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EDITORIAL

Mobbing, Suppression of Dissent/Discontent, Whistleblowing, and Social Medicine

Brian Martin, Florencia Peña Saint Martin

Humans can be ruthless in attacking each other – even without any physical violence. Individuals can be targets, sometimes inside organizations, sometimes in domestic or public arenas. In workplaces, for example, individuals can be singled out for attack because they are different or because they are a threat to or unwanted by those with power. Those who are attacked often suffer enormously, with severe effects on their health and well-being. Society is also damaged through loss of conscientious workers and citizens and squelching of ideas that deserve attention. To understand these sorts of dynamics, there are several concepts that are helpful, including mobbing, reprisals against whistleblowers, and suppression of dissent/discontent.

Mobbing

Mobbing is when a group of people act against an individual of the same workplace or organization. Techniques include criticisms of performance, ostracism, harassment, verbal abuse, spreading rumors, and official penalties. The target's life is made extremely difficult, often with serious health consequences, emotional, physical and mental. Most research on mobbing deals with these sorts of attacks within workplaces, but mobbing can also occur in other arenas. Some researchers call this "workplace bullying": this is like bullying between children, except it involves adults. However, "bullying" often implies that one person, the bully, is harassing another person, the target or victim, often with the implication that this is a psychological or interpersonal matter. The term mobbing implies that the harassment is by a group: it is a phenomenon of collective behavior.

There is a general consensus that mobbing includes:

1. A group of people in an organization that target colleagues, subordinates or authorities (usually one at the time) to degrade them using negative communication as the main "weapon."
2. Regular and systematic attacks to carry out a process of degradation (at least once a week).
3. Repeated attacks over a long period of time (around six months).
4. Use of some or all of behaviors listed in the table.

Reprisals against whistleblowers

A whistleblower is a person who speaks out in the public interest. Whistleblowing, as a concept, most commonly refers to employees in the workplace speaking out about corruption or dangers to the public. For example, a company might be dumping hazardous waste in a waterway; one employee complains about this to the boss or to an outside body like an environmental protection agency. Another example: government planners are accepting bribes from businesses for favorable decisions about development applications, and a government employee reports this to top management, to an outside agency, or to the media.

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Classification of mobbing/bullying behaviors used to attack targets

Task-related			Personal		Physical
Task load	**Task process**	**Evaluation**	**Indirect**	**Direct**	
· overloading · removing · responsibilities · delegating menial tasks · refusing fair and legal leaves/rights · asking for unrealistic goals · setting up for failure	· shifting instructions and opinions · overruling decisions · flaunting status/power · attacking professional status · controlling resources · withholding information	· monitoring excessively · judging outcomes wrongly · criticizing unfairly · blocking promotions · minimizing achievements · minimizing contributions	· isolating · ignoring · excluding · not responding to communications · not answering calls · gossiping · lying · making false accusations · undermining · ostracizing	· attacking verbally/ harassing openly · belittling remarks · yelling · interrupting · criticizing persistently · demeaning intentionally · humiliating · making personal jokes · making negative eye contact/staring · intimidating · manipulating · contradicting systematically · refusing to talk · threatening	· physical violence is rarely involved

Adapted from Bartlett and Bartlett (2011).

Outside of their workplaces, many people speak out about social problems such as poverty, exploitation, war and discrimination. Such people are not usually called whistleblowers, but instead activists or campaigners or concerned citizens. The term whistleblower could be applied more generally, but is usually restricted to those who speak out about problems within their organizations. This includes members of churches who expose pedophilia by priests, members of trade unions who expose bribery of or by trade union officials, and members of environmental organizations who expose corrupt dealings by senior figures.

Whistleblowing can be a health hazard for whistleblowers: they very commonly suffer reprisals, including ostracism, harassment, spreading of rumors, onerous duties, reprimands, demotions, mobbing, dismissal, and blacklisting. The consequences for health, relationships, finances, and mental state are often severe.

Whistleblowing is usually beneficial to society: it exposes problems that need to be fixed when few people are willing to do anything about it. Groups with power see whistleblowers as a danger, which is the reason for the reprisals.

Suppression of dissent/discontent

Dissent is disagreement with or a challenge to a dominant viewpoint. A scientist might criticize the standard ways of treating cancer and propose a different approach: this is dissent. A theologian might criticize church doctrine: this is dissent. Social medicine challenges the view of health problems as the result of personal behaviors and risk factors, disentangled from the organization of society; this is dissent. So is questioning political orthodoxy in repressive political regimes or economic orthodoxy in market systems. Dissent usually implies challenge to a powerful, dominant viewpoint, backed by political, economic, scientific, or other elites.

Suppression of dissent refers to actions taken against dissent or dissenters. A dissident scientist might have high quality articles rejected by journals; a dissident theologian might be refused usual opportunities at churches; a dissident political figure might be censored or arrested.

Dissent is not quite the same as whistleblowing, but there is considerable overlap. Whistleblowing is usually about a specific problem, whereas dissent is a challenge to a viewpoint. Whistleblowing involves someone speaking out; dissent can occur simply by doing research or expressing viewpoints.

Suppression of dissent is very similar to reprisals against whistleblowers; many of the same techniques are used. However, sometimes dissent is squashed without open attacks on dissenters. Examples include: when dissident scientific views are routinely rejected by journals; scientists with unorthodox views are never appointed to positions; and awards and promotions are given to supporters of orthodoxy but not to dissidents. Mobbing, whistleblowing, and suppression of dissent have the potential to create serious health problems for targets. They also block democracy and the human right of speaking out. However, research about these topics and their relationships and interactions is still marginal.

Papers in this issue

In the Original Research Section, we are publishing four papers.

In our paper, "Mobbing and Suppression," we describe these two phenomena, including both how they overlap and their differences. It is useful to be able to understand which one is occurring (sometimes both) in order to be more effective in opposing them.

Margarida Barreto's "The Social Context of Workplace Bullying and Its Link to the Health of Workers in Brazil" examines how work is organized, how workers address the changes imposed by neoliberalism, and how the intensification of labor creates new risks, among which mobbing can be explained.

"Mobbing and Fibromyalgia," contributed by Rocio Fuentes Valdivieso and Eleazar Lara Padilla, is a result of a field study of women diagnosed with this disease. Through interviews, they were able to determine that there is an association between having been mobbed and suffering from this condition.

Eduardo Mario Bustos Villar, Marcelo Carlos Caputo, Silvia Elizabeth Aranda Coria and Nadia Messoulam's paper "Psychological/Moral Workplace Harassment: Development of an Inventory in Argentina" deals with the development of an instrument to survey mobbing in the Argentinian context. Because of copyright issues, the complete results cannot be presented at this time, but will be published in this journal at a later date.

The Social Medicine in Practice section includes a contribution by Rosemary Greaves and John McGlone. They are whistleblowers who suffered reprisals. They then decided to study the psychological consequences of whistleblowing, interviewing several members of Whistleblowers Australia, an organization created to support and advise whistleblowers.

In the Classics in Social Medicine section we recommend three papers on the three main topics.

1) Mobbing: Heinz Leymann, "Mobbing and Psychological Terror at Workplaces" (1990). This paper was a pioneering treatment of mobbing, still highly relevant today. We do not reproduce it here; it is available for free at:
www.mobbingportal.com/leymannmain.html (English)
www.scribd.com/doc/20872144/Mobbing-y-Terror-Psicologico (Spanish).

2) Whistleblowing: Jean Lennane, "What Happens to Whistleblowers, and Why" (1996). Of the many early treatments of whistleblowing, this is one of the most informative, especially for whistleblowers themselves. Unlike most other treatments, it emphasizes the health consequences of whistleblowing.

3) Suppression of dissent: Brian Martin, "Suppression of Dissent: What It Is and What to Do About It" (1993). This is a practical introduction, aimed at helping dissidents and their allies understand suppression.

The Theme and Debates section explores how scientific ideas can be suppressed by not treating them seriously and by not researching them. Research that could be done on a topic but is not is called "undone science." Tom Cleary analyzes undone science in research on the treatment of macular degeneration.

Finally, in News and Events, we include information about the Ibero-American Network for Dignity in Workplaces Organizations, a brief report on the First Ibero-American Congress on Workplace and Institutional Mobbing in Mexico City; the creation of a Basque Mobbing Watch (Spain); and a review of the book *Mobbing Testimonies: Workplace Bullying in Mexico*.

Rethinking the problem

The concepts of mobbing, whistleblowing, and suppression are three ways of making sense of the exercise of power in organizations and beyond. In many cases, these phenomena are mixed together, often with other dynamics such as discrimination, racism, and exploitation. In any given circumstance, it may be helpful to focus at least on mobbing, whistleblowing, and suppression. There is one important limitation to all these concepts: they can detract attention from the original problem.

In quite a few countries and organizations, formal procedures have been set up to deal with whistleblowing. For example, most English-speaking countries have national and provincial whistleblower laws. In some places, there are laws and policies to deal with mobbing. This sounds worthwhile, but unfortunately, many of the laws and policies are not very helpful. Formal procedures operate slowly, involve many technicalities, and may not provide much help. They give only an illusion of protection (Martin, 2003).

Formal procedures to deal with mobbing and whistleblowing have a deeper problem: they do not address the driving forces behind these phenomena. Procedures to deal with particular cases of mobbing seldom change the power dynamics that allow or stimulate mobbing; procedures designed to protect whistleblowers can distract attention from the issues that the whistleblower was speaking out about, such as corruption and dangers to the public. Laws and policies mostly deal with symptoms of a sick system, and may leave social illness untouched. This is why these topics need to be addressed from a social medicine perspective, in which the broader context within which they occur is part of the analysis of the problem.

The social medicine context

From our perspective, Latin American Social Medicine has moved from addressing only the social determination of health, based on living conditions, to grasp the dialogic relationships between the dynamics of society, the ways of living of social groups, their everyday social and cultural interactions, the capacity of humans to think and take decisions towards building their own lives, and the biological existence of every person as a singular being. The interplay of these non-stop lifespan interactions is, after all, the human existence and has everything to do with the "biological conditions" and well-being of individuals, families, social groups, and nations at any given time. Social medicine has a clear political position demanding social systems based on an economy that can provide social justice. Thus, for this arena of research-action, a better and fairer distribution of the goods that are produced by the current economic system, which excludes masses from a good life, is just the beginning.

Humans are biological individuals as well as members of groups residing in diverse geographical locations, belonging to different nations, cultures, genders, linguistic groups, families, working spaces, households, and public spaces. During their lives, they face important events such as education, new relationships, illness, and disasters in a dynamic way. Therefore, these ways of living are not only conditioned by the circumstances of their biological upbringing and achieved "biological state" at any given moment, or are they the only variables that relate to specific health problems. In a dialogic way, the historic and social contexts, this is, the "natural environment" of human communities, become their human biology through a process that Nancy Krieger (2011) calls embodiment. Karel Kosik (1976), among others, stated that because of the above, the human condition is unique in the biota. He called it human-social nature, conformed by biology and society at the same time, in non-stop interactions.

A simple example of the nature of the ongoing social and biological interactions that constitute the socio-human nature through embodiment and their peculiar outcomes is language. Almost every human has the capacity to hear and speak, but a set of circumstances will determine what language or languages they are exposed to during their development. This language will shape the way they perceive and think about the world, with neurological consequences, as well as the development of their phonetic and hearing apparatus to make it possible to pronounce and recognize the sounds of that language or languages, indeed, becoming part of their biology. Adults have difficulties pronouncing certain sounds and identifying them properly because their biological development is finished and, therefore, not fit to them. Hence, society becomes biology, not only shapes it.

In our current globalized capitalist society, social medicine has emphasized that the private ownership of the means of international production by a very few powerful corporations as well as the private appropriation of the goods and services that are created socially, that afterwards are distributed in an unequal way too, a process rooted in the capitalist system, is the main origin of social inequality.

Today, 10% of the population owns 70% of the wealth, excluding the majority from decent jobs, fringe benefits, proper housing, health services, etc. (Boron, 2010). When the social conditions that are part of human-social nature deteriorate, the biological component deteriorates too. Hence, this process of social exclusion expresses itself in biological events, condemning people to live with restricted growth and development, serious preventable diseases and premature death.

Since the crisis of the end of the 1970s, international agencies such as the World Bank and the International Monetary Fund have imposed worldwide structural adjustment policies as the proper economic approach to development (creating what is known as the neoliberal economic system). These policies have created deep problems for the economies of many countries, impoverishing the majority of the world's population. Citizens in many different countries and circumstances have protested against them. However, because neoliberal policies continue to be able to produce profits for the powerful corporations that dominate the media and the world today, they are still presented as the best remedy to be applied to deal with the problems they provoked. A paradox, no wonder.

From this general perspective, Latin American Social Medicine has analyzed mainly the pathological conditions of diverse social groups. Doing so, it has dealt with a number of different emphases and perspectives along the more than 35 years of research, teaching, and social action around this paradigm (López, Arellano & Peña, 2006). The outcomes in health for socially vulnerable people due to the effects of social class, working processes, environmental deterioration, survival strategies, ways of living, the role of the state, the analysis of public and private health services, gender differences, privatization of public services, changes in public policies, and the creation of vulnerable groups, have been demonstrated over and over again. These results have shown that the logic of maximum profit in the least possible time, the main characteristic of the capitalist system, is the ultimate origin of the main current health problems and the destruction of the planet.

Aggressive behaviors in diverse social organizations

The changes that society has experienced in the last 30 years of neoliberal economic policies imposed worldwide has been expressed in subtle negative interactions and outcomes that only recently have been addressed as research problems and social phenomena. The consequences of neoliberal policies include predominance of urban settings, flexibilization of labor, the diminishing number decent jobs, general loss of fringe benefits, privatization of former public services (health and education, for instance), rural-urban migrations within countries, and international migrations. The social drive to be successful, in terms of achieving power, prestige, and money, has deteriorated the quality of human interactions at a high rate. On the other hand, powerful corporations and other enterprises, as well as neoliberal governments and their employees, defend their vested interests fiercely, repressing in various ways those who challenge them, including minor protests and huge social movements.

The struggle for power to control processes, occupy key positions to achieve and/or handle economic, symbolic and cultural capital, battles for prestige, and resources, etc., are now widespread in various types of institutions such as unions, civil associations, non-governmental organizations, workplaces, neighborhoods, etc. These negative interactions are not new in the institutions that human societies have created and in which they interacted, but the neoliberal exacerbation of individualism and competition in a scenario of concentration of the available resources in very few hands have made them prevalent. Aggression, deviance, retaliation, sexual harassment, revenge, favoritism, ostracism, suppression, reprisals, reprimands, ganging up against someone, etc., are now the "normal" every day environment for many individuals.

Research about these new negative scenarios and their consequences for the well-being of targets and organizations has recently started, but is still mainly focused only on workplaces. Besides, although these negative behaviors interact with each other and overlap, they have been dealt with separately, one by one, with few exceptions (Campos, Abarca & Prado, 2005). This special issue is an attempt to call attention to the interactions of three of these negative outcomes: mobbing, suppression of dissent, and reprisals against whistleblowers, as well as their negative impacts on life, health and emotional well-being. It is an invitation to deal with them from a social medicine perspective.

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