The Health Consequences of Speaking Out

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Vignettes

People in all walks of life across cultures and continents can observe incidents or behavior that they find unacceptable. They are then faced with a decision about whether or not to make a disclosure in the public interest by reporting this to someone who they believe can stop the practices. In such cases they become known as "whistleblowers." The vignettes below show typical elements of incidents.

Paul, an administrator in the public sector for 20 years, had good health, was professionally qualified, and a good team member with an excellent work record. Moving to a new department, he saw nepotism among senior executives and malpractice. He identified overseas funding issues and disclosed problems in confidence to the Human Resource department. Superiors at high levels made it clear that they were unhappy. His job status was reduced during reorganization. The work environment became hostile with people barking behind his back. A drawn-out investigation took place with the finding there was nothing wrong. Eventually he left with his health ruined. The Office of the Ombudsman was involved. Paul was subsequently vindicated. He lost his secure environment and housing through impacts on employment and family contacts while not coping. After some years to recover he rebuilt his family relationships and became self-employed.

Laura, a 56-year-old high-performing specialist teacher, found, after reporting truancy, that there was confrontation with superiors and colleagues. This led to a trumped up performance record in her file, cataloguing incidents that were not true and had not been presented to her so she could defend herself. During the long investigation, papers repeatedly went missing. There were political implications. Union officials supported her case in principle but told her they would not be able to give effective help and advised to accept the things she could not change. Eventually, the case was closed and her health was damaged so she retired. Data protection regulations were breached that she could not remedy.

Peter, a 40-year-old nurse, saw serious errors and malpractice to the extent that there were deaths that nurses considered unnecessary. He disclosed the problems to his manager, expecting support. Suddenly he was allocated bad shifts and different work. Despite vague investigations, nothing happened. He felt betrayed by his manager and colleagues and could not believe people were prepared to continue to let things go wrong. Eventually the issues were exposed in the media but the same practices continued. Peter moved to another country with his health damaged to the extent that he could not work.

These were typical whistleblowing scenarios. What do these diverse cases have in common? It did not matter whether they were male, female, public sector, private sector, or had ethnic differences, the pattern is that the whistleblower would report wrongdoing, be unsupported by their superiors, and suffer retaliation. Usually, lengthy investigations without conclusion or a legal case would follow, with consequences on the health and well-being of the whistleblower. After all this a new stage in life had to develop.

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Whistleblowing

The commonly used definition of whistleblowing is "the disclosure by organization members (former or current) of illegal, immoral or illegitimate practices under the control of their employers, to persons or organizations that may be able to effect action" (Near & Miceli, 1985, p. 4). This definition was used in the Whistling While They Work study in Australia (Brown, 2008), which has been one of the most significant studies in the world covering public

sector employees still in employment. It also extended the definition to require "disclosures by organization members about matters of 'public interest' – that is, suspected or alleged wrongdoing that affects more than the personal or private interests of the person making the disclosure" (p. 8).

Whistleblowing can be internal or external, anonymous or open; it may involve information that is leaked, private to the organization, or made public to the media. It requires the person to be acting in good faith and with reasonable belief. Studies show that whistleblowers are at a severe risk of exposure to retaliation (Rehg, Miceli, Near, Van Scotter, 2008) and that this has severe impacts on health (Lennane, 1993; Rothschild & Miethe, 1999; McDonald & Ahern, 2002). Regarding the health of whistleblowers, psychiatrist Jean Lennane (1993) states "there is no guidance on how best to care for them" (p. 667).

Few studies reveal the effects on whistleblowers' mental health and coping strategies. Miceli and Near (2005) state that, "media, popular, and regulatory interest is far outpacing the growth of careful scholarly inquiry into the topic" (p. 95). The lack of academic inquiry into the mental health consequences of whistleblowing may be exacerbated by restrictions placed on individuals through legal or court agreements and retaliation by employers such as employment blacklisting. It may also be because of fear of the stigma of being falsely labeled as delusional or having a personality disorder or, as observed by Faunce, Bolsin, and Chan (2004), the fear of facing reprisals by the "psychiatric and competence pillorying of the whistleblower" (p. 41).

Faunce, et al. (2004) cite the conclusion of the Senate Select Committee on Public Interest Whistleblowing that whistleblowing "is a legitimate form of civil action within a democracy." The committee notes that institutions frequently give a hostile response and that professions are very protective of the status quo. In the UK, a case was reported by Verkaik (2010) in involving Dr. Ramon Niekrash, an Australian-born urologist working at Queen Elizabeth Hospital in London, who sued successfully when he was suspended for whistleblowing. Dr. Niekrash's attorney noted that: "The decision to exclude Mr. Niekrash was exceptional and unjustified and has had an ongoing adverse impact on his reputation, practice and his health…" One of the senior doctors at the hospital was alleged to have stated she would have preferred he were "in chains on a plane in Heathrow back to Australia."

This is perhaps representative of a typical feeling against whistleblowers, where, at best, it becomes accepted after a case has been exposed that there are "lessons to be learned." Sawyer (2004) suggested that an organizational view is that "[t]he good whistleblower is the whistleblower who lives in another country, or who works for another firm (preferably a competitor), or who blew the whistle 50 years ago. The bad whistleblower is the whistleblower in your own firm who blows the whistle now" (p. 7).

Difficulties can arise when the activities of powerful people are questioned. Cassidy (2009) outlined the circumstances of Stephen Bolsin, a consultant anesthetist at the Bristol Royal Infirmary. He had thought for a long time about who to turn to and what he could do. The process had been time-consuming, isolating and depressing. Cassidy reports knowledge of cases where whistleblowers were accused of dishonesty without foundation or said to be mentally ill.

Farnsworth (1987) outlined the impacts on the whistleblower of the seven stages identified by Soeken and Soeken (1986). These were "discovery of the abuse; reflection on what action to take; confrontation with superiors; retaliation; the long haul of legal or other action involved; termination of the case, and going on to a new life." There are significant impacts on people in a substantial number of cases that go wrong. These affect the health and lives of people who, in theory, should have been protected by internal and legal processes.

Potential whistleblowers have to assess alternative ways of raising issues. There are decisions to be made before reporting issues, including assessing the consequences to self, home, livelihood, family, and health. Before disclosure, potential whistleblowers need to assess the track record of the organization and whether they will get support and whether the issue will be blocked. Will the external auditors and non-executive directors be made aware of and accountable for the whistleblowing or will it be handled by people directly affected by the outcomes? Is the Chief Executive Officer known for taking action? If the organization is bland in its approach or if corruption is ignored at a high level, there can be a high price for whistleblowers despite assurances in organizational statements.

Experiences from Whistleblowers Australia

In most countries, there is very limited coordinated support available for whistleblowers. Trade unions may not be the best source of help because of

conflicting loyalties to other members who may have been carrying out the practices that are subject to complaint. In some countries, there are whistleblower support organizations whose members include many whistleblowers – people with personal experience who can provide insight, emotional support and advice. Of these whistleblower support organizations, one of the most long-standing and active is Whistleblowers Australia. As a matter of policy, it does not advocate on behalf of individuals, but rather encourages self-help and mutual help. Whistleblowers Australia supports changes in legislation, raises the profile of whistleblowing, and provides moral support and the benefits of shared expertise.

We approached Whistleblowers Australia as a significant knowledgeable body, requesting agreement to undertake independent research on the effects of whistleblowing on mental health and to identify useful coping strategies (Greaves, 2011; McGlone, 2011). We found at the outset the participants had not realized that they would be "whistleblowers" (Greaves, 2011). They had thought they were fulfilling the requirements and interests of the organization. They did not appreciate the "master status" that Sawyer (2005) and Rothschild and Miethe (1999) identify, in which their status is no longer determined by their previous performance or skills and their identity becomes that of a "whistleblower." Initially, all had made their disclosures in the public interest internally. In some cases, they only became external as a result of legal investigations or senate inquiries. Frequently, it took external investigations or court cases to vindicate them. In all these cases, the whistleblowers had suffered reprisals, with impacts on their health and psychological well-being and on their social environments and standard of living.

The whistleblowers we interviewed started off in the naive or trusting whistleblower group, as defined by Brown (2008). They ended up feeling that if they had only known ahead what they were facing that in fact they had joined the kamikaze group. They found that there might have been better ways to raise their issues and protect their well-being. The law provided little or no protection against reprisal, although many were vindicated in court or through external systems, by which time it was too late. Some found religion or spirituality as their way of reframing their experience, some felt what had happened was meant to be, whereas others used the experience to develop their path in life.

The participants had not appreciated the extent of retaliation as a consequence of raising concerns nor the need to prepare for the potential impacts on their mental health. The psychological effects were made worse by the intensity of reprisals and the length of time when they felt socially vulnerable from ostracism or mobbing. If such issues went on for a long time, biological perpetuating factors became more significant, with issues such as potentially drinking or smoking too much, poor nutrition, neglecting oneself, day-to-day fitness to continue at work, and possible long term sick leave.

Impacts showed through illnesses. Some had weight fluctuations and problems with insomnia. Some who were living alone stopped looking after themselves with the effects of depression. The ostracism and false performance reporting had made people doubt themselves, describing situations where they felt that they were treated "like a leper." Participants described how laughter had stopped. They felt no one would want to be around them; they wanted to disappear.

One effect of harassment is to become too close to the problem, as described by several participants in the study. Useful advice from Sawyer (2005) is to become detached to enable focus on the strategy and the information underlying the whistleblowing to ensure survival. Many people said they were thinking about their cases 24/7. Sawyer says that most find it difficult to detach and "if the conflict is embedded in the minds of a whistleblower twenty-four hours a day, then those on whom they blew the whistle have won."

One of the whistleblowers we interviewed had felt at the time there was no choice about whether to make a report. Serious issues of health and safety or life were involved, so the overriding interest was viewed as more important than personal consequences. This whistleblower suffered major adverse health impacts. The whistleblower said a psychiatrist had explained there was a choice about how and where the report could have been made. It was also apparent that there had been bystanders who did not have adverse impacts on their health and well-being from confrontation, retaliation, or loss of career and employment (Greaves, 2011).

The majority interviewed from our sample of 11 spoke of just having to do the right thing, not being at peace with themselves if they did not speak up, and, for some cases in which life, death or abuse was concerned, to speak up on behalf of those unable to do so (McGlone, 2011). In psychological

terms, they had reached the bottom line when their core personal beliefs had been tested. A sense of betrayal and helplessness at the time of the incident was common in the majority of those interviewed. Bullying and ostracism were commonly reported (see also Matthiesen, 2004). Some coping strategies used were: confronting the issues (the most common); sick leave; speaking to others, particularly other whistleblowers; self-medication; humor; having a plan to leave the organization (an exit strategy); and seeing a spiritual dimension. Many said it was most important to feel they were helping themselves by undertaking something positive. They prepared themselves with information and analysis of figures. One said "I kept a diary and timetable of actions ... prepared for the case, kept self-disciplined." During the interviews, there was evidence that some of the people needed support to deal with diagnosed injuries. These included the usefulness of confronting the issues by taking advice and speaking to someone who could help.

The importance of storytelling – relating events in one's life, particularly difficult and upsetting episodes – cannot be overlooked; those interviewed agreed. There was limited understanding from family and friends. Many tried to help but became bored hearing about a problem that went on for years and appeared unsolvable. Some people found the critical factor was a friend or other significant person. It shaped some people's lives in that they reappraised their friendships at that time and relationships with family changed. Others found that parents and siblings had needed to step in as caregivers and to help financially because of the impacts of losing their job or self-esteem. All had spoken to a close friend or family member and all but one had sought legal advice. According to East, Jackson, O'Brien, and Peters (2010), many people who have faced difficulties seek comfort in friends, families, and others in organizations who may have shared a similar experience. A support group gives a fresh environment. East, et al. explain that storytelling helps build friendships, develop resilience, and understand what has happened.

The term psychological intervention used here included all counseling or therapy provided by psychiatrists, psychologists, other qualified counselors, and doctors or nurses, whether conducted in one-to-sessions or group therapy. Analysis of our data showed that most participants consulted several psychologists or used several interventions.

The findings from the interviews about sick leave were in accord with Lennane (1993) who recommended intervals of sick leave to provide rest from victimization and allow better thinking about choices for the future. The biopsychosocial aspects are important because the whistleblower does not stand in isolation from his family, friends, and career (Engel, 1980; Arellano & Saint Martin, 2006). There is a much wider context in repercussions from the whistleblowing action that needs awareness by medical practitioners. The observations by Lennane (1993) that the spouse of the whistleblower may need assistance were found to be correct. There was evidence of detrimental effects upon the spouse or family members. One participant described how the family decided to use family therapy due to the behavior and reaction of one of the children regarding perceptions of the parent's treatment by the employer.

Apart from one-to-one counseling and family therapy, which were effective, there was a wide range of psychological interventions tried, with varying degrees of helpfulness. These included group therapy, hypnotherapy, primal therapy (not recognized by many professionals), women's abuse group therapy, assertiveness training, anger management, relaxation tapes, and sports therapy. These demonstrate the lengths to which the participants had gone to help regain their sense of mental well-being.

Reasons given for changing psychologists varied but demonstrated the importance of the therapeutic alliance for the benefit of both counselor and client (Bordin, 1979). For example, although one participant thought well of the psychologist appointed by this employer, the whistleblower was concerned that the content of the confidential discussion was being reported to the employer.

Conclusion

The people interviewed had trusted that organizational procedures would be followed. All ended up with detrimental effects on their mental health and well-being at the time. The lengthy investigations while they were subjected to retaliation meant that their health and careers were ruined, while the laws were found meaningless. The social isolation was detrimental. The importance of a collective group to provide support and push for change was very important so that some good could come out of the negative experience. It became clear that although people had kept their self-respect by doing what they felt had been right, it may have been wis-

er to have raised their issues in other ways and to have been less trusting of the organizational procedures.

The people who had coped best with their situation were ones for which the issue had been of relatively short duration or who had developed an exit strategy. Some experienced great difficulties after it was over, with their health and well-being diminishing over the years involved. The key coping skills that they had found useful were learning how to tackle difficult interviews, plan and carry out their case, how to maintain their self-esteem, and to continue to see that there would be a future after their difficulties. Strategies developed with psychological interventions tended to be beneficial. These included how to anticipate the behaviors of others and the likely strategies being used against them. None anticipated the extreme reactions of their employers nor were prepared mentally for those reactions. Our interviewees emphasized the importance of refreshing sleep and using a support group to reduce strain on the family and to keep a sense of perspective rather than constantly living the case. The dangers of self-medication, particularly with alcohol, were raised on several occasions. Medication, even when prescribed by medical professionals, was seen as something to be avoided due to anxiety about perceived stigmatizing effects. The majority of interviewees stated they had no idea of the reaction they would face once they had blown the whistle and felt that support and exit strategies were vital elements in being able to raise issues successfully.

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