help clients who suffer these experiences not to sink into a spiral of despair and depression.

Practical therapeutic steps for working with invisible injuries

- help clients to tell their stories as a way of desensitising from the traumatic event and to begin to reframe their experiences
- assist in both a literal and symbolic return to a safe place
- help clients to name their experiences and offering support in the promotion of connections necessary to deal with psychic disconnections caused by workplace trauma
- promote connections at various levels of information processing:
 1. Facilitate the pre-narrative, ie encourage clients to share factual accounts of their experiences, what they are conscious of and can readily access from their memory. Factual accounting, which is not infused with effect, is important in helping the client to order their thinking about events and feel they are being heard.
 2. Facilitate the subsequent retelling of these stories by encouraging clients to express their feelings and interpretations of their experiences. Connecting feelings and interpretations to events may lead to the narrative becoming a more integrated story, which is important for clients who might be emotionally disorientated by their experiences.
 3. Help clients to put things in context. This

may include assisting individuals to see what belongs to them and what belongs to the perpetrator. The object is to help inhibit the consolidation of cognitive distortions relating to the event.

Working with the physical effects of trauma

Therapists should pay equivalent attention to the physical effects of workplace stress. Ill health can present an added worry to ongoing experiences of harassment and soon become debilitating for sufferers. Research (Bluik, 2002)¹⁰ (McKenzie K, 2002)¹¹ indicates that the effects of hormones released in prolonged or severe psychological trauma, impact on the immune system and may render the person more liable to immune-related illness such as chronic fatigue syndrome. The cardiovascular system may also be affected, causing high blood pressure and diabetes.

Working with wounded identity and self-esteem issues

Restoring self-structure should be the key aim of any therapeutic work in this area, as workplace harassment damages self-esteem and can lead to deep identity wounding. Therapeutic skills necessary to achieve this aim include:

- enabling clients to experience feelings and mourn any losses
- supporting clients to keep sight of and hold onto a sense of who they were before the difficulties started
- facilitating the work of reclaiming sense of self and wholeness
- helping clients to strengthen their capacity for resilience and coping
- helping clients to let go of the past and rebuild from the point of rupture and damage.

Working with the internal oppressor

Enabling clients to see what they themselves might bring to difficult work situations is also a key part of the helping process. Care should be taken in the timing and nature of this area of challenging work.

The internal oppressor can sometimes be a more formidable foe than the most oppressive of external situations. Therapists need to be aware that clients'

unresolved issues of, for example, being bullied as a child or having problems with authority figures, can cloud present realities at work. The work in this area, therefore, is to help clients see what is theirs, what belongs to the perpetrator and what is chronic within the actual culture of the workplace.

Workplaces are hotbeds for projective identification. Individuals may act out and project negative unwanted feelings on others. Recipients of such experiences are usually perceived by others as 'less than' other people or seen in unfavourable and negative ways. 'Difference', in this context, is often viewed as a problem. Those who become easy recipients of negative projections include black and other minority ethnic people, gay men and lesbians, people with disabilities, those who challenge the status quo and others who are perceived as threats. Individuals may react by 'hooking' onto external elements of the present difficulties, thus creating a complex scene where workplace dramas are played out. The perpetrator and 'victim' may re-enact these situations periodically or continuously.

Helping clients to maintain personal power is essential to the work of avoiding the victim trap. Therapists should be mindful however of the need for well-timed and sensitive personal challenges in this work so as to avoid risks of re-traumatising clients.

Clients may find it helpful to explore in therapy the possible range of appropriate sources of referral, e.g. dispute resolution or mediation services for employer and employee or cultural experts who may bring their particular expertise to the procedures, but for ethical reasons therapists should be careful of making specific recommendations.

Ethical dilemmas may arise with clients who are experiencing harassment in the workplace. For example, a therapist who becomes aware of a bully in the workplace may consider that the bully needs help in order to protect other employees. The therapist may need to decide whether or not to intervene. Each situation should be thoroughly assessed with help and guidance from their supervisor.

Therapists should note that work conflicts involving institutional racism, individual racial prejudice and workplace oppression often present in subtle and problematic ways. What both black and white workers may hold and carry historically can compound

difficulties. Feelings of superiority and inferiority and other past-unresolved issues of race can be played out insidiously in a context in which caution still inhibits the articulation of racial prejudice in work contexts.

Therapists need to challenge their own views on race and racism before achieving a level of cross-cultural competence that can empower the client to make effective interventions.

Summary

Harassment affects individual potential, effective work relationships and productivity, in ways that are damaging to individuals and employers. Only by working together at every level of human relations can the problem be recognised, tackled and overcome.

Workplace harassment presents practitioners with a real therapeutic challenge. Therapists should expect to validate clients' experiences, provide containment, facilitate closure and healing, and strengthen clients' resilience and coping strategies as well as maintain their own capacity to think systemically about group relationships and workplace dynamics. Practitioners need to be alert to effects of obvious and overt harassment, as well as complex mental health presentations from silent and subtle forms of racial prejudice. They should also be attentive to their own supervision needs, amongst which should be an awareness of possible vicarious traumatisation which can occur through sympathetic participation in the client's experiences. Additionally, in cases where clients may decide to initiate complaints procedures or take legal action against their perpetrator, conscientious and accurate note taking and record keeping will prove invaluable. Therapists should refer to the BACP Ethical Framework, BACP Information Sheets G1 Access to records of Counselling and Psychotherapy Sessions and the reference book *Therapist in Court* (Bond and Sandhu, 2005).

In trauma work of the kind addressed in this Information Sheet, it should be noted that some individuals might recover with little help or with timely short-term interventions. For others, where damage has been entrenched, longer-term support may be necessary, or referral to other areas of specialised support and treatment.

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Further reading

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BACP Information Sheet on Access to Records (currently being updated)

BACP Information Sheet on Counselling with Children and Young People

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Law

Age Regulations – expected October 2006

Equal Treatment Directive

Disability Discrimination Act 1995

Equal Pay Act 1970

Harassment Act 1997

Part Time Workers (Prevention of Less Favourable Treatment) Regulations 2000

Public Interest Disclosure Act 1998

Race Relations Act 1976

Race Relations Amendment Act 2000

Sex Discrimination Act 1975

Sex Discrimination (Gender Reassignment) Regulations 1999

Sexual Orientation Regulations 2003

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BACP is aware that law and practice are always in a process of development and change. If you have evidence that this Information Sheet is now inaccurate or out of date feel free to contact us. If you know of any impending changes that affect its content we would also be pleased to hear from you.

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