

Understanding and Coping with the Mental Health Effects of Advisor Bullying on Graduate Students

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Abstract

Workplace bullying can cause "enormous psychic terror and resultant stress" (Sedivy-Benton, Strohschen, Cavazos, & Boden-McGill, 2015, p. 40) including increased risk of mental health problems such as depression, anxiety, suicidality, and symptoms of PTSD (Brousse et al., 2008; Nielsen, Matthiesen, & Einarsen, 2005). In the higher education workplace, bullying has been found to occur at a higher rate than in other settings (67% compared to 27%; Hollis, 2015; Namie, Christensen, & Phillips, 2014), and within the culture and power dynamics of academia, students occupy an especially vulnerable position (Keashly & Neuman, 2010). One study found that in a graduate psychology program, 1 out of 5 students were bullied by their advisor (Yamada, Cappadocia, & Pepler, 2014). This poster reviews current literature, offers suggestions for practice, and proposes a study to inform practice.

Nature & Prevalence of Workplace Bullying

Workplace bullying is "harassing, offending, socially excluding, or negatively affecting someone's work tasks," once or more per week, over a period of 6 months or more and can lead to systemic negative social acts (Einarsen, Hoel, Zapf & Cooper, 2011). Counselors may notice clients reporting experiences from the five axes of workplace bullying behavior:

- Threats to professional status, such as belittlement
- Threats to personal status, such as intimidation
- Acts of isolation, such as preventing access to resources
- Over-work, such as frequent interruptions or impossible deadlines
- Destabilization, such as often reminding the victim of mistakes

Academic culture contributes to increased prevalence of workplace bullying through its performance-driven, competitive culture and autonomy and protection for high-ranked members (Keashly & Neuman, 2010).

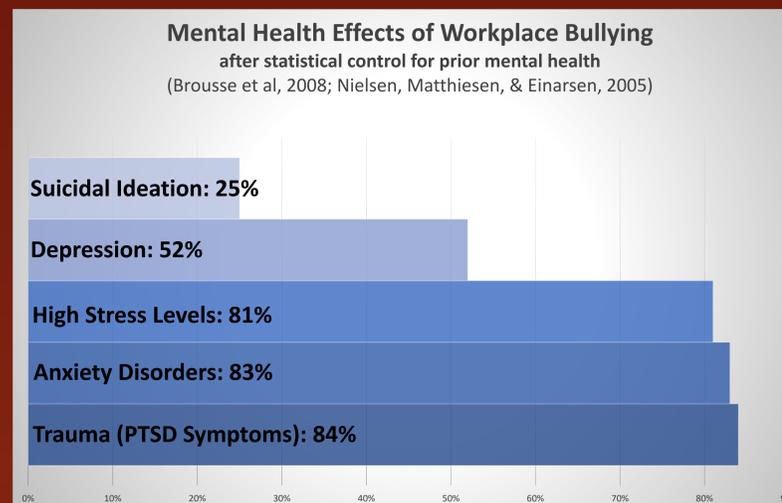
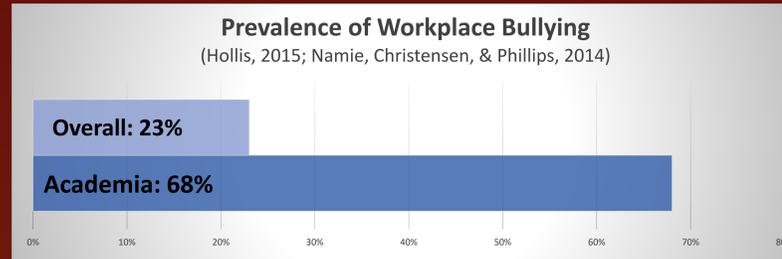
Power Dynamics in Bullying

Academic bullying literature shows that bullying involves positionality/status (race, gender, sexuality, tenure status; Johnson-Bailey, 2015; Misawa & Rowland, 2015; Sedivy-Benton et al., 2015). Stemming from these identities and other factors, power is linked to aggression, exploitation, abuse, and objectifying others (Fairchild & Rudman, 2008; Gruenfeld, Inesi, Magee, & Galinsky, 2008; Haney, Banks, & Zimbardo, 1973). Bullying and power struggles contribute to chronic stress conditions and depression and anxiety (Vescio & Guinote, 2010) and symptoms of PTSD (Nielsen, Matthiesen, & Einarsen, 2005).

Power differences between faculty advisors and graduate students are greater than those between faculty and/or staff, which have been the focus of existing studies of bullying in academia. Because of their liminal roles in academia and their advisors' powerful roles, graduate students may be at increased risk for becoming targets of academic bullying.

Literature on Advisor-Advisee Bullying

While there is a growing body of literature on bullying in higher education workplaces—including faculty, staff, and administrators—there is a lack of research on the phenomenon in relation to graduate students and their mental health. One of few studies on the topic found that 1 in 5 graduate students was bullied by their advisor at a Canadian graduate psychology program (Yamada, Cappadocia, & Pepler, 2014). In another study, the impacts of advisor bullying included students' decreased sense of reward, meaningfulness, competence, and increased intention to leave their graduate program (Goodboy, Martin, & Johnson, 2015). Supplementing the few peer-reviewed resources available, online discussions indicate advisor-on-advisee bullying to be relatable and a source of great distress for many graduate students as well as postdoctoral researchers (drnellivora, 2013).



Recommendations for College Counselors

It is difficult but important for counselors to recognize the presence of workplace bullying and to avoid misdiagnosis or blaming the client. Tehrani (2011) emphasized that no counseling approach has been found to out-perform others, however the following have been suggested as potentially useful interventions for workplace bullying (Skorek, 2009): Psychological Debriefing, Narrative Therapy, Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing, Bibliotherapy, PTSD treatment, and Rehabilitation. Ultimately, unconditional positive regard (Rogers, 1957) and creation of a safe space are essential elements of counseling those involved in bullying (Tehrani, 2011). Skorek (2009) also found that these clinical interventions were considered most effective and necessary by counselors: (a) active listening and assessment of functioning; (b) reducing target appeal to the bully through building self-esteem, support and validation, education, coaching, and action-planning; and (c) increasing the client's awareness of workplace resources.

Tehrani (2009) recommends a five-step process for responding to bullied clients: (1) assessment to determine how the client can be helped and removing them from bullying; (2) education on psychobiological responses to stress/trauma and coping skills; (3) pragmatic symptom reduction and other interventions such as safe space/re-experiencing cycles for desensitization; (4) mindful self-reflection for integration and understanding the situation; and (5) visualization to prepare for return to work with counseling during the first few weeks back. At this time, recommendations are based on general workplace bullying literature and practice, and have not been validated with academic populations.

Recommendations for Higher Education Administrators

Administrators are recommended to proactively address all three stages of bullying prevention and response that occur at the individual, job, and organizational levels. The primary stage is preventive, followed by secondary stage efforts to reduce the impact of negative events, then rehabilitative tertiary stage efforts aimed at individual and organizational health. Individual interventions aim to change perceptions, attitudes, and behaviors; job-level interventions address the work environment and tasks; and organizational-level interventions address organizational culture and policies to help prevent and respond effectively to bullying incidents (Vartia & Leka, 2011).

When responding, it may be helpful to consider the multi-level consequences of bullying: these affect the individual (mental and physical health), their coworkers (fear, acquiescence, desensitization), and the larger organization (loss of productivity, sick leave, turnover; Heames & Harvey, 2006). Different strategies are recommended to respond at the different levels involved in the bullying system: coaching at the group level can encourage coworker support for each other and can rebalance power between bully and target, and organization development can set new standards and also rebalance power dynamics. At the individual/dyad level, mediation is not recommended between the bully and target because of unequal power and failure to address the group and organizational levels (Saam, 2010).

Coping Methods & Protective Factors

Coping methods used by targets of workplace bullying include, in the order used: confronting the bully (unhelpful/detrimental), suppressing feelings/acquiescence & seeking peer support, seeking formal help, avoidance (e.g. sick days/termination, most common & effective; Djurkovic, McCormack, & Casimir, 2005; Mikkelsen, 2004); half of targets also used self-blame (Einarsen et al, 2011); substance use may also result (Vescio & Guinote, 2010).

Meaning making is considered the foundation of resilience, and predicts reduced distress after traumatic events (Aiena, Buchanan, Smith, & Schulenberg, 2015; Wagnild, 2009). It is related to Sense of Coherence which has a complex relationship to bullying effects in which it mitigates negative impacts until bullying becomes too intense, then has detrimental effects (Nielsen et al., 2008).

Perceived social support buffers the effects of stress and is linked with better mental health in terms of depression, PTSD symptoms, and general distress. It may also relate to social skills that are predictors of bullying (Holt & Espelage, 2007; Einarsen et al, 2011).

Proposed Research

To increase counselors' and administrators' understanding of how academic bullying affects graduate students within their advisory relationship and what mitigates its harm, the following quantitative survey study is proposed:

Research Questions:

1. What is the rate of bullying of graduate students by their advisors?
2. What are the effects of graduate student and advisor demographics on the level of bullying in the relationship?
3. What is the effect of levels of advisor bullying on graduate student mental health outcomes?
4. What is the effect of protective factors on mental health outcomes in cases of advisor bullying of graduate students?

Sampling frame & selection: Carnegie-classified graduate degree-granting institutions in the U.S., 20 institutions randomly selected; obtain IRB approval from these if needed and ask all graduate programs at the institution to distribute participant requests via emails/listservs

Recruitment: Seeking graduate students with a specified faculty advisor; incentive drawing for Amazon e-gift card; 3 reminders

Data collection: Anonymous online survey through Qualtrics to potentially include self-labeling question about bullying, Negative Acts Questionnaire-Revised, Depression Anxiety Stress Scale-21, Scale for Suicide Ideation, Trauma Constellation Identification Scale, Revised COPE, Personal Meaning Profile-Brief, Multidimensional Scale of Perceived Social Support, and a question about substance use changes since the bullying began

Analysis: Question 1 - Prevalence percentage based on cutoff score or Latent Class Cluster analysis. Questions 2-4 - Propensity score analyses to account for factors contributing to being bullied and other outcomes (such as prior abuse or mental illness).

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