ORIGINAL RESEARCH

Workplace Harassment (Mobbing) and Fibromyalgia

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Introduction

The present study is the result of interdisciplinary research on the relationship between workplace harassment (or mobbing) and fibromyalgia (FM). Mobbing can cause emotional trauma due to the intense suffering that it provokes in the individuals who experience workplace harassment in a prolonged and recurrent manner. FM is a progressive disease that presents mainly in women and is characterized by generalized, debilitating pain, along with fatigue that does not resolve with rest.[1] Because of studies suggesting an association between these two phenomena,[2-4] we examined these two conditions in the context of our own country (Mexico). The study was initiated at the not-for-profit group *Cadena de Ayuda Contra la Fibromialgia* (Chain of Help Against Fibromyalgia), located in Mexico City, and later expanded to include various hospitals in capital city.

The study explored the presenting symptoms of women diagnosed with FM and their relationship to a history of being a target of workplace harassment. The data was collected during 55 in-depth interviews lasting approximately 60 minutes each between March 2009 and February 2010. A mixed methodology was used. Quantitative data was initially collected from a survey of relevant variables that was administered to a non-random sample of female workers in order to obtain information that would allow subject selection. Qualitative data was collected from individual in-depth interviews in selected subjects guided by the information collected in the quantitative portion.

The interview questions were designed to validate the information reported in surveys, as well as to explore the personal information that we had considered relevant. We sought to understand what it means to be a female worker and suffer from FM. We explored the meaning attributed to the illness experience, including both the physical and the more subjective manifestations. The findings demonstrate that in an environment of constant workplace harassment, the symptoms of FM systematically present themselves.

The purpose of this study is to answer two questions:

1) Can workplace relationships exacerbate a pre-existing case of FM?
2) Can workplace harassment cause the development of a disease such as FM?

Suffering and workplace harassment

Psychological harassment in any setting, including the workplace, generates intense suffering; this can become a trigger for a group of physical symptoms. Not all people display suffering in the same way, and the same symptoms do not always present in the same way after experiencing prolonged periods of harassment. Previous work has suggested a possible relationship between harassment and bullying in the workplace and physical pain, emotional fatigue, and insomnia.[3,4] However, this topic has not previously been studied in Mexican workers. We

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hypothesized that workplace psychological trauma secondary to harassment might be a possible causal factor for FM, given that it is a stressor affecting the autonomic nervous system.

Though many authors have contributed to the definition of mobbing, the WHO developed a set of criteria (later adopted by the ILO) that must be met for targeted aggression to be considered mobbing or workplace harassment:

1. It cannot be isolated, rather it should last at least six months.
2. It should be frequent, occurring at least once per week.
3. There must be a defined victim or target.
4. The behavior of the victim at the time of harassment cannot be of relevance.
5. The victim does not have a history of an affective or personality disorder, or a history of conflict in other workplaces, family, friendships or other arenas.[5]

From a clinical perspective, mobbing is associated with stress and physiological changes. Unfortunately, diseases caused by stress tend to be difficult to confirm clinically; many clinicians end up concluding that they are dealing with patients who have psychiatric disorders. However, stress can stimulate the production of chemicals in humans such as adrenaline, which is released by the fear provoked by the aggressor and his or her allies.[4] Aggression, abuse, and public humiliation are often tolerated and are considered by many workers as a normal part of today's workplaces.

Definitions

Workplace: A location in which productive activities occur for which people are financially remunerated. For human beings to consider a workplace as their own, they must develop a sense of belonging. Relationships between employees in the workplace are formed within hierarchical structures (boss/worker, between colleagues) where power takes on great importance. Workers personalize their workspaces to feel ownership of them; they bring in photographs of their family, pictures, and other items that make their belonging visible. A highly specialized laboratory is a workplace, as is an office, a restaurant, or a taco stand. It is the individual who defines his or her workspace as a location in which he or she interacts with others for a given period of time. Even if workers are not physically in their place of work, they need to feel like they belong to a workplace, be it physical or virtual.

Workplace violence: All actions within the workplace that express an abuse of power on the part of the employer, manager, designate, or other person in a position of power and those supporting them directly or indirectly. There are also individuals who are not in positions of authority who exert violence towards those in managerial or administrative positions. These acts of aggression are carried out against workers. They compromise the victim's dignity and their physical, social, sexual, or psychological integrity through the use of threats, intimidation, abuse, persecution, intrusion into personal issues, insults, repeated sarcastic jokes, discrimination, devaluation of work, wage inequality, exclusion from promotions, forced reassignment, and sexual harassment. All these techniques can be considered as psychologically abusive. If they are constant and repeatedly enacted, it should be termed psychological harassment.

The study of mobbing (or what we call workplace harassment) began with ethological studies carried out by Konrad Lorenz. He used the term to refer to a group of smaller animals attacking a larger, solitary animal.[6,7]

In this paper, we consider workplace harassment as synonymous with mobbing. Mobbing is the process of tormenting, harassing or psychologically terrorizing others in the workplace. Mobbing can be considered as psychological murder because some people do not recover from the trauma it provokes. Some victims lose their lives through suicide provoked by the pressures they experience. In anthropological terms, we stand before a problem that springs from the ever more complex and competitive societies in which we live. In these societies, envy and rivalry easily emerge. These are not expressed openly, but rather subtly and gradually. In the course of an unfair competition for scarce resources, such as jobs, some seek to control others to maintain power over them.

Harassment and fibromyalgia

Fibromyalgia is a complex and prevalent illness. It involves a group of non-joint related rheumatologic complaints characterized by pain and stiffness of variable intensity in muscles, tendons, and surrounding soft tissues, as well as a wide range of other symptoms.[8] It is not contagious. Epidemiological studies in various parts of the world have shown that approximately 2-4 % of the general population are afflicted by FM.[9] It is most commonly seen in individuals aged 20 to 50; most (80 – 90%) are women.[10]

FM is characterized by pain in different parts of the body, fatigue that does not resolve with rest, insomnia, tingling and cramps in arms and legs, hypersensitivity to pressure on the body, headaches, irritable bowel, anxiety, and depression. Persisting workplace harassment can make workers experience a group of symptoms that become chronic and coincide with the symptoms of fibromyalgia.

In general, pain can be classified as either acute or chronic. Acute pain is generally useful because it serves as a short-term alarm that something is wrong. When pain becomes chronic however, it loses its usefulness as an alarm and becomes an illness in itself.

The classification of FM delineates four different types of pain:

a. Concomitant pain occurs in association with another disorder.
b. Regional pain is restricted to an anatomical area.
c. Primary pain is associated with diffuse pain or painful pressure points.
d. Secondary pain is caused by another disease.[11]

Many people do not understand that FM has serious consequences for the lives of those who suffer from it. The physical damage is not always evident in FM, and patients are not always believed when they say they have pain. Female employees with FM are prone to absenteeism caused by the fatigue, diffuse pain and depression associated with the disease. Some women note that their pain alienates them sexually from their partners. This leaves them feeling emotionally abandoned and provokes further emotional and physical pain.

The work of rheumatologist Manuel Martinez Lavin on FM incorporates certain anthropological theories.[10] He considers that the pain of FM may be due to changes in the autonomic nervous system related to emotional and physical trauma.

Materials and methods

Inclusion Criteria

The FM subjects met the following criteria:

1) Were either currently working or had worked at some point in their lives,
2) Had a medical diagnosis of FM and were under medical treatment for the condition,
3) No history of psychiatric disorders or a conflictive personality previous to the occurrence of workplace harassment,
4) Voluntarily accept to participate in the study.

The control group was composed of individuals without FM all of whom reported experiencing workplace harassment. These included ten female students (5 college students, 3 Masters students; 2 doctoral students), ten randomly selected female professionals, and six men aged 33-56.

The final sample was composed of 55 individuals, 29 of whom were female employees with the diagnosis of FM and 26 of whom were controls with a history of harassment.

Initial Survey and Interviews

Quantitative data was initially collected from a survey of relevant variables that was administered to a non-random sample of female workers in order to obtain information that would allow subject selection. Questions were based on a definition of mobbing derived from Leymann.[7]

Once the survey data had been analyzed, in-depth interviews with the 29 FM subjects were undertaken. These lasted approximately 60 minutes. The interviews used open-ended, semi-structured questions to explore the subjects' work histories and to identify when the symptoms of FM first impacted on their lives.

Women were chosen for in-depth interviews if they identified with the concept of mobbing and some of the phases of workplace harassment. They had to have experienced any of the following FM

symptoms: diffuse, generalized pain lasting more than three months; fatigue; hyper-vigilance; sporadic crying; irritability; concentration difficulties; and neck stiffness. They had to associate their pain with suffering at any point in their lives, but especially with an episode of workplace harassment, and symptoms had to have been worsened by harassment despite the fact the subject was taking medication and receiving medical treatment.

Results

The table provides a list of symptoms reported by the subjects in this study.

Female workers with FM

Of the 29 women with a diagnosis of FM 23 stated that they experienced physical and emotional changes (expressed as headache, nausea, fatigue, and loss of purpose) because their bosses had constantly yelled at them in public, humiliating them and making them feel unappreciated. These bosses were described as hyperactive, bipolar, personality disordered, arrogant, obsessive, authoritarian, and having "diabetic neuropathy associated with schizophrenic traits." None reported suicide attempts. Six of them did not relate mobbing to their FM symptoms, as we will describe later.

It is important to note that this was not necessarily mobbing; initially it was only their boss who acted as aggressor. However, the aggression became mobbing once the constant humiliation, yelling, and mockery began to come from other colleagues and bosses. The lack of respect on the part of their boss allowed others to participate in the victimizing behavior. The women identified their boss as the primary aggressor, followed by the rest.

The 23 associating the symptoms of FM with mobbing recalled "vertical" workplace harassment, i.e. from boss to subordinate. Subsequently, the harassment was "mixed" when other bosses, as well as colleagues and lower-level employees engaged in harassment. Bosses engaging in harassment made discrediting and defamatory statements towards the study participants to other bosses. Gradually, the harassment spread throughout the hierarchy.

Each case of mobbing had a different origin:

- 4 were related to sexual harassment by bosses;
- 15 were due to rivalry with a male boss;
- 5 were rivalries with other women, primarily bosses;
- 5 did not identify the origin, but they did state that their boss was the primary harasser.

Public crying, especially in work meetings; absenteeism due to medical visits; and concentration problems legitimized what the aggressors were saying about them. Victims experienced increasing anxiety, rage, and impotence, as they could not respond to the accusations made against them. This favored the progressive development of symptoms until finally – absent evidence of another disease – they were finally diagnosed with FM. Once diagnosed and under medical treatment, their symptoms were better controlled, but all still felt an exacerbation of their symptoms when they were attacked, marginalized, or excluded in their workplaces.

Six female workers had previously existing intense pain that they did not associate with te experience of mobbing. They did, however, identify that insults, yelling, and public humiliation at the hands of their bosses and colleagues throughout their workday exacerbated their symptoms of FM, thus identifying a relationship between their illness and the experience of emotional abuse in the workplace. In addition, these six women reported that, during their youth (between the ages of six and nine), they experienced musculoskeletal pain, which – during later psychotherapy – they had linked to emotional suffering caused by factors such as the burdens of caring for siblings, sexual abuse by a family member, and domestic violence. As adults they suffered from serious pains associated with stiffness, rheumatoid arthritis, and number of other conditions.

The findings show clearly that women who experience emotional aggression for long periods present later with persistent anxiety, concentration problems, memory loss, hyperalgesia, and debilitating fatigue (Table).

Female students with no diagnosis of FM

The 10 female students all identified themselves as having been victims of vertical harassment (student/teacher) by a professor. This later became mixed mobbing as others systematically joined in

the abuse that eventually involved other students and administrative personnel. In spite of not having a diagnosis of FM, they all had symptoms lasting over three months including musculoskeletal pain, neck stiffness, difficulty concentrating, hypersensitivity, fatigue not helped by rest, and hand numbness. All women associated these symptoms with the episodes of harassment. All of them had considered dropping out of school. Seven had feelings of vengefulness against their aggressors, although they did not act on them. Seven reported feeling that life had no purpose, and two reported attempting suicide.

Female professionals with no diagnosis of FM

The ten professional women reported experiencing several of the phases of workplace harassment: seduction, stigmatization, conflict, and leaving the organization.[12] The symptoms they felt were typical of FM and included neck stiffness, shoulder pain on palpation, hypervigilance, generalized musculoskeletal pain, nausea, and leg tremors. Their pain, however, was diffuse and transient. At some point in their career they had experienced workplace harassment and they remembered having symptoms typical of FM for over three months as a consequence: musculoskeletal pain, difficulty concentrating, headache, insomnia, anxiety, and hand stiffness in the morning. In this group, the pain decreased as they withdrew from their aggressors. Nonetheless, five women stated that, since their experience with harassment, they continue to experience mild pain during everyday stressful situations; they control this pain with analgesics.

Male Interviewees with Symptoms

The six male subjects reported workplace harassment initially at the hands of their bosses and later by colleagues and subordinate team members. They reported being the object of repeated sarcastic jokes, exclusion, humiliation, and stigmatization on the part of their colleagues and identified rivalry with their boss as the source of the mobbing. All six suffered from back pain, neck stiffness, and difficulty concentrating; these symptoms had persisted for over three months. Two reported "knots" in the throat, irritability, suicidal ideation, and thoughts of

Table: Symptoms reported by participants (%)
n = 55

Cognitive effects and psychological overreaction	
Sudden memory loss	77
Difficulty concentrating	79
Depression	92
Apathy/loss of initiative	84
Irritability	83
Nervousness/agitation/restlessness	93
Rage/aggression	17
Feelings of insecurity	66
Hypersensitivity to delays	17
Stress-related symptoms	
Nightmares/vivid dreams	96
Stomach and abdominal pain	91
Diarrhea/irritable bowel	22
Vomiting	-
Nausea	22
Loss of appetite	3
Feeling a "knot" in the throat	96
Crying (spontaneously, in private or public)	96
Isolation	86
Symptoms of autonomic nervous system dysfunction	
Chest pain	15
Diaphoresis	33
Dryness in mouth	59
Palpitations	67
Sudden hot flashes	72
Shortness of breath	26
Hypertension/hypotension	32
Symptoms of physical deterioration due to persistent stress	
Lumbar back pain (with stiffness)	97
Cervical pain (neck and back of head)	97
Muscular pain (FM)	97
Sleep disorders	
Difficulty falling asleep	91
Interrupted sleep, reliving abuse during dreams	90
Waking early	91
Tiredness and weakness	
Chronic fatigue	96
Leg weakness	56
Generalized weakness	52
Syncope	0
Sudden tremors	20

revenge (2 men). All had considered leaving the job and had experienced a sense that life had no purpose.

While two subjects had thoughts of taking revenge, none of interviewees reported any aggressive behavior towards their aggressors. While their symptoms resolved after leaving their employment, all continued to have sporadic pain controlled by analgesics. We found that when these men came home all they talked about were their problems at work; consequently, their partners and children were also affected by the abuse.

Summary of Results

The women in our study with FM linked their symptoms with workplace aggressions. Even while receiving medical care, workplace aggression worsened their pain. Twenty-three associated their FM symptoms to mobbing. The other six did not report workplace harassment, but felt that emotional abuse at work exacerbated their symptoms.

All ten female students related their symptoms with the harassment that they experienced in the university. Similarly, all ten female professionals associated workplace violence with their symptoms; all felt they had been victims of mobbing. All six males in the study linked their symptoms with workplace harassment and reported that their symptoms developed as a result of the harassment.

FM is an illness that is thought to affect mainly women. However, men in this study also reported symptoms of primary FM, albeit transiently; their symptoms disappeared after leaving the source of their harassment. Perhaps they more easily forgot their traumatic experience. Two of them reported a reactivation of their symptoms under stressful situations. All of the women reported a tendency to experience symptoms during stressful moments such as abuse, humiliation and belittling from bosses, colleagues and their subordinates.

According to our interviews, the social changes we are going through and the increasing difficulty of securing employment have consequences in the workplace; with harassment from bosses and mobbing, the health consequences are symptoms of FM. Also, the absence of authority, ambiguous organizational discourse and practice, and the rivalries and the competitive navigation of power and gender relationships make mobbing in the workplace possible.

Conclusions

The data collected in this study demonstrate a direct relationship between workplace harassment and FM, a subject which merits further in-depth investigation. Men and women who live through sustained periods of workplace harassment and abuse present with symptoms similar to those of FM.

In several cases, suffering was not seen to result from mobbing; this may reflect denial due to the humiliating nature of harassment. Twenty of our female subjects considered that constant abuse was a normal part of the work environment; it was something that could not be changed. Women could not always differentiate between being treated abusively and being treated well (understood as a respectful and cordial workplace). The six women who did not link their FM with mobbing reported having experienced violence and exclusion since childhood. It was difficult for them to understand that they should not be targets of violence by the people in their workplace. Even so, they still felt physically and emotionally unwell. It is also important to recognize that at times, administrative or managerial personnel simply do not know how to respond to these situations and thus are unable to deal with them. Some abusers or aggressors undoubtedly let their prejudices and beliefs get the better of them; they think that punishing and humiliating others is a demonstration of their own power and superiority.

Workplace harassment is not the only trigger for FM, but the data we gathered support the claim that harassment fosters the development of new cases of FM while exacerbating the condition of those who are already diagnosed:

> *I remember that since I was a girl I had a lot of pain in my bones and in my body and I felt very sad. Since childhood, I took care of my little brother because he had cerebral palsy and while my mother worked, I took care of him. It was that until he died several years ago, but I always felt that way, with pain. Although I worked since I was young, since 17, I don't remember having*

experienced, but when my boss died and his nephew took his position, he is very young, he is like 28, he did yell and insult me, but, well… I started to have a lot of pain, yes, pain that I have always had, but now it is very bad, I have to take a lot of medication. I was diagnosed with FM two years ago. [Subject 4M, female, accountant. Although diagnosed with FM, she felt she had not experienced mobbing.]

It is important to recognize that of all women diagnosed with FM, only one did not link her illness with mobbing. We can conclude that suffering, abuse, and (public and private) humiliation are conducive to the presentation of symptoms of primary FM. The other 28 women with diagnosed FM did identify mobbing as a trigger of their symptoms. They reported that before experiencing workplace harassment, they were symptom-free:

When I arrived to work at the company where I was a manager I had just graduated from university. I felt very happy, very healthy, as I had just finished my studies in management abroad. I got a nice office, but my boss looked at me… I don't know, a little strange, and then his colleague, an authoritarian woman would always question me about my work. That went on for months. All of a sudden I felt that everyone stopped talking to me, and I didn't understand what was happening, I felt uncomfortable at work. I was denied information from secretaries and my bosses until I asked for an appointment and told him how I was feeling. He just laughed and said that I was wrong, that what I was saying was not true. One day a friend told me that everyone was saying that I was going crazy at work, I was starting to request sick days and time off and soon, human resources asked me for a psychiatric evaluation. The psychiatrist diagnosed me with burnout syndrome and gave me three days off, as well as medication, but I didn't feel better, rather worse. I felt shaky, I felt pain and stiffness in my neck, but when I returned to work they said that with my depression I should not stay in my job, so when my contract ran out, they didn't renew it. The whole situation lasted two years. Before that I was not like this, now I feel very bad, very bad, I want to disappear. [Subject 5M, female, PhD in management. From the group of women with diagnosed FM.]

The following testimony expresses the pain experienced by one of the participants:

I had never had such pain that I could not walk, I feel very ill, I cannot concentrate, I arrive home and I can't stop talking about what is happening at work, and my children have told me that they're tired of listening to my story. I have thought of suicide many times, also about revenge, but now, with so much back pain, all I want is to feel better. I was diagnosed with FM. I am in treatment and I am improving… slowly but I'm getting there… [Subject 2H, male, editor, from the group of men with symptoms of FM]

Conclusions

This was an exploratory study in which the subjects were not chosen randomly. We do not suggest that our findings can be generalized to other populations or even to other individuals in the same population.

In terms of addressing our two research questions, we feel confident that long or short-term exposure to workplace harassment can trigger primary FM. This was the experience of the twenty-nine women diagnosed with FM. Further research into these processes – and their health consequences – may contribute to a better understanding of this group of symptoms experienced by many men and women. Although FM is an illness thought to affect mostly women, men in our study also developed the symptoms of primary FM; these symptoms resolved when they left their jobs or forgot about the traumatic events. This was not the case for women. They reported that their pain was re-activated during stressful or traumatic events such as abuse, public humiliation, and belittling at the hands of people in their workplace at different hierarchical levels.

In reference to the two research questions, our initial results allow us to say:

Question 1: Workplace harassment can exacerbate the symptoms of FM. This may be due to the overproduction of chemicals such as adrenalin dur-

ing stressful situations, which affects the autonomic nervous system.[10]

Question 2: Workplace harassment can cause the development of FM. High levels of aggression perceived by the target detonate a series of emotions, including rage, fear, impotence, and revenge. These feelings contribute to physical changes and cause pain in the body. Patients with FM present with physical limitations as well as psychological dysfunction (such as chronic fatigue, sleep disturbances, anxiety), which significantly affect their quality of life.

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