



# Mobbing and its Traumatic Effects

## *Mobbing ve Travmatik Etkileri*

 Ayşe Beyza Yaşar<sup>1</sup>,  Elif Ünal<sup>1</sup>

<sup>1</sup>Ondokuz Mayıs University, Samsun

### ABSTRACT

This article aims to review the literature to explore whether trauma is among the symptoms experienced by individuals exposed to mobbing. Mobbing, defined as repeated psychological harassment in the workplace, is a prolonged process rather than a single incident. Those subjected to mobbing often exhibit various physical and psychological symptoms. Numerous studies in the literature indicate that mobbing can lead to the development of post-traumatic stress disorder (PTSD). Trauma, characterized by its sudden onset and life-threatening impact, significantly harms individuals. This review focuses on the psychological issues arising from PTSD due to mobbing, highlighting conditions such as depressive disorders, anxiety disorders, adjustment disorders, and PTSD itself. The loss of self-confidence and self-esteem observed in mobbing victims can exacerbate these issues, potentially leading to suicidal tendencies. Research findings indicate alarmingly high rates of these outcomes, underscoring the severe impact of mobbing on mental health.

**Keywords:** Mobbing, psychological harassment, trauma, post traumatic stress disorder

### ÖZ

Bu makale, mobbinge maruz kalan bireylerde travmanın belirtiler arasında yer alıp almadığını incelemek amacıyla literatürü gözden geçirmeyi amaçlamaktadır. Mobbing, iş yerinde tekrar eden psikolojik taciz olarak tanımlanır ve tek seferlik bir olaydan ziyade süreklilik arz eden bir süreçtir. Mobbinge maruz kalan bireylerde çeşitli fiziksel ve psikolojik semptomlar gözlemlenmektedir. Literatürdeki birçok çalışma, mobbingin travma sonrası stres bozukluğunun (TSSB) gelişimine yol açabileceğini göstermektedir. Ani bir şekilde ortaya çıkan, bireyi derinden etkileyen ve yaşamı tehdit eden bir olgu olarak travma, bireyin psikolojik bütünlüğüne ciddi zararlar verir. Bu derleme, mobbing kaynaklı TSSB ile ilişkili psikolojik sorunlara odaklanmakta ve depresif bozukluklar, anksiyete bozuklukları, uyum bozuklukları ve TSSB gibi durumların altını çizmektedir. Mobbing mağdurlarında gözlemlenen özgüven ve özsaygı kaybı, bu sorunları daha da şiddetlendirebilir ve intihar eğilimlerine yol açabilir. Araştırma bulguları, bu sonuçların oranlarının endişe verici derecede yüksek olduğunu ortaya koymaktadır ve mobbingin ruh sağlığı üzerindeki ciddi etkisini vurgulamaktadır.

**Anahtar sözcükler:** Mobbing, psikolojik taciz, travma, travma sonrası stres bozukluğu

## Introduction

This study aims to examine workplace mobbing, which has significant effects on mental health and has seen an increase in both its application and exposure rates in recent years, along with the roles emerging in mobbing behaviors, its causes and consequences, and the relationship between mobbing and post-traumatic stress disorder (PTSD). Considering that a significant portion of the day is spent in the workplace, the literature indicates that there are studies suggesting a meaningful relationship between mobbing and PTSD.

Mobbing, which occurs in the workplace as a stress factor, negatively affects individuals physically, mentally, and psychologically (Aristidou et al., 2020). The damage caused by mobbing has been examined from past to present. Similar studies have shown an increasing prevalence and growing research interest. According to a study conducted in 2019, exposure to mobbing has been steadily increasing in Turkey. In this study, scales applied to 300 participants indicated that 93 individuals were diagnosed with PTSD, 9 with adjustment disorder, 102 with major depressive disorder, 3 received no diagnosis, and 83 individuals received multiple diagnoses (Tatar and Yüksel 2019).

The aim of this study is to contribute to the literature by providing information on mental disorders caused by mobbing and their effects on individuals. The psychological aspects of the impacts resulting from this phenomenon, which also significantly affects individuals physically, are emphasized. This study was prepared to raise awareness and sensitivity regarding workplace mobbing. The definition and effects of mobbing are examined from a psychological perspective. It is crucial to give more importance to mobbing reports and to

**Address for Correspondence:** Ayşe Beyza Yaşar, Ondokuz Mayıs University Faculty of Humanities and Social Sciences Department of Psychology, Samsun, Türkiye **E-mail:** aysebeyza035@gmail.com

**Received:** 25.07.2024 | **Accepted:** 15.11.2024

conduct detailed physiological and psychological screenings, particularly for symptoms of PTSD in individuals exposed to mobbing, and to include these in treatment plans.

## **Mobbing**

Mobbing is defined as a concept involving systematic behaviors framed by an ill-intentioned attitude, aimed at rendering an individual defenseless and helpless in the workplace for a prolonged period, typically for at least six months (Leymann 1996). According to Tınaz (2006b), mobbing, also known as psychological harassment, is a phenomenon involving inappropriate behaviors, often occurring between individuals in workplaces, including belittling, threats, or various forms of violence. It is also described as a severe form of harassment (Zapf et al., 1996). Tetik (2010) provides a brief definition of mobbing as "emotional assault or harassment," evaluating behaviors such as pressure, slander, spreading false information, and humiliation carried out systematically by one or more employees against another within the scope of mobbing. In addition to the term "mobbing," expressions like psychological harassment, emotional abuse, intimidation, and psychological terror are also used (Güldalı 2012). Research on mobbing has increased in recent years, yet there is no consensus on a common terminology for its naming and definition (Pınar 2022).

In the Bilge Kadın Research Center (BİLKA) report, Özer (2009) states that the first use of the term "mobbing" was in the 1960s by ethologist Lorenz, who described small animal groups attacking a larger animal. Later, Heinemann used this concept to refer to behaviors observed in school life, where young children act against another child. The final definition, focusing on psychological terror in the workplace, was made by Leymann in 1984 (Özer 2009). Leymann was the first to systematically describe mobbing behaviors in workplaces, highlighting psychological terror, harassment, or bullying as defining characteristics (Leymann and Gustafsson 1996). However, Leymann and Gustafsson (1996) did not believe that the term "bullying" fully captured the essence of mobbing, as it often implies physical violence, whereas mobbing tends to progress more on a psychological level. Kuyumcu (2023) provides examples of mobbing behaviors that may be deliberate or subtle, such as exclusion, ignoring, scolding, exploiting, or excluding individuals from tasks suitable for their position. These behaviors are described as occurring in a persistent and continuous cycle (Karavardar 2009). Mobbing can occur in any type of workplace (Tetik 2010) and is observed across all countries (Acar and Dündar 2008). Legal measures to prevent mobbing have been implemented in countries like Sweden, France, Canada, and Belgium (Browne and Smith 2008).

Cengiz (2007) mentions three different methods by which mobbing can occur. These are:

1. Mobbing between individuals who hold the same status
2. Mobbing by individuals in a higher status/superior position towards subordinates
3. Mobbing by individuals in lower-status positions who collectively target someone in a higher position.

## **Behaviors Considered as Mobbing**

In their study, Leymann and Gustafsson (1996) provided examples of certain mobbing behaviors, These are:

1. Denying the victim the right to speak or not listening to them
2. Excluding the victim or preventing their participation in social activities
3. Mocking or having secret conversations about the victim
4. Sending the victim to tasks unrelated to their job, assigning no work, or giving excessively difficult tasks
5. Threatening the victim
6. Taking or damaging the victim's belongings
7. Constantly criticizing the victim.

Additionally, Leymann (1996) classified these behaviors into five categories: hindering the victim's communication, obstructing social relationships, damaging personal image, impeding professional career, and affecting physiological health. He identified 45 specific behaviors within these subcategories (Leymann 1996). Davenport (2003) exemplified the following: not allowing the victim to express themselves and continuously interrupting them falls under the category of hindering communication; isolating and excluding the victim from

the environment belongs to the category of attacks on social relationships; remarks suggesting that the victim is mentally unwell and making their private life a subject of mockery fall under damaging personal image; repeatedly changing the assigned responsibilities or forcing the victim to compensate for any losses without reason are examples of impeding professional career; and any form of physical harm towards the victim exemplifies the category of affecting physiological health. The persistent and intentional nature of these behaviors by the perpetrator indicates mobbing (Yıldız 2007, Güldalı 2012).

In addition, Zapf et al. (1996) identified further behaviors such as excluding the victim from important work-related situations, interrupting the victim, constantly scrutinizing the victim's actions or looking for faults, interfering with personal preferences, mimicking the victim, and giving them derogatory nicknames.

In their study, Sloan et al. (2010) included behaviors considered as mobbing, These are:

1. Continuous criticism towards the victim
2. Belittling the victim's ideas, thoughts, and achievements
3. Refusing to communicate with the victim
4. Assigning tasks unrelated to the victim's job
5. Direct physical assault
6. Giving nicknames and mocking.

### **Development of Mobbing**

In general, one individual is targeted, and mobbing behavior begins (Zapf et al., 1996). In 2003, Davenport proposed that mobbing occurs in five stages. The first stage involves the initiation of a conflict or disagreement between individuals, which is not yet mobbing. In the second stage, mobbing behaviors commence. By the third stage, unrest starts spreading within the work environment. In the fourth stage, the victim is labeled, and resignation behaviors are often observed at this point. In the fifth and final stage, psychological and physiological issues escalate rapidly in the victim (Davenport et al. 2003, Özalp Yıldız 2021).

Leymann (1996) also categorized the mobbing process into five stages. The first stage is the conflict phase, where the victim is selected. The second stage is the phase of aggressive actions, where mobbing behaviors begin, and psychological pressure is exerted on the individual. Leymann identified the third stage as the intervention phase of workplace superiors. Often, workplaces do not respond to mobbing. In the fourth stage, the victim, seeking help due to the challenges faced, becomes subject to labeling by other employees. In the final stage, the individual is either dismissed or forced into early retirement (Leymann 1996).

### **Roles Involved in Mobbing Behavior**

It is believed that mobbing does not vary according to any specific culture, and the individuals who may be exposed to it cannot be predicted in advance (Tınaz 2006a). However, as these behaviors take shape, certain individuals in the mobbing environment assume specific roles (Tamirazova 2021). These roles are as follows:

#### ***Perpetrators***

Perpetrators are believed to have characteristics such as a desire for control, a need for power, and often jealousy towards the other party (Göymen 2020). Mobbing perpetrators use these behaviors as a tool, approaching aggressively with the aim of causing the victim to fail (Akgeyik et al., 2009). Their goal is to gain control over the victim (Namie 2003). According to Tınaz (2006a), although there are no specific personality traits that define mobbing perpetrators, they can be classified into five subtypes based on the mobbing behaviors they exhibit towards the victim. These are:

1. **Narcissistic Perpetrators:** The desire of individuals to be admired by others represents narcissism (Kuyumcu 2023). Tınaz (2006a) stated that narcissistic mobbing perpetrators perceive themselves as flawless and tend to project their internal conflicts onto the victims. These perpetrators engage in such behaviors because they are envious of the victim and have a desire to exert control over them (Kuyumcu 2023). It is believed that narcissistic perpetrators experience fear, which further reinforces their desire for control (Tamirazova 2021).

2. Shouting Perpetrators: Akgeyik et al. (2009) referred to this type of perpetrator as the "loudmouth," describing them as typically angry and vocal mobbing perpetrators. They exhibit behaviors such as raising their voice, issuing threats, and giving commands (Tınaz 2006a).
3. Double-Faced Snake Perpetrators: These perpetrators are aware of what is happening and engage in mobbing behaviors due to the victim's success (Tınaz 2006b). Their goal is to climb higher in the hierarchy, and they often attempt to bring others to their side by spreading false rumors about the victim (Akgeyik et al., 2009). They are constantly inclined towards malicious actions (Tınaz 2006).
4. Megalomaniac Perpetrators: These individuals set their own rules and strive to maintain control, claiming to be the most knowledgeable (Alkan 2022). Their mobbing behavior often stems from underlying insecurities (Tetik 2010). They act quickly and do not allow individuals whose skills and abilities they do not value to advance (Karavardar 2009).
5. Disappointed Perpetrators: These perpetrators fall into this category because they project their internal negative emotions onto the victims (Tınaz 2006a). Negative experiences outside of work often lead the perpetrator to feelings of jealousy (Tetik 2010).

### ***Victims***

The occurrence of mobbing does not vary according to culture or work environment; it can be observed in every culture and workplace (Çekin 2014). According to Tınaz (2006a), certain factors increase the risk of becoming a victim of mobbing. These include situations where the individual is isolated, such as being the only member of a different gender in the office, standing out as different within the team, being part of a minority group, having achieved success through their work, or being a newcomer to the workplace. It is believed that individuals who are victims of mobbing tend to be intelligent, self-assured, and goal-oriented (Çekin 2014). Another study notes that mobbing victims are often work-focused, creative, loyal to the organization, and sincere (Ergenekon 2006). Zapf et al. (1996) suggest that individuals who are perceived as weak or lacking power are more vulnerable to mobbing.

Some mobbing victims try to hide the mobbing they experience due to fear of job loss; however, this situation can escalate, negatively impacting their health (Ören 2007). According to Göymen (2020), after experiencing mobbing for a period of time, the individual's self-confidence and self-esteem are diminished, leading them to self-blame. In such cases, seeking psychological support is essential (Göymen 2020). The BİLKA report (2009) states that as the mobbing process continues, the victim's sense of self is damaged, they lose self-confidence, attempt to isolate themselves from their surroundings, and begin to experience emotions such as anger, fear, and shame.

### ***Bystanders***

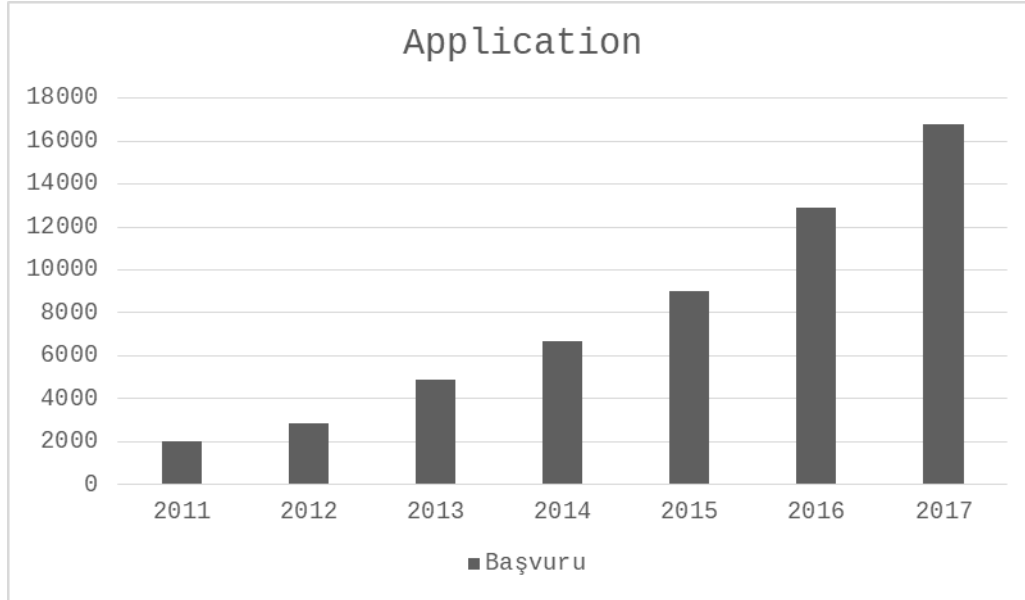
The group that witnesses or observes mobbing behavior is known as the bystanders (Akgeyik et al., 2009). Their actions can either contribute to the escalation of mobbing behavior or help to eliminate it (Göymen 2020). Riguzzi (2001) categorized these behaviors as active and passive. The role of bystanders can be crucial in stopping the mobbing perpetrators (Akgeyik et al., 2009). According to Tınaz (2006a), some bystanders side with the mobbing perpetrators, often out of fear that they might become the next target. Others choose to remain uninvolved and prefer not to take any action regarding what is happening (Tınaz 2006).

## **Prevalence of Mobbing and Its Relationship with Demographic Variables**

The Ministry of Labor and Social Security (MoLSS) presented a graph illustrating the complaints received through the ALO 170 hotline, established as part of efforts to combat mobbing between 2011 and 2017. As seen in Figure 1, there was a significant increase in the number of complaints each year compared to the previous year (MoLSS 2017). The number of complaints reached a total of 55,046, with 2,001 in 2011; 2,850 in 2012; 4,870 in 2013; 6,659 in 2014; 9,005 in 2015; 12,877 in 2016; and 16,784 in 2017.

Leymann (1996) stated in his study that 45% of men and 55% of women were subjected to mobbing. Regarding the age variable, he noted no significant differences but found that the 21-30 and 31-40 age groups were more frequently exposed to mobbing (Leymann 1996). In a 2019 study, Çögenli and Karadaş also reported that they did not find any significant differences in mobbing behavior based on age. However, in a study by İnaç Kaz (2022), which supported Leymann's findings, it was observed that the 22-28 and 29-35 age groups had a higher prevalence of mobbing.

Browne and Smith (2008) highlighted that this systematic harassment causes severe harm to individuals. While mobbing does not have a defined duration, its severity may increase over time and negatively impact the victim in multiple ways (Kuyumcu 2023). In a 2008 study by Acar and Dündar, a significant relationship was found between age, job position, and mobbing. Çarıkçı and Yavuz (2009) concluded in their study that mobbing is related to certain demographic variables. According to this research, as individuals age, their likelihood of perceiving certain behaviors as mobbing decreases, whereas it increases with higher levels of education. No significant findings were observed regarding gender (Çarıkçı and Yavuz 2009). On the other hand, İnaç Kaz (2022) reported no significant relationship between educational level and mobbing.



**Figure 1. Number of applications to the ALO 170 Hotline**

### **Causes and Consequences of Mobbing**

Mobbing does not arise from a single cause; rather, it emerges from the interaction of multiple factors (Altuntaş 2010). Schallcross (2003) stated that excessive hierarchy in the workplace, a highly demanding work environment, and unethical behavior could be organizational causes of mobbing (cited in Tetik 2010). Tımaz (2006b) explained the individual causes of mobbing under specific headings, which are as follows:

Ensuring that the mobbing victim complies with rules

1. Seeking pleasure
2. Lack of engagement or tasks
3. Prejudiced behavior
4. Believing oneself to be special
5. Jealousy
6. Selfishness

Zapf et al. (1996) categorized the effects of mobbing on individuals into two levels: daily effects and serious/critical effects. It is well known that mobbing affects victims psychologically, physiologically, psychosomatically, economically, and socially (Leymann and Gustafsson 1996). Mobbing can also lead to the victim leaving their job (Tetik 2010). In fact, the consequences may escalate to psychological disorders (Zapf et al., 1996). One of the severe negative outcomes of mobbing is that it may drive individuals to suicide (Çekin 2014). Girardi et al. (2007) identified four major negative effects in victims of mobbing: depressive mood, passive-aggressive behavior, indecisiveness, and physical symptoms. In a study using the Minnesota Multiphasic Personality Inventory (MMPI) on mobbing victims, high scores were found in the scales for depression, somatic complaints, and anxiety, and in victims who had experienced prolonged mobbing, high scores were also observed in the paranoia scale (Mikkelsen and Einarsen 2002a).

In a 2016 study, Çetin and Kurt examined whether there is a relationship between mobbing exposure and psychosomatic disorders. The results indicated significantly higher rates of psychosomatic symptoms, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid thoughts, and psychoticism in individuals exposed to mobbing. Similarly, in a 2017 study using the Symptom Checklist-90 (SCL-90), Ulaş et al. found a strong relationship between the subscales for paranoia and psychoticism and mobbing. Deniz (2019) reported that 33 out of 34 participants had received at least one psychiatric diagnosis, including major depression, major depression with PTSD, generalized anxiety disorder, major depression with adjustment disorder, anxious depression with PTSD, panic disorder with major depression, somatic symptom disorder with major depression, and depressive disorder (Deniz 2019). Yalçın (2006) noted severe depression, panic attacks, and suicide attempts among employees as outcomes of mobbing (cited in Avcı 2019). In a qualitative study, 12 individuals who had experienced mobbing reported threats, coercion, humiliation, exclusion, gossip, slander, interference with their personal life, arbitrary actions, impediments to career progress, and physical violence, which led to suicide (Eroğlu and Önal 2023).

Due to the increasing prevalence of mobbing in the workplace, a help hotline was established in Japan in 1996. In its first week, the hotline received calls from 144 individuals reporting mobbing-related stress, 27 individuals reporting sexual harassment, and 49 individuals experiencing mental breakdowns. Additionally, relatives of 9 individuals who had committed suicide due to mobbing also reached out (Meek 2004). Meek (2004) further noted an increase in workplace mobbing-related suicides in Japan over the years. The research data suggest that psychological disorders in mobbing victims can lead to life-threatening outcomes, including suicide. Beyond suicide, mobbing in the workplace severely impacts the victim's functionality and mental well-being. Findings from various years indicate that exposure to mobbing has persisted over time.

Göymen (2020) categorized the consequences of mobbing into four subgroups: individual consequences, organizational consequences, social and economic consequences, and family-related consequences. Individual consequences include mental, emotional, and cognitive problems such as stress, difficulty concentrating, panic attacks, and PTSD. Physiological problems such as hypertension, tremors, sweating, somatic pain, reduced appetite, and itching are also listed (Karavardar 2009). In a study by Mikkelsen and Einarsen (2002b), victims of mobbing were found to develop negative thoughts about themselves, others, and the world. Economic consequences primarily involve loss of income due to resignation or termination, as well as treatment-related expenses (Tınaz 2006b). Early retirement is considered a social consequence, while reduced performance and damage to the organization's image are seen as organizational consequences (Mercanlıoğlu 2010). In a study by Eğer (2017), a decrease in work productivity was observed as mobbing increased. In Altuntaş's 2010 study, one participant reported experiencing sexual harassment but was unable to pursue legal rights. While many health issues arise in mobbing victims, no effects may be observed in perpetrators or bystanders (Zapf et al., 1996). Victims of mobbing frequently seek medical help for symptoms such as internal distress, panic attacks, dizziness, insomnia, itching, heart attacks, stomach problems, weakened immunity, and sweating (Özer 2009). Leymann (1996) stated that extreme stress resulting from mobbing leads to the aforementioned physiological problems. Anxiety, depression, and trauma-related disorders often accompany these physiological symptoms (Cicerali 2011).

## Trauma

---

When examining the history of trauma, it can be said that it has been present throughout human history (Özen 2018). Trauma is a situation that individuals may encounter at any moment in life (Karakaya 2023). In the literature, the literal meaning of the word "trauma" is described as an "open hole" (Kırıcı Ercan 2024). Initially, trauma was defined as an externally induced, sudden event that causes injuries and physical damage; later, this definition was expanded to include psychological harm as well (Altmaire 2019). Just like the body, the human psyche can also be traumatized (Ruppert 2011). It implies the shaking and wounding of the mind and body (Kokurcan and Özsan 2012). In summary, traumatic events can be defined as occurrences that harm and distress the individual, make it difficult to cope, threaten their life, and are unexpected under normal circumstances (Öztan et al. 2001). Although events such as accidents, illnesses, and falls are not uncommon, they are known to have a traumatizing effect (Levine 2013). Natural disasters like earthquakes, floods, and landslides; human-caused events such as murder, abuse, and terrorism; and unexpected illnesses are examples of events that can cause trauma (Karakaya 2023). While some stressors persist for a long time and become chronic, others, such as natural disasters or traffic accidents, occur suddenly and unexpectedly (Cantekin 2020).

Normal psychological responses to abnormal or horrifying events have been termed PTSD (Jones and Wessely 2007). PTSD is a form of psychological injury (Namie 2003). The term PTSD was first introduced to describe the

symptoms exhibited by soldiers during World War I and World War II (Cantekin 2020). Jones and Wessely (2007) previously suggested that trauma was a trigger and that individuals developing PTSD had a pathological predisposition or repressed childhood experiences. However, as the understanding of trauma and trauma-related phenomena evolved, perspectives changed. Levine (2013) stated that traumatic symptoms develop when the responses we exhibit during a traumatic event persist. He noted that these responses often involve immobility and a freeze response (Levine 2013). Cantekin (2020) added that these responses may also include dissociative reactions such as confusion, altered consciousness, disorientation, and agitation. Ehlers and Clark (2000) suggested that interpreting trauma as a serious and ongoing threat can make PTSD symptoms more persistent.

There are several risk factors that influence the development of PTSD. These include the severity, magnitude, duration, predictability, life-threatening nature, and level of awareness of the traumatic event (Cantekin 2020). Protective factors after trauma include social support and self-efficacy (Hobfoll 2001).

### **Situations Where Trauma Occurs**

The reactions an individual exhibits may vary depending on whether they directly experience the trauma, witness it happening to a loved one, or the degree of exposure to the event (Ruppert 2011). Examples of traumatic events include being involved in a traffic accident, witnessing an accident, or experiencing life-threatening incidents (Öztan et al. 2001). It is known that such trauma-inducing events can have long-term physiological or psychological effects on individuals (Karakaya 2023).

Levine (2013) identified sources of trauma as natural disasters, explosions, terrorist activities, sudden losses, medical procedures, difficult childbirth, and the breakdown of one's community. He also noted that even after such traumatic events occur, individuals have an internal capacity for self-healing. Not every traumatic event leads to long-term effects; some effects, like wounds, may heal over time (Jones and Wessely 2007). Individuals who experience the same event do not always display similar traumatic symptoms, and some may not be traumatized at all (Levine 2013). PTSD is a common response to traumatic events, and while many individuals overcome these reactions relatively quickly, symptoms can persist for years in a significant number of cases (Ehlers and Clark 2000).

### **Symptoms of Trauma**

Ruppert (2011) states that trauma causes overstimulation in individuals, even the smallest recollection causes physiological symptoms such as sweating and psychological symptoms such as anxiety. Levine (2013) reported that traumatized individuals show symptoms of nightmares, deterioration of social relations and violent tendencies. Öztan et al. (2001) categorized normal reactions to trauma under three headings:

1. **Involuntary Images and Thoughts:** This refers to the repeated reliving of the traumatic memory, with images of the location and individuals involved reappearing in the victim's mind. Similar sights, sounds, and sensations are reactivated in the individual. In a 2018 study, Cantekin noted that for some individuals fleeing war, the sound of rain triggered memories of gunfire, leading to re-experiencing the trauma.
2. **Avoidance Behavior:** This is a behavioral response aimed at preventing involuntary thoughts from circulating in the mind by avoiding locations and individuals that remind the victim of the trauma. Alcohol or substance use can be examples of avoidance behavior (Cantekin 2020).
3. **Hyperarousal:** The recollection or mental re-enactment of the traumatic event can cause the individual to experience physiological symptoms as if they are reliving the moment. Examples of these symptoms include rapid heartbeat, sweating, and muscle pain.

In the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (APA 2013), the criteria for PTSD are as follows:

1. **Event:** Directly experiencing a traumatic event or events, witnessing the event, experiencing a life-threatening situation involving a family member or friend, or repeatedly and excessively encountering details of the traumatic event.
2. **Involuntary Symptoms:** Involuntary and distressing thoughts or dreams about the traumatic event, re-experiencing the event, psychological distress, or physiological symptoms in response to triggers.

3. Avoidance: Avoidance of thoughts, feelings, places, people, or objects related to the traumatic event that cause distress.
4. Negative Changes in Cognition and Mood: Inability to remember key aspects of the traumatic event, feelings of detachment, developing negative beliefs about oneself, others, or the world, blaming others, persistent negative emotional states, noticeable loss of interest, and inability to experience positive emotions.
5. Arousal and Reactivity: Increased arousal and negative reactivity related to the traumatic event, including anger outbursts, reckless or self-destructive behavior, hypervigilance, exaggerated startle response, concentration problems, and sleep disturbances.
6. Additionally, these criteria must persist for more than one month, cause functional impairment, and not be explained by any physiological condition.

Acute Stress Disorder (ASD) is closely related to PTSD. It refers to the presence of PTSD symptoms within the first month after the traumatic event, lasting for at least three days but resolving after one month (Cantekin 2020).

### **Relationship between Mobbing and Trauma**

---

Victims of mobbing inevitably exhibit physical and psychological symptoms (Saraç 2011). Individuals who have been subjected to mobbing experience difficulties in controlling their thoughts and responses due to the trauma they have faced. These difficulties lead the victim to feel even more emotional, isolated, and helpless, resulting in fatigue, sleep issues, and various physiological problems (Fettahloğlu 2008). Tınaz (2006b) states that most individuals exposed to mobbing may be clinically diagnosed with "adjustment disorder," and that the symptoms related to this disorder typically subside within six months after the stressors are removed. However, the trauma experienced can sometimes result in chronic illnesses, and even if the mobbing process ends (e.g., through job resignation), the illnesses and symptoms persist. Victims often continue to feel fear and anxiety (Fettahloğlu 2008).

The physical and psychological symptoms emerging as a result of mobbing suggest that trauma can indeed develop from such exposure, and the victim may subsequently develop PTSD (Fettahloğlu 2008). Numerous studies indicate that a significant number of individuals exposed to mobbing suffer from PTSD (Mikkelsen and Einarsen 2002b). In rarer and more severe cases, where symptoms do not subside even after the stressors are removed, individuals may continue to experience problems in their private lives, resulting in stress-related PTSD (Tınaz 2006b). Stress related to mobbing can lead to anxiety and behavioral disorders, PTSD, suicidal thoughts, and negatively affect family and social relationships (Aksakal Kaymakçı 2008). The development of PTSD as a result of mobbing has been supported by several studies (Ehlers and Clark 2000; Bölükbaşı 2015; Öztürk et al., 2015; Aşan 2019).

In a study conducted by Leymann and Gustafsson in 1996 at a rehabilitation center in Sweden, all 64 individuals who had been exposed to mobbing were diagnosed with severe PTSD (Leymann and Gustafsson 1996). In another similar study, Mikkelsen and Einarsen (2002b) examined the severity of symptoms in a group of 118 mobbing victims. They found that 76% of the participants had PTSD. Of this group, 29% met all the DSM-IV-TR criteria, while 47% met all but one criterion. The severity of PTSD in this group was reported as mild in 21.7%, moderate in 16.5%, between moderate and severe in 37.4%, and severe in 24.3% of the cases (Mikkelsen and Einarsen 2002b). In a study conducted in the UK, Namie (2003) found that among participants who had experienced mobbing, 76% reported severe anxiety, 71% had sleep and concentration issues, 47% had PTSD, 39% had clinical depression, and 32% experienced panic attacks. Namie also noted that prolonged mobbing exposure without treatment could lead to cardiovascular diseases (2003).

In their study, Nolfé et al. (2007) reported that the perception of mobbing was higher among managers, officers, workers, and white-collar employees, particularly in the upper and middle classes, and that common diagnoses included PTSD, depression, and anxiety disorders. In another study conducted in Italy in 2007, 253 individuals who sought medical help after experiencing mobbing were examined. Diagnoses were made for 37 individuals: 2 with anxiety disorder, 2 with PTSD, and 35 with adjustment disorder (Marinoni et al., 2007). Similarly, in Çebe's (2019) study with 273 mobbing victims, 22 individuals were diagnosed with PTSD. In a 2022 study by İnaç Kaz involving 465 participants, a significant positive relationship was found between mobbing behaviors and PTSD, with PTSD symptoms increasing as mobbing exposure intensified.



The most severe consequence of PTSD for mobbing victims is the loss of self-confidence (Tınaz 2006b). The loss of self-confidence leads individuals to question themselves and try to understand the cause of the situation, but when they cannot find an answer, they begin to blame themselves and lose self-esteem (Tınaz 2006b). It is essential for mobbing victims to receive treatment for trauma-related disorders (Fettahlıoğlu 2008). It is reported that approximately 1.5 million people in Europe have sought treatment due to illnesses related to mobbing (Cicerali 2011). Quine (2003) noted that individuals who do not report mobbing have higher levels of psychological distress. Finally, according to Leymann's estimates, 10% of suicides in his country are attributed to work-related trauma (Namie 2003).

Based on the findings from various studies, mobbing has persisted over time, increasingly affecting individuals negatively across different areas of life. Workplace mobbing has led to the development of several psychological disorders, including depression, anxiety, PTSD, and associated suicide attempts. The severe impact of stress on individuals, as seen in research on the emergence and effects of psychological disorders, suggests the need for permanent measures to address this issue.

## Conclusion

In recent years, research has increasingly focused on mobbing, both in terms of its application and its exposure. Mobbing is a deliberate and systematic form of pressure and psychological harassment that can occur in any workplace. Individuals subjected to mobbing face physical, psychological, and economic challenges. Common symptoms observed in victims include muscle pain, heart problems, excessive sweating, sleep disturbances, feelings of loneliness and helplessness, anxiety, depression, decreased job performance, job resignation or dismissal, financial difficulties, deterioration of social relationships, and loss of functionality. Research findings indicate that the consequences of mobbing can be severe. These severe outcomes include loss of self-esteem, suicide, and PTSD. Trauma involves events that threaten the individual's life, cause harm, and are difficult to cope with. Natural disasters, rape, and terrorist attacks are examples of traumatic events. Normal responses to trauma (involuntary thoughts, avoidance, hyperreactivity, and negative emotions and thoughts) that persist for more than a month indicate the presence of PTSD. Research results show that individuals exposed to mobbing often develop trauma-related PTSD.

Even the discomfort felt by an individual due to mobbing behavior should be taken seriously, and if it escalates, it requires intervention from both the government and organizations. Mobbing is not only an individual issue but also a societal one. Moreover, and perhaps most importantly, mobbing violates fundamental human rights. Therefore, those in the role of bystanders need to take action. Organizations should thoroughly investigate whether mobbing behaviors are present, and the government should impose sanctions on individuals who engage in mobbing. Additionally, support should be provided for the treatment of individuals affected by mobbing. Conducting more studies on mobbing and its effects in our country could raise awareness and help prompt quicker preventive measures.

## References

- Acar A, Dündar G (2008) İşyerinde psikolojik yıldırma (mobbing) maruz kalma sıklığı ile demografik özellikler arasındaki ilişkinin incelenmesi. *İstanbul Üniversitesi İşletme Fakültesi Dergisi*, 37:111-120.
- Akgeyik T, Delen MG, Uşen Ş, Omay U (2009) İşyerinde psikolojik taciz olgusu: Niteliği, yaygınlığı ve mücadele stratejisi. *Sosyal Siyaset Konferansları Dergisi*, 56:92-150.
- Aksakal Kaymakçı H (2008) Çalışma hayatında mobbing (Sakarya imalat sektöründe bir araştırma) (Doktora tezi). Sakarya, Sakarya Üniversitesi.
- Alkan N (2022) İşyerlerinde mobbing davranışları (Yüksek lisans tezi). Çankırı, Karatekin Üniversitesi.
- APA (2013) *Diagnostic and Statistical Manual Of Mental Disorders*, 5th edition (DSM-5™). Washington DC, American Psychiatric Association.
- Altmaier EM (2019) *Promoting Positive Processes After Trauma*. Cambridge, MA, Academic Press.
- Altuntaş C (2010) Mobbing kavramı ve örnekleri üzerine uygulamalı bir çalışma. *Yaşar Üniversitesi E-Dergisi*, 5:2995-3015.
- Aristidou L, Mpouzika M, Papanthanasoglou ED, Middleton N, Karanikola MN(2020) Association between workplace bullying occurrence and trauma symptoms among healthcare professionals in Cyprus. *Front Psychol*, 11:575623.
- Aşan E (2019) Çalışma ortamında psikolojik tacize maruz kalan kişilerin göstermiş oldukları belirtilerle travma yaşamış kişilerin travma sonrasında göstermiş oldukları belirtiler arasındaki ilişki (Yüksek lisans tezi). İstanbul, Üsküdar Üniversitesi.
- Avcı A (2019) Çalışanlara uygulanan mobbing, psikolojik şiddet ve intihar eğilimlerinin sosyo ekonomik etkileri. *Üniversite Araştırmaları Dergisi*, 2:78-81.

- Browne MN, Smith MA (2008) Mobbing in the workplace: the latest illustration of pervasive individualism in American law. *Employee Rights and Employment Policy Journal*, 12:131-156.
- Bölükbaşı B (2015) Ortaöğretim kurumlarında görev yapan öğretmenlerin psikolojik taciz'e (mobbing) ilişkin algıları (Güngören- İstanbul örneği) (Yüksek lisans tezi). Çanakkale, Onsekiz Mart Üniversitesi.
- Cantekin D (2018) Syrian refugees living on the edge: Policy and practice implications for mental health and psychosocial wellbeing. *Int Migr*, 57:200-220.
- Cantekin D (2020) Travma ile ilişkili bozukluklar. In *DSM-5'e Göre Anormal Psikoloji* (Ed E Tuna, Ö Öncül-Demir):225-257. Ankara, Nobel Akademik.
- Cebe F (2019) İşyerinde yıldırma mağdurlarının benlik saygısı, çatışma eğilimi, işlemsel adalet algısı ve travma açısından incelenmesi (Doktora tezi). İstanbul, İstanbul Üniversitesi.
- Cengiz SA (2007) Kişilerarası iletişimde sapkın şiddet: Manevi taciz (Mobbing). *Kriz Dergisi*, 15:1-14.
- Cicereli LK (2011) Mobbinge maruz kalanların kişilik profillerine bağlı psikolojik sağlıkta bozulma göstergeleri (Doktora tezi). İstanbul, İstanbul Üniversitesi.
- Çarıkcı İH, Yavuz H (2009) Çalışanlarda mobbing (psikolojik yıldırma) algısı: Sağlık sektörü çalışanları üzerine bir araştırma. *Süleyman Demirel Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 2:47-61.
- Çekin A (2014) Çalışma hayatında insan onuruna karşı psikolojik bir şiddet örneği: mobbing. *Kastamonu Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi*, 3:5-22.
- Çetin C, Kurt NB (2016) Mobbing ve sonuçlarından biri: Psikosomatik belirtiler. *Afyon Kocatepe Üniversitesi Sosyal Bilimler Dergisi*, 18:29-49.
- Çöğenli MZ, Karadaş Y (2019) Belediye çalışanlarının karşılaştıkları mobbing davranışları: Akşehir Belediyesinde ampirik bir çalışma. *Uluslararası İktisadi ve İdari İncelemeler Dergisi*, 33-48.
- ÇSGB (2017) Çalışma ve Sosyal Güvenlik Bakanlığı, İşyerlerinde Psikolojik Taciz (Mobbing) Bilgilendirme Rehberi, 4. Baskı. Ankara, Çalışma ve Sosyal Güvenlik Bakanlığı.
- Davenport N; Elliott GP, Distler R (2003) Mobbing: İşyerinde Duygusal Taciz. İstanbul, Sistem Yayıncılık.
- Deniz D (2019) Mobbing (işyerinde zorbalık) mağdurlarının sosyodemografik özellikleri, iş yaşamı ve ruh sağlıkları açısından incelenmesi: Olgu serisi. *Adli Tıp Bülteni*, 24:183-191.
- Eğer K (2017) İş hayatında uygulanan mobbingin çalışanlar üzerindeki etkileri: Bir uygulama çalışması Türk bilişim sektörü. *İletişim Çalışmaları Dergisi*, 3:1-26.
- Ehlers A, Clark DM (2000) A cognitive model of posttraumatic stress disorder. *Behav Res Ther*, 38:319-345.
- Ergenekon S (2006) İşyerinde duygusal taciz (mobbing). *Kazancı Hakemli Hukuk Dergisi*, 19:51-64.
- Eroğlu O, Önal AA (2023) Mobbing and suicide: A case study on suicide incidents in Turkey. *OPUS Journal of Society Research*, 20(56):1181-1193.
- Fettahoğlu ÖO (2008) Örgütlerde psikolojik şiddet (mobbing): Üniversitelerde bir uygulama (Doktora tezi). İzmir, Dokuz Eylül Üniversitesi.
- Girardi P, Monaco E, Prestigiacomo C, Talamo A, Ruberto A, Tatarelli R (2007) Personality and psychopathological profiles in individuals exposed to mobbing. *Violence Vict*, 22:172-188.
- Göymen Y (2020) İş hayatında mobbing ve mobbinge başa çıkma yolları. *Toros Üniversitesi İİSBF Sosyal Bilimler Dergisi*, 7:31-60.
- Güldalı O (2012) Çalışma yaşamında çalışana psikososyal ve psikosomatik açıdan acı veren travmatik bir deneyim: Mobbing (Yıldırma). *Toplum ve Sosyal Hizmet*, 23:125-144.
- Hobfoll SE (2001) The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. *Appl Psychol*, 50:337-421.
- İnaç Kaz MM (2022) Mobbing (yıldırma) yaşantılarının, sürekli öfke ve öfke ifade tarzları, durumluk ve sürekli kaygı ve travma sonrası stres bozukluğu üzerindeki etkisi (Yüksek lisans tezi). İstanbul, Haliç Üniversitesi.
- Jones E, Wessely S (2007) A paradigm shift in the conceptualization of psychological trauma in the 20th century. *J Anxiety Disord*, 21:164-175.
- Karakaya EG (2023) Travmatik deneyimlerin fizyolojik ve psikolojik yansımaları üzerine; travma sonrası stres bozukluğuna genel bir bakış. *Academic Social Resources Journal*, 8:2595-2601.
- Karavardar G (2009) İş yaşamında psikolojik yıldırma ve psikolojik yıldırmaya direnç gösteren kişilik özellikleri ile ilişkisi (Doktora tezi). İstanbul, İstanbul Üniversitesi.
- Kırcı Ercan Ş (2024) Travma sonrası bilişler ile travma sonrası büyüme arasında duyguları yönetme becerilerinin aracı rolü (Yüksek lisans tezi). İstanbul, Marmara Üniversitesi.
- Kokurcan A, Özsan H (2012). Travma kavramının psikiyatri tarihindeki seyri. *Kriz Dergisi*, 20:19-24.
- Kuyumcu D (2023) Sağlık sektöründe mobbing ve iş doyumuna etkisi (Yüksek lisans tezi). İstanbul, Nişantaşı Üniversitesi.
- Leymann H (1996) The content and development of mobbing at work. *Eur J Work Organ Psychol*, 5:165-184.
- Leymann H, Gustafsson A (1996) Mobbing at work and the development of post-traumatic stress disorders, *Eur J Work Organ Psychol*, 5:251-275.
- Levine PA, Frederick A (2013) *Kaplanı Uyandırmak* (Çeviri Ed. Z. Yalçınkaya). İstanbul, Butik Yayıncılık.

- Marinoni B, Minelli CM, Franzina B, Martellosio V, Scafa F, Giorgi I, et al. (2007) Analysis of a case series of workers with mobbing syndrome. *G Ital Med Lav Ergon*, 29(Suppl 3):354-356.
- Öztaş N, Aydın G, Eroğlu ÇY, Stuvland R (2001) MEB, UNICEF Psikososyal Okul Projesi Travma Sonrası Normal Tepkiler: Psiko eğitim El Kitabı, 2. Baskı. Ankara, Milli Eğitim Bakanlığı.
- Meek CB (2004) The dark side of Japanese management in the 1990s. *Journal of Managerial Psychology*, 19:312-331.
- Mercanlioğlu Ç (2010) Çalışma hayatında psikolojik tacizin (mobbing) nedenleri, sonuçları ve Türkiye'deki hukuksal gelişimi. *Organizasyon ve Yönetim Bilimleri Dergisi*, 2:37-46.
- Mikkelsen EG, Einarsen S (2002a) Relationships between exposure to bullying at work and psychological and psychosomatic health complaints: the role of state negative affectivity and generalized self-efficacy. *Scand J Psychol*, 43:397-405.
- Mikkelsen EG, Einarsen S (2002b) Basic assumptions and symptoms of post-traumatic stress among victims of bullying at work. *Eur J Work Organ Psychol*, 11:871-111.
- Namie G (2003) Workplace bullying: escalated incivility. *Ivey Business Journal*, 68:1-6.
- Nolfe G, Petrella C, Blasi F, Zontini G, Nolfe G (2007) Psychopathological dimensions of harassment in the workplace (mobbing). *Int J Ment Health*, 36:67-85.
- Ören K (2007) Sosyal sermayede güven unsuru ve işgücü performansına etkisi. *Kamu-İş*, 9:71-90.
- Özalp Yıldız D (2021) İşyerinde mobbing üzerine nitel bir araştırma (Yüksek lisans tezi). Ankara, Yıldırım Beyazıt Üniversitesi.
- Özen Y (2018) Travma sonrası ortaya çıkan psikolojik bozukluklar üzerine bir değerlendirme. *The Journal of Social Science*, 2:136-159.
- Özer D (2009) BİLKA (Bilge Kadın Araştırma Merkezi) İşyerinde Psikolojik Taciz (Mobbing) Raporu. İstanbul, BİLKA (Bilge Kadın Araştırma Merkezi)
- Öztürk H, Eke Dereli E, İpek N, Müdüroğlu A, Faikoğlu R (2015) Mobbing (psikolojik yıldırma), örgüt üzerindeki etkileri ve çözüm önerileri. *Sağlık Akademisyenleri Dergisi*, 2:27-33.
- Pınar H (2022) Mobbing ile psikolojik belirtiler arasındaki ilişkide öz-duyarlılığın aracı rolü (Yüksek lisans tezi). İstanbul, Arel Üniversitesi.
- Quine L (2003). Workplace bullying, psychological distress, and job satisfaction in junior doctors. *Camb Q Health Ethics*, 12:91-101.
- Riguzzi S (2001) *Il Mobbing Violenze Morali E Persecuzioni Psicologiche Sul Lavoro*. Cierre, Roma.
- Ruppert F (2011) Travma, Bağlanma ve Aile Konstelasyonları. İstanbul, Kaknüs Yayınları.
- Saraç E (2011) İş ortamında psikolojik tacizin (mobbing) çalışanlar üzerinde etkileri (Yüksek lisans tezi). İstanbul, Beykent Üniversitesi.
- Sloan LM, Matyók T, Schmitz CL, Short GFL (2010) A story to tell: Bullying and mobbing in the workplace. *International Journal of Business and Social Science*, 1:87-97.
- Tamirazova N (2021) Mobbing mağdurlarının ve mobbing uygulayanların kişilik özelliklerinin sosyo demografik özelliklere göre incelenmesi (Yüksek lisans tezi). İstanbul, İstanbul Üniversitesi.
- Tatar Z, Yüksel Ş (2019) Mobbing at workplace-psychological trauma and documentation of psychiatric symptoms. *NoroPsikiyatri Ars*, 56:57-62.
- Tetik S (2010) Mobbing kavramı: Birey ve örgütler açısından önemi. *Karamanoğlu Mehmetbey Üniversitesi Sosyal ve Ekonomik Araştırmalar Dergisi*, 2010:81-89.
- Tınaz P (2006a) İşyerinde psikolojik taciz (Mobbing). *Çalışma ve Toplum*, 4:13-28.
- Tınaz P (2006b) İşyerinde psikolojik taciz (Mobbing). İstanbul, Beta Basım Yayım.
- Ulaş H, Afşaroglu H, Binbay İT (2018) Bir üniversite hastanesinde çalışan kadınlarda psikososyal bir stres olarak işyerinde yıldırmanın genel psikopatoloji ve psikotik yaşantılar ile ilişkisi. *Türk Psikiyatri Derg*, 29:102-108.
- Yıldız S (2007) İşyerinde istismar davranışlarının psiko-sosyal boyutu ve bir uygulama (Doktora tezi). Bursa, Uludağ Üniversitesi.
- Zapf D, Knorz C, Kulla M (1996) On the relationship between mobbing factors, and job content, social work environment, and health outcomes. *Eur J Work Organ Psychol*, 5:215-237.

**Authors Contributions:** The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript

**Peer-review:** Externally peer-reviewed.

**Conflict of Interest:** No conflict of interest was declared.

**Financial Disclosure:** No financial support was declared for this study.