



RESEARCH STUDIES

workplacebullying.org

**The WBI Website
2013 Instant Poll - I**

**Offsetting the Pain from
Workplace Bullying**

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OFFSETTING THE PAIN FROM WORKPLACE BULLYING WBI 2013-I INSTANT POLL

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.

WBI Instant Polls are online single-question surveys that rely upon self-selected samples of individuals bullied at work (typically 98% of any sample comprised of currently and formerly bullied individuals). No demographic data are collected, but IP respondent samples are typically 80% or higher female. Our non-scientific Instant Polls accurately depict the perceptions of workers targeted for bullying at work as contrasted with the views of all adult Americans in our scientific national surveys.

For this survey, 609 target-respondents answered the following question and were allowed to select multiple responses (providing 1,855 responses in total):

To help offset the personal pain from workplace bullying, what did you do?

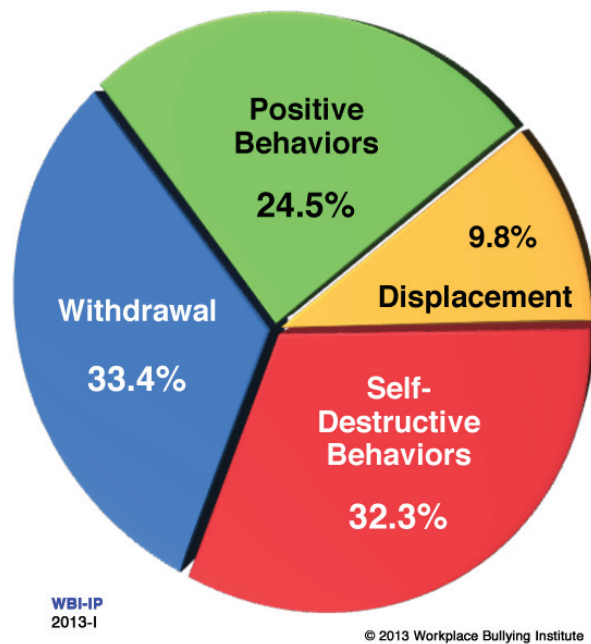
(proportions of 1855 responses)

Withdrawal from social contact	Self-destructive behaviors
<p>.176 <i>Withdrew from family & friends</i></p> <p>.086 <i>Withdrew from sexual activity</i></p> <p>.071 <i>Internet/social media addiction</i></p>	<p>.149 <i>Overeating</i></p> <p>.109 <i>Drank alcohol more heavily</i></p> <p>.029 <i>Abused prescribed medications</i></p>
Positive behaviors	Displaced aggression
<p>.094 <i>Turned to religion, faith, spirituality</i></p> <p>.066 <i>Fitness: Exercise, Yoga or Tai Chi</i></p> <p>.045 <i>Increased time w/ family & friends</i></p> <p>.028 <i>A new hobby or sport</i></p> <p>.011 <i>Increased sexual activity</i></p>	<p>.007 <i>First-time alcohol use</i></p> <p>.008 <i>Gambling</i></p> <p>.015 <i>Increased use of recreational drugs</i></p> <p>.004 <i>First-time ever use of rec. drugs</i></p> <p>.098 <i>Took it out on family & friends</i></p>

Top Five behaviors, in rank order based on sample size n=609:

1. .537 Withdrew from family & friends
2. .453 Overeating
3. .332 Drank alcohol more heavily
4. .310 Took it out on family & friends
5. .287 Turned to religion, faith or spirituality

The 16 responses were listed without the groupings, category labels, that appear above. We added the themes *post hoc*: Withdrawal from social contact, Self-destructive behaviors, positive behaviors and displace aggression. Most strategies (75%) pursued to cope with the pain of bullying could be characterized as negative, some to the point of being self-destructive.



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 WBI study reported more drinking than in the random sample study [Rospenda, *et al.*, 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.

Conclusion

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 WBI, family, friends and coworkers who advise them must be ready to help targets recover by leading them to positive, health-enhancing, stress-busting behaviors.

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