

GRACE

NOTES XXIV

DR SALMA SIDDIQUE considers how, and why, 'mobbing' might be used in organisations

I HAVE realised it's difficult to avoid the political in our work as therapists, trainers and supervisors. After contributing to the letters page of *Therapy Today*, I still hold 'concerns about the lack of dialogue on the range and reconfiguration of counselling courses emerging across the professional education landscape. I would like to invite students, tutors, researchers and practitioners to reflect on Desmond Tutu's observation "if you see an elephant sitting on a mouse and you say you're neutral, you have taken the side of the elephant".'(cited in Siddique, 2017).

Currently my research focus has been on organisational psychotherapy to better understand dialogue and communication leading to organisational behaviour change. I came across a blog page which demonstrates the power of the organisation – it replaces the word 'individual' with 'organisations' to explore the criteria for sectioning under the Mental Health Act (England):

'A common reason given for sectioning (involuntary commitment) is to prevent danger to the individual or society. Organisations with suicidal tendencies may act on these tendencies and harm or kill themselves.

Organisations with psychoses are sometimes driven by their delusions or hallucinations to harm themselves or others. Organisations with certain types of collective disorders can present a danger to themselves, their employees, customers, suppliers and society at large.'

Konrad Lorenz's (1966) research *On aggression* identified the concept of 'mobbing' among animals during a time of scarcity which supports Darwinian theories of survival of the fittest. Westhues (2007) who researched the workplace bullying phenomenon, defined 'mobbing' as 'an impassioned, collective campaign by co-workers to exclude, punish, and humiliate a targeted worker.' Mobbing was first reported in the US targeting individuals who speak out against injustices. Previously Leymann (1999), psychologist, identified the phenomena existing in a diverse range of workplace settings as a 'real measurable threat to health and safety'.

Leymann's (1990) and Westhues (2007) indicate that the workplace is a changing context where health and safety needs now include the interpersonal dynamics of work-based stress in equal measures to operating

machinery or slippery floors. While there are only a few reports of mobbing, the virtual world is littered with personal stories of mobbing as a source of debilitating stress and in some cases suicides are reported.

As I write I am listening to the news headlines: refugees, the #metoo campaign, Oxfam. I think about how TA offers us a therapeutic approach where social transactions are analysed to determine the ego state of the individual as a basis for understanding behaviour. Knowing this frame I am better able to see how power relationships from a privileged social or cultural group status (eg, being white, male, or heterosexual) may work with an individual's oppressed group status (eg, being Pakistani, a woman, or lesbian). After a recent event when I was asked by a white male in a senior position to explore how I was feeling, I was shocked when he said 'I know how it feels' even before I could speak beyond the phrase 'I'm feeling...'. I experienced being invisible and understood Eddo-Lodge's (2014) blog included in her recent book: 'I can no longer engage with the gulf of an emotional disconnect . . . You can see their eyes shut down and harden. It's like treacle is poured into their ears . . . I don't have a huge amount of power to change the way the world works, but I can set boundaries. . . . But I'm no longer dealing with people who don't want to hear it, wish to ridicule it and, frankly, don't deserve it.'

I wonder if people with privilege use mobbing in order to oust any messiness/challenges in their organisations? Micro-aggressions in the shape of slights communicate hostile messages that reinforce a sense of oppression. If I'm feeling like I'm sometimes suffering from a form of PTSD I wonder how many therapists and clients do too?

References

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