

Telling Tales to Share Multiple Truths: Disability and Workplace Bullying – A Semi-Fiction Case Study

Margaret H. Vickers

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Abstract Bullying is widely recognised as a huge problem for workers, and the organisations employing them. While a great deal of workplace bullying research has already been done, two areas have not been adequately investigated: (1) the experiences of disabled workers being bullied, especially in light of their already disadvantaged work lives; and, (2) the multiple perspectives of all those involved in workplace bullying events – targets, third parties, and bullies (or those accused of bullying). This article responds directly to calls from past bullying researchers for more nuanced and sensitive analyses that include the use of creative writing (See Tracy et al., *Management Communication Quarterly*, 20(2), 148–185, 2006: 177). An in-depth, multiple perspective, semi-fictional case study is shared that showcases a disabled woman’s lived experience of being bullied out of her workplace after disclosing her diagnosis of multiple sclerosis (MS) to her line manager.

Keywords Workplace bullying · Disability · Semi-fiction · Qualitative methodology

Bullying, Disability and Work

Between 25 and 30 % of all workers are bullied during their work lives, 10 % at any given time, and this is not happening to just a few “thin-skinned” employees (Tracy et al. 2006: 149). And bullying is nasty, negatively impacting target’s careers, health, wellbeing, lives and relationships, and that of targets’ co-workers, friends and family, while also posing a significant occupational health risk for employers (Vartia 2001; Ferris 2004; Lewis and Orford 2005). Bullying has been linked to staff turnover, low morale, increased absenteeism, and reduced productivity, loyalty and commitment (Hockley 2003; Dawn et al. 2003). And the workplace injuries are severe: PTSD, heart attacks, and an eventual inability to work (Duffy and Sperry 2007). Suicide, the ultimate workplace injury, has been reportedly contemplated by 25 % of targets of long term bullying (Namie and Namie 2000). Occupational health and safety risk assessments suggest Australian employers alone spend \$6 – \$36 billion dollars every year responding (HREOC, 2008).

M. H. Vickers (✉)
School of Business, University of Western Sydney, Building ED, Room G.207, Parramatta Campus Locked
Bag 1797, Penrith NSW 2751, Australia
e-mail: m.vickers@uws.edu.au

Disabled workers¹ are also bullied, though their experiences are still largely overlooked in the literature (See, for exceptions, Vickers 2008; 2009; 2011; 2012). Disabled people already have a difficult working life due to being unreasonably disadvantaged in the labour market, and not necessarily because of their functional limitations (Barnes 1999; Barnes and Mercer 2003, 2005; Vickers 2013a). These significant levels of disadvantage reportedly lead to lives of poverty, social exclusion, and reliance on social security, where that is available (Hyde 1996; Oliver 1983). Disabled people unable to find and maintain work also experience poorer physical health, higher death rates, and a higher propensity for mental health problems, including anxiety and depression (AIHW 2010: 257).

This article explores the experiences of a disabled woman with multiple sclerosis (MS) from an embodied approach, where disability is considered both a bodily and social experience (Thanem 2008). Embodied disability research involves studying the lived experience of disability and impairment, including how these individuals cope with, respond to, and interact with their social world (Thanem 2008). Phenomenological approaches to disability research require examination of the social life and embodied experience of having impairment (Thomas 2004; Thanem 2008). Having a disability is widely recognised to involve social and power relationships that involve exclusion and marginalisation (Sherry 2006). And while research interest in disabled people's work experiences is increasing, there remains insufficient research intersecting with their organisational experiences and behaviour, and human resource outcomes (Perry et al. 2000). Rarely has the bullying of disabled people been investigated at all.

In light of this, I wanted to share my learning from the toxic trenches of organisational life (Gallos 2008). Below, I use reflexive, empirically based, semi-fictional scenes of workplace bullying to examine a case study derived from data gathered during two in-depth phenomenological interviews with Miranda, a disabled woman with multiple sclerosis (MS), undertaken as part of a larger phenomenological study. Miranda shared with me her experiences of being bullied and eventually excluded from her workplace, including the very painful professional, emotional and financial impacts on her life. Strong emotions, especially when experienced over time, are hazardous to body and soul (Gallos 2008). It is my intention to share some of Miranda's vexed and troubling experiences to enhance our understanding of workplace bullying, a disabled person being bullied, while also offering the perspectives of others who may have been involved.

Investigation of ambiguous and complex organisational behaviours, such as workplace bullying, requires researchers to find different analytical starting points, and ways to capture nuanced perspectives so as to better understand complex work-based and social lived experiences, and the critical outcomes that may result from them (Fineman 2006). Bullying researchers have called for analyses that "entertain various representational options, including ... creative writing" (Tracy et al. 2006: 177) and it has long been claimed that stories are a credible and significant means of gathering, producing and accumulating knowledge of organisational life (Hummel 1991; McCurdy 1973; Domoracki et al. 2011). Fiction, semi-fiction and creative non-fiction approaches have been widely used to explore social and organisational phenomena, for years (Finley and Knowles 1995; Clarke et al. 2005; Kettle 2004; Rolfe 2002; Vallant 2005; Vickers 2011) and fictive representations have been noted as being particularly useful for sharing and critiquing differing "truths" of organisational life, and

¹ Following the social model of disability emanating from the United Kingdom, I refer to the "disabled person" or "disabled worker" (Gray 2009) in this analysis. The social model of disability uses the term "impairment" to refer to functional, rather than social, limitations such as physical, mental or sensory loss. "Disability" or "disablement", on the other hand, refers to social responses to impairment, including discrimination, oppression, social exclusion and marginalisation (Barnes 1999; Oliver 1996; Oliver and Barnes 1998; Priestley 1999; Sherry 2006; Barnes and Mercer 2003).

exposing widely diverse perspectives (Rolfe 2002; Harold 2003). The next section reviews the phenomenon of workplace bullying, including the stated need to further interrogate target and third party perspectives.

Workplace Bullying

Bullying involves repeated, persistent, unfavourable treatment of a target by one or more individuals (Lutgen Sandvik 2009) and can include overt physical aggression and violence, as well as subtle and covert acts (Zapf 1999). Constellations of hostile behaviours create a hostile work environment and are directed at targets over time. They can include (but are not limited to): power abuses; public humiliation; isolation; work obstruction; destructive gossip; rudeness; broken promises; exclusion; unnecessary work disruption; constant work changes; obstructing career opportunities; removal of responsibility; undue pressure for results; and the withholding of information required to do one's job (Dawn et al. 2003; Hillard 2009). Notable for this analysis, discrepancies are often found between (alleged) bullies, targets and co-worker accounts of bullying (Dawn et al. 2003).

Targets

Targets report significant harm to their work performance, and physical and emotional health (Vega and Comer 2005). They also report psychological trauma, mental health problems, including depression, anxiety and PTSD (Hoel et al. 2003; Mikkelsen and Einarsen 2002), exacerbation of chronic and acute illness (Kivimäki and Virtanen 2003; Moayed et al. 2006), financial loss, and an eventual inability to work (Sperry and Duffy 2009). Workplace bullying has been usefully compared with torture (Mann 1996), and continual exposure can result in health injuries that can completely disable a person psychologically and functionally (Sperry and Duffy 2009; Hoel et al. 2003; Mikkelsen and Einarsen 2002). Bullying can also be life threatening: suicide has been reportedly considered by 25 % of targets of long term bullying (Namie and Namie 2000) and exacerbations of chronic, and life threatening, illnesses including asthma and cardiovascular disease are frequent outcomes (Kivimäki and Virtanen 2003; Moayed et al. 2006).

Despite evidence that bullying is highly complex (Salin 2003; Lutgen-Sandvik et al. 2009), explanations have remained focused around the frequency and type of events, and uncritical reviews of targets' or bullies' behaviour (Zapf 1999; Dawn et al. 2003). Unhelpful stereotypes of targets as thin-skinned individuals with poor self-esteem and inferior communication skills continue (Tracy et al. 2006) when, instead, targets have been shown to demonstrate exceptional accomplishment, commitment to work, integrity, innovation, intelligence, and competence (Duffy and Sperry 2007). Targets' subjective accounts are often viewed with suspicion (Lutgen-Sandvik 2009) and they frequently receive inadequate support and become isolated by their experiences (Duffy and Sperry 2007). Then, as the bullying escalates over time (which it typically does), targets are left feeling under siege, and extremely distressed (Zapf 1999). Understanding target subjectivities is critical as they typically trigger any organisation's response (Lutgen-Sandvik et al. 2009). More detailed understanding of target lived experiences is needed, especially targeted disabled workers.

Third Parties

There is also mounting evidence of detrimental outcomes for bullying third parties, including co-workers, colleagues, and families of targets (Lutgen-Sandvik 2006; Vartia 2001; Hockley

2003; Duffy and Sperry 2007). Bystanders to trauma can be significantly affected, even those witnessing relatively low level abuse (Janson et al. 2009), with bystanders being uncertain as to whether they should intervene, if it is wise for them speak against those in power and whether, if they did, it would achieve anything anyway (Linstead 2007). Understanding the outcomes for third parties who share the impact of workplace violations is vitally important: co-workers, and family and friends all share the impact of workplace violations (Hockley 2003). And for every target, there may be many third parties harmed: members of target social networks, co-workers, even recipients of media coverage of incidents (Skarlicki and Kulik 2004). However, despite this recognised potential for harm within and beyond the workplace, confusion remains around third party responses, given the relatively little systematic attention that has been received (Skarlicki & Kulik 2005). Sometimes, third party responses are reportedly similar to a target's reactions, only less intense; at other times, third party responses are considered quite different. Increased understanding of third party perceptions and experience is critical (Skarlicki & Kulik, 2005), including the need to examine the perspective of those considered by others to be bullies, or who might be inappropriately accused of bullying.

Bullying also impacts bystanders' stress and health (Lutgen-Sandvik 2006; Vartia 2001). Disturbing reported outcomes include: anxiety; distress; nervousness; depression; reports of contemplating suicide; disruption to personal, intimate and social relationships; and, increased alcohol and/or illegal drug use (Hockley 2003). Co-workers seeing the misery of targets may withdraw support, fearful of repercussions for themselves (Sperry and Duffy 2007; Lewis and Orford 2005) and not only do up to twenty per cent of bystanders leave the organisation as a result of what they have witnessed (Mayhew et al. 2004; Vartia 2001), bystander social networks and marriages also suffer and break down. Spouses, partners, family members and close friends who might otherwise support targets, themselves become impacted (Sperry and Duffy 2007).

Reflexivity and Fictive Writing

The need to interrogate multiple viewpoints on bullying is done here in direct response to numerous calls from past bullying researchers who saw the need to: (1) offer damaged workers a vehicle for articulating the devastating effects of bullying (Tracy et al. 2006); (2) provide learning insights that explore the fear, humiliation, embarrassment, and cruelty that can manifest with workplace bullying (Lutgen-Sandvik 2003); (3) explore the hurt, anger, injustice and despair that can arise from workplace bullying in the shadows of organisational life (Bushe 2007); (4) contribute a deeper understanding of workplace bullying by stimulating new images, ideas and actions to mobilise more informed action, rather than simply offering prescriptive "problem solving" (Bushe, 2007); and, perhaps most importantly, (5) offer a new understanding that might contribute to the development of more effective responses for those impacted (Duffy and Sperry 2007). With these suggestions in mind, I offer a semi-fiction interpretation of a single phenomenological case study to exhibit several bullying perspectives.

Reflexive writing was deliberately undertaken because it embraces subjective understanding while also seeking to complexify thinking and expose contradictions, doubts, dilemmas, and possibilities (Cunliffe 2002). A reflexive review of anyone's lived experience insists on appreciating varying contexts, experiences, and perspectives (Ramsey 2005). By deliberately not reducing the multiple perspectives encountered to a single story – the "right" one – is how we might learn. Reflexive dialogues also offer useful critiques of uncontested assumptions and beliefs, and other sources of unhelpful "truth" in organisational life (Gray 2007). Reflexivity is also useful because it enables critical thinking about one's own values (Cunliffe 2002; Gray 2007; Palmer and Dunford 1996) – essential when doing interpretive creative writing.

Stories are knowledge discoveries and storying well requires knowing the best way to tell the story, including which parts to highlight and which parts to leave out (Craig 2013). While rarely acknowledged, all scholarly texts involve elements of fiction, even those that conform to more familiar modes of representation (Coffee and Atkinson 1996; Kettle 2004; Spindler 2008) with authors routinely editing and reworking texts. Of course, the quality of this moulding process depends on the skill, history and imagination of the writer (Rowland et al. 1990; Spindler 2008: 20) but creative stories can extend reader understanding in ways that are unachievable in more standard scholarly submissions (Rowland et al. 1990; Rolfe 2002). Some have even claimed that the omission of certain details is a requirement for this kind of analysis, ensuring that readers can engage with both the substance and emotion of the textual presentation while their imagination is being captured (Rinehart 1998: 2006).

Fictive portrayals of lived experience often require the condensation of several reported events into a single scene, in order to cultivate reflection and enhance understanding (Kettle 2004), and can expose life and emotions in ways that more traditional scholarly narratives cannot (Clarke et al. 2005). They also allow critical consideration of numerous truths and viewpoints, vivify multiple realities (Rolfe 2002; Rowland et al. 1990; Goodin 2000; Harold 2003; Spicer 2010; Vickers 2011, 2014), and can evoke powerful reader responses (Furman 2006a, b; Rolfe 2002). The process of composition and the textual product itself have both been recognised as forms of analysis in their own right (Coffee and Atkinson 1996). Fictive writing is especially noted for its capacity to underscore sensitive and difficult-to-uncover social phenomena (Czarniawska 2006) – such as the bullying of a disabled worker – and has been noted as being especially helpful in exploring situations involving vulnerable social groups, and social processes that tend to be kept behind closed doors (Czarniawska 2008). Fictive writing can also throw light on organisational blind spots (De Cock 2000) and enable readers to imagine the life of another (Harold 2003) – to briefly step into their shoes. I share Arendt’s view that:

The more people’s standpoints I have present in my mind while I am pondering a given issue, and the better I can imagine how I would feel and think if I were in their place, the stronger will be my capacity for representative thinking (Arendt 2000: 556; cited in Spicer 2010).

When constructing the scenes below I used “empathic identity” (Tierney 1998: 56), not to create a series of chummy portraits around a poor, downtrodden, disabled target of workplace bullying, but to recognise the role of different histories, realities and viewpoints, even when some of those perspectives were not those I would ordinarily choose (Tierney 1998). Postmodernism teaches us to shake up our realities and not settle for easy, unexamined roles, especially those involving power (Tierney 1998; McCarthy 2003). Sometimes, this required me, as creator and interpreter, to recognise and write viewpoints that were oppositional to my own. It was not easy.

Methodology: A Semi-Fictional Case Study

When using fiction for scholarly work, the methodological challenges are pronounced for precisely the reason that the story in question is not completely “true”, however much the presentation might rely on valid empirical data, the author’s knowledge of the phenomenon under review, and their imaginative reworking of it (Freeman 2004). Ricoeur (1983) suggests that fictional texts require the suppression of primary references to the empirical world to

enable the possibility of disclosure of the secondary ones that would otherwise not emerge. The empirically unreal then becomes a vehicle for articulating the real at a more fundamental level (Ricoeur 1983).

The semi-fiction scenes below are based on reported lived experience gathered during in-depth phenomenological interviews about a disabled woman's work and life with MS. Research methods should reflect the methodological choices made (Silverman 2010). Here, phenomenology meshed perfectly with the embodied disability perspective taken, because phenomenology is undertaken to share lived experience (Baker et al. 1992: 1358), including bodily and social experience, and values a respondent's subjective reality and meaning while being underpinned by the need for the researcher to share that reality with others (Swanson-Kauffman 1986: 59).

Case studies are useful for exploring social phenomena (Sarantakos 1993) and particular cases are selected because they contain important features, events, social interactions and circumstances (Stake 2003) that can enable readers to learn from that particular case (Stake 2000). Case study research also supports and promotes theory development (Eisenhardt 1989; Eriksson and Kovalainen 2008) by enabling comparisons to be made, recognising similarities and differences of experience, and raising issues of concern for interrogation (Neuman 2011). Yin (2009) claimed that a case study's usefulness lays with its ability to describe real life situations, and especially to share: the dynamics of the setting (Eisenhardt 1989); key interactions that may have taken place; the complex and multiple perceptions and interpretations that may be present (Merriam 2009); and, importantly, to enable a useful portrayal of the phenomenon under investigation.

Finally, it is important to highlight that at the time of writing I had been a disabled person with MS for almost thirty years and had experienced varying levels of disability and symptomatology that had intersected with, and impacted upon, my working life over that time. I have also borne witness to bullying in my workplace for extended periods of time. Freeman (2004) named these rich and endless sources of data as Life Itself, arguing that they allow researchers to work beyond traditional interview texts, to form useful and different relationships with empirical data (Freeman 2004). Of course, there are always risks associated with revealing membership of a marginalised group (such as being a disabled person with MS), but the perceived gains here lay with being able to make such an identity more readily understood by others (Creed and Scully 2000). I used my insider status to inform my "empathic imagining" (Goodin 2000: 84; Spicer 2010), and "internal-reflective deliberations" (Goodin 2000: 81; Spicer 2010), when writing the scenes below.

Then, following Diversi's (1998) work portraying multiple perspectives on street life, I sat at my computer, closed my eyes, thought about Miranda's reported working life and my own, and felt the stories coming to me. I wrote each scene quickly, trying to embrace some of the multiple perspectives, frustrations and messiness inherent in Miranda's troubling working experiences. I was aware that my personal experiences, underlying assumptions, presuppositions and wider social discourses would inform my thinking as stories are always told, retold and interpreted from somewhere (McCormack 2000). These were no exception. As a bullying researcher, disability researcher, disabled person, and former target of workplace bullying, I had no difficulty engaging my imagination with Miranda's story. It is reasonable to assume that some of my views about events she experienced were negative, and that I might have anticipated a lack of support from Miranda's employing organisation (and Todd) as a result. However, I returned continually to Miranda's story about how things played out. If some of the details I created about Todd's, or Janice's, perspectives were inaccurate, what was not assumed or imagined was Miranda's reported experience and it was this that remained the anchor in my

imaginative deliberations. The scenes² below are shared from three perspectives: (1) Miranda, as reported to me during two in-depth interviews; (2) Todd, as Miranda's Performance Development Manager at her former place of work; and, (3) Janice, the woman involved in Miranda's workplace ergonomics test, and a co-worker at Miranda's former place of work.

Scenes of Workplace Bullying and Disability

Miranda

Miranda lay in her darkened bedroom, eyes closed, listening to her flatmate clanking about in the kitchen down the hall.

"How ya doin' this mornin' M'randa?" Phil called out to her. "D'ya want a cuppa tea? How's ya head?"

Miranda had been in bed for days with a nasty headache, and it still hurt for her to open her eyes, much less yell out a reply. She hoped Phil wouldn't bring his early morning cheer into her bedroom, and open the blinds she had carefully closed over a week before. Her head still felt as though an anvil was being dropped on it, rhythmically, every few seconds, from the ceiling above.

She considered the possibility of a shower and a cup of tea; she couldn't stay in bed forever. So, stumbling out of bed, she groped for her dressing gown from the end of the bed and, with eyes more closed than open, shuffled down the hallway towards the sunny kitchen of her semi-detached.

In the kitchen, she struggled to open her eyes against the light. As she did so, she noticed what appeared to her, initially, to be impenetrable black smoke obscuring the vision of her right eye. Squinting and blinking a few times, she tried to clear the smoky blackness, thinking her eyes were taking a long time to adjust to the light. But there was no smoke. Covering her left eye with her left hand, the blackness was complete: she couldn't see anything out of her right eye. Taking away her left hand and covering her right eye with her right hand, she found she could now see perfectly well. Her left eye was fine.

"That's weird," she said.

"What's weird?" said Phil, pouring boiling water over a tea bag, and eyeing his plate of still warm vegemite toast, oblivious at this point, to what she was doing.

"I can't see out of my right eye," said Miranda, looking around the kitchen towards the white plastic kettle in Phil's hand, the faded grey bench-top still hosting Phil's plate of toast, and the shiny silver toaster surrounded in toasted breadcrumbs. She alternatively covered and uncovered her right eye with her right hand. "Nothing," she said, looking over towards Phil and moving her hand, left and right.

Phil put down the kettle and looked at her.

"I guess I should call somebody," she said, heading to the phone.

A few days later, Miranda lay in a paint-peeling shared hospital room, in the ageing Big City Hospital, pondering the outcome of what had seemed to her to be an endless, and sometimes uncomfortable, series of medical tests. The Professor of Neurology had just arrived

² Author's Note: The scenes from this semi-fictional case study include reference to characters and events that have been compressed, changed, combined, added to, or imaginatively recreated. All are based on Miranda's reported lived experience.

at her bedside. He pulled the curtain around, before perching himself on the end of her bed. He was a kindly soul, Miranda thought, with thinning silver hair balanced by a fulsome, wiry, silver beard. He put the beige manila folder adorned with Miranda's name, hospital ID, and date of birth, face down on the bed beside him.

"We think you've got MS," he said.

Miranda joked at first, not really believing what he had said. "But I've drunk a lot! Sometimes I get really pissed!" she said. "I even go to dance parties and I've taken drugs. It must've been all the Ecstasies I took!"

He laughed and said, "No. That would show in one spot if you did damage like that. This is different."

It took 5 months, and lots of toxic medications, for Miranda's vision in her right eye to gradually return. And then nothing else happened for 3 years.

Todd

Todd looked at his watch again, shook his head, and stepped outside the door of the sign-in room, where he could see the length of the terminal building. He was scanning the wide carpeted corridors and escalators for his missing flight attendant. Miranda was often a last minute show – and sometimes a no-show if she'd had a big night the night before – but always she timed her arrival right to the wire.

As Performance Development Manager (PDM), one of Todd's jobs was to ensure a full complement of cabin crew were available for each flight. Over the years, Todd had found Miranda irritating, to say the least; they had crossed swords many times. It drove him nuts that there never seemed to be consequences for her being so inconsiderate of him, and the other cabin crew, who mostly arrived well ahead of time for their flights. If a flight was short-staffed because someone was a no-show, it was the ones who were reliable, who got there on time, who were invariably then expected to pick up the slack for the no-shows. Todd knew how difficult it could be to get last minute stand-ins without delaying the flight.

And Todd had formed the view that, sometimes, Miranda was late deliberately, to annoy him. If that were true, it worked. He checked his watch again, and curled his lip.

Todd finally saw Miranda in the distance, walking as fast as she could, dragging her overnight bag behind her. About to turn away and return to his desk, Todd noticed something different about Miranda. She had a limp. Not a big limp, but a limp nevertheless. He wondered how long she had had it and what had caused it; he certainly hadn't noticed it before. Todd's eyes narrowed slightly: No-one got past his watchful eye to 37,000 ft if they weren't on their best game, especially Miranda.

Remaining in the doorway, Todd watched Miranda's approach, in particular, her limp. Todd didn't want the flight attendants looking like oddballs either. A business-like, classy appearance was part of their job description, as far as he was concerned.

Miranda avoided his gaze as she got closer. While Miranda was normally bright and cheery – rather too breezy for his taste – she greeted him with just a perfunctory nod today as she manoeuvred past him through the doorway, to sign in for her flight, and prepare to board the aircraft.

Stepping in behind her as she passed, Todd observed her more closely. "What's happened to your leg, Miranda? Are you OK?"

Miranda turned back towards him for a moment and stretched an unconvincing lips-together smile, nodding. "Yep, it's nothing, really," she said, facing ahead again, and heading over to the sign-in sheets.

“Perhaps you’d better come in for a minute?” Todd opened his office door, and gestured for her to sit on one of the lounge chairs inside, just near the door.

Once she was seated, Todd closed the door and sat close beside her, reminding himself that a key part of his PDM role was to be a supportive, mentor-type figure for the staff – even Miranda. He took a quiet breath in and thought back to his training: be gentle, sincere, and concerned, he reminded himself. I need to coax the truth out of her, he thought. Todd had become very adept at the “sincere” persona he sometimes needed to use; it almost always worked to extract the info he needed.

“What’s up?” he pressed her, eyebrows knitting together and mouth arranged as two fleshy waves of concern. But even Todd was surprised when she blurted it out.

“I think I’ve got MS,” she said.

Todd maintained his concerned facial arrangement while she started to weep, unsure – just for a moment – as to what he should do next.

Gathering himself, Todd said: “I’m so sorry. Are you ok? Do you want to talk?”

“No, I’m OK.” Miranda said, swiping at her tears, then standing up and bolting for the door, and her flight.

Todd sat back in his chair, watching Miranda leave, feeling a strange mixture of discomfort, confusion, and excitement. Miranda had been a pain in the neck for years and, now, the silly little cow had just given him the keys to her exit pass. He couldn’t believe it. Enjoying the swirl of unanticipated feelings, Todd laughed for a moment, and was surprised by his laughter. This would be just too easy, he thought to himself, smirking.

Moments later, Todd sat in front of his laptop, Googling Multiple Sclerosis. What he found suggested an obvious path forward. It was a clearly his job to notify HR when he found that one of his staff had a chronic, disabling neurological disease like MS, especially when their job was that of a flight attendant responsible for the safety of hundreds of people on an aircraft.

It only took 2 weeks to get things set. When meeting with the HR Manager Todd had played it perfectly, “reluctantly admitting” to his HR colleague that he had “failed the organisation and its customers” the day he had let Miranda fly out after she’d told him about the MS.

The HR Manager had listened, nodded, pressed his lips into a firm line, and told Todd that Todd’s imperfect management practice was a mistake: “We all make them,” the HR Manager had said.

Todd had thanked the HR Manager, again admitting his poor judgement. “This can all be sorted when we meet with Miranda,” Todd had said. “I’ll set things up, but if you could be there to support me, I would appreciate it, very much.”

So here they both were. At 10 am sharp on the Wednesday, Todd welcomed Miranda into his office, gesturing for her to sit down. Todd then sat down behind his orderly, bus-sized oak desk with the airline’s HR Manager at his side. The office door was closed.

Todd handed Miranda a copy of a handwritten letter. Miranda’s eyes widened as she read the letter.

“But I wasn’t off my face, at all!” exclaimed Miranda, tears in her eyes. “And I haven’t had a complaint letter in 10 years of flying. The guy was just a jerk; I just wasn’t bowing and scraping enough to him.”

Todd had rehearsed his role for the meeting and he stuck to the plan. He started off by telling Miranda how bad he felt about it all: the complaint and, of course, “her

situation with the MS”. Todd then told her that, despite his reluctance to do what he had to do, discussions with HR (the HR Manager had nodded on cue at that point) had confirmed the company’s need to ground her, for her safety, and the safety of others.

The complaint letter had, of course, offered Todd the perfect vehicle. He knew that taking her out of the sky would have immediate consequences for her take-home salary, with all the flying allowances that accompanied overseas flights immediately disappearing. “But this is just temporary,” he assured Miranda, his eyes narrowing.

With Miranda now in tears, Todd wanted the meeting over. He stood up: “I’m sorry Miranda,” said Todd. “You’re grounded, until further notice. One of the Ergonomics people will be in touch, and we’ll take it from there.”

Miranda

“Yes, here it is,” said Miranda, pulling a large file out from behind one the grubby beige cupboard doors in her lounge-room. The file was overflowing with papers, some yellow with age. Miranda fossicked through them, talking to the interviewer about some of their content. There were dozens of internal formal memoranda as well as handwritten contemporaneous file notes Miranda recalled scribbling along the way.

“I haven’t pulled this stuff out for a few years. As you can see, it’s all yellow now. I had written everything up,” she said to the interviewer, shifting papers around in a further bid to help. Miranda was pleased to be able to finally speak to someone who had shown some interest in that awful period of her life “I can’t remember exactly when this was,” said Miranda, squinting at the handwritten letter in her hand, “but they stood me down. The only time I was pulled out of the sky was for this.” She tossed the correspondence back into the pile, reminding the interviewer that it was her first complaint ever, and it had come in just days after her MS disclosure.

She told the interviewer what her employers had said to her, over and over, at the time: that they had a “duty of care”, to her and to others. Mmm, thought Miranda, thinking how uncared for she had felt, especially after all her years of service.

Miranda spoke of having a bit of a limp back then, but that it had hardly been noticeable and hadn’t stopped her doing all the things a flight attendant needed to do. Looking out the window of her apartment, Miranda then told the interviewer that eventually, not one, but four anonymous letters of complaint had materialised. “What a coincidence,” she said.

Using her hands to move her bruised-from-falling-over-all-the-time-legs into a more comfortable position as she sat on the couch, Miranda spoke to the interviewer about the woman, Janice, who had done the ergonomics testing.

Miranda recounted how Janice had told Miranda that she was the “talk of the town” with her MS; and that there was gossip, and rumours flying around. “You know what this place is like,” Janice had said. Miranda did know. “Would you agree to an ergonomics testing?” Janice asked Miranda, adding what was supposed to be the sweetener: “The company pays a lot of money to do it.”

Miranda leaned forward towards the interviewer at this point: “As if I gave a shit about that!”, she said.

Miranda also told the interviewer that Janice wasn’t really to blame: “She was just doing her job and she really tried to be nice,” said Miranda. “But it didn’t help much.” Miranda, looking at the floor strewn with ageing correspondence, and shook her head. “There was nothing she could do.”

Janice

Janice welcomed Miranda into the testing lab, noting the girl's tanned face already shone with perspiration, and her hands fidgeted in her lap as soon as she sat down. Janice knew Miranda was only here to comply with the airline's safety requirements. She'd agreed to the ergonomics test, but reluctantly.

"And I've been to the Union," Miranda said to Janice, chin jutting out, as if this weighty assertion might somehow protect her.

The Union won't do much, thought Janice, but said nothing, instead nodding and smiling. She hated this part of her job and wondered, again, why she found herself spending her working day making someone miserable when her goal, as an occupational therapist, was to help people; help them find improved, new ways of coping, and managing; ways to be pain free, safe, comfortable and independent during their working life. Not this. Janice stifled a yawn; she had not slept well last night. This was going to be a long, and not very pleasant, afternoon, she thought.

The truth was she hated her job with the airline but, as her husband reminded her for the two hundredth time this morning: "It pays the mortgage, darling. Just suck it up, do what you're told and think of the big picture – our big picture."

Well that was all very well for him to say, Janice thought. The ongoing feud between them about her work bubbled on unresolved; he just didn't understand how uncomfortable what her employers asked her to do made her feel; it went against a great deal of what she cared about. Janice remembered pushing him away in bed again last night, tired, and unable to relax. Then, after he had turned over in a huff, she started thinking about poor Miranda and couldn't get to sleep anyway. What a mess.

Consciously clearing her mind, Janice looked at Miranda; she forced another smile when she noticed Miranda's shaking hands.

Janice knew quite a bit about MS. She'd been asked by management to set up a physical test for Miranda that, as they had described it, "would really test her." "We are very keen," the HR Manager had said, "to ensure the safety of all involved." And so Janice, biting her lower lip as she thought of it, had done just that.

For starters, Janice had ensured that Miranda's test was undertaken one-on-one to ensure any possible weakness in her performance could be recorded. And a physical performance it was going to be. Miranda would be asked to: do lots and lots of walking about while carrying things of various size and shape; go up and down fire stairs, several times; jump down the mock-up aircraft's emergency slide, not once but twice; and open, and lift, the emergency exit door for the aircraft before throwing it out, something Janice knew that other cabin staff were no longer required to do during testing processes because of all of the back injuries that had been sustained over the years. So, now, other staff could pretend to lift the heavy metal door and throw it out of the aircraft if it was not a real emergency. But not Miranda; no, she had to open the door, lift it, and throw it out of the aircraft all by herself.

But the test had proceeded well. Janice became excited. Miranda had been able to do everything! Stepping outside of the testing rooms at the conclusion of the several hours of testing procedures, and beyond Miranda's earshot, Janice rang the HR Manager with the good news.

But he didn't respond as Janice expected. "Just tell her the test results take a while to finalise; that it might be a couple of months," the HR Manager had said. What a crock, Janice had thought to herself, shaking her head as she hung up.

Later, when Janice got home, even though it was Monday night – and even before she changed into her tracky pants – Janice headed straight to the fridge and pulled out a bottle of wine, opened it, and poured herself a large glass. Standing at the kitchen counter, she took a large swallow and gazed into the distance.

Miranda

Miranda looked around her lounge room, still talking to the interviewer. She was thinking of the modest disability pension she lived on, now that she no longer had a job. She thought back to the years she had earned what she had considered a pretty good salary as a flight attendant.

“Now,” she said to the interviewer, “I struggle to pay the mortgage, and have any kind of life.”

Miranda talked some more about the months leading up to her leaving her job. “Well, I didn’t leave; it was more like I was shoved out the door!”, she said.

“Did you talk to anyone while it was happening? Did the Union step up?”, the interviewer asked.

“I went to the Union, and got advice from top lawyers” said Miranda, sighing. “But they all pretty much said the same thing: that if I managed to win a court case against this enormous, well resourced, organisation – highly unlikely – I would probably only get enough to pay a few thousand off my mortgage, and get a giant dose of stress in the process. And that wasn’t going to help the MS one bit.”

Miranda went on: “They asked me, they said: ‘Is it worth it?’ And I just thought, no. With the MS and everything, it was going to be better for me to just let it go.”

Miranda then told the interviewer about her applications for a couple of desk jobs, after becoming unable to work as a flight attendant. “The company certainly didn’t do anything to help me,” she said.

“You have to apply for the jobs,” the HR people had said to her, not looking her in the eye.

“And I was so nervous,” said Miranda to the interviewer. “I hadn’t done an interview in years, so I performed really badly in both interviews. But they could’ve given me a job on the ground. What a huge company, and they employ so many people. God, even if I had to unravel headsets. They’ve got autistic children doing that”, Miranda said, brushing a few unbidden tears away with the back of her hand.

Blowing her nose on a wrinkled white tissue, and taking a sip of her now lukewarm coffee, she went on. “There were two managers there, right at the end. They sat me down and all they said was, ‘We’re sorry you didn’t get the jobs. We can’t help you anymore.’”

“So, after all that, I saw the doctor and he signed on the dotted line. I think they realised that they’d really stuffed up with me, but you’re just a number.” Miranda looked down at the remnants of her cold coffee, quiet for a moment.

“Then they had this morning tea for me,” she said, after a minute or so. “A couple of managers came; they presented me with this plaque. And that was pretty much it. I left after that.”

Then, looking hard at the interviewer, she said: “I regret talking about it, Margaret. Really, I should have just kept my mouth shut and said nothing.”

Telling Tales to Share Multiple Truths

Workplace discrimination, such as that experienced by Miranda, is a widely reported bullying tactic that can manifest in many ways: reduced work and training opportunities; negative

rumour-mongering; inappropriate power abuses; over-zealous surveillance; and/or the enactment of legitimate organisational processes in inappropriate, harmful and discriminatory ways (Lutgen-Sandvik et al. 2009; Dawn et al. 2003; Hillard 2009; Vickers 2014; Hutchinson et al. 2005). For Miranda, all of these bullying outcomes were evident in her reported workplace experiences.

The assumed properties of a disabled body can automatically elicit a stigmatised response in others including a perception of “negative difference” (Susman 1994: 15; Taub et al. 1999; Vickers 2000, 2001) with the physical disability then presenting a defining feature of that individual. Todd used knowledge of Miranda’s disability to harm her, by bringing it to the attention of others in the organisation, (eg the HR Manager) and in such a way as to ensure the focus of others was on her disability, and to the exclusion of other relevant personal characteristics (Taub et al. 1999; Vickers 2000) – including her existing capacity to do her job. Physical disability is a socially defined category of stigma, offering a personal attribute that is deeply discrediting (Goffman 1963; Susman 1994; Taub et al. 1999; Vickers 2000; 2012) and one highly likely to be negatively viewed by an organisation charged with ensuring the safety of staff and customers flying in aircraft all over the world. Todd was able to use those negative stereotypes that surround physical disability at work, especially for people with MS, and especially for anyone working as a flight attendant in a safety conscious industry. Even though Miranda passed the ergonomics test designed to test her physical capacity to do her job, she was judged negatively purely because of her diagnosis. Unfortunately, and perhaps due to the ongoing strain she experienced at work, Miranda’s physical capacities did deteriorate in the months following her success with the ergonomics testing, and she eventually found that she was no longer able to do the work of a flight attendant. Todd’s targeting of Miranda with ongoing negative behaviours had been harmful to her: professionally, emotionally and financially, and were also likely to be associated with high levels of stress and feelings of alienation for Miranda. Bullying outcomes that violate the rights of another can also result in financial, emotional and personal work-related losses and pain, through workplace discrimination and obstruction, such as that reported by Miranda, are frequent, and widely documented forms of workplace bullying (see Vickers 2013b; Lutgen-Sandvik and McDermott 2008; Hutchinson et al. 2006; 2010; Perry et al. 2000).

Todd also misused knowledge of Miranda’s personal circumstances to undermine her working life, through spreading gossip and misinformation about her (and her illness), which comprised an inappropriate misuse of personal information about her, and against her (see, Ortega et al. 2009; Zapf 1999; Noon and Delbridge 1993; Linstead 2007; Vickers 2008; 2014). All Todd had to do was mention Miranda’s MS to the HR Manager of that organisation, and the seeds of negative stigma would have been planted. Such bullying tactics are well documented in their capacity to harm a person’s career and future livelihood, and feature strongly in the bullying literature (Vickers 2009; 2013b; Ortega et al. 2009; Lutgen-Sandvik 2003; Hutchinson et al. 2010).

Research has also found that negative stereotypes can be used to justify the subordination of, and hostility to, members of out-groups (such as disabled people) because of their presumed inferiority, or flawed physical presentation (Abrams et al. 1990; Goffman 1963; Vickers 2000; 2012). In an organisation such as an airline, where issues of safety are paramount, Todd would only have needed to point out that Miranda had a disability, especially a chronic, disabling and highly stigmatised disability such as MS, in order to garner support for her being precluded from flying on the grounds of safety – and, thus, almost certainly ensuring harm to her career, and financial security, whether long or short term. Stereotypes routinely provide an (unhelpful) guide for behaviour in ambiguous situations (Abrams et al. 1990; Goffman 1963). In this case, Todd rolled the customer letter of complaint in with Miranda’s

stigmatised disease status to create a situation where she could be grounded from flying. The outcomes for Miranda would then have included reduced employment (and salary) opportunities as a flight attendant, continuing over many months, as well as less desirable and less challenging work assignments, reduced income, and an increased likelihood that the stigma surrounding her condition would permeate the wider organisation so that employment opportunities that may have been available elsewhere also disappeared. The bullying then continued: Miranda found herself unsupported when trying to find alternate employment within a very large organisation that might reasonably have been expected to accommodate her disability.

Not everyone involved in bullying episodes sets out to harm their colleagues. Many organisational bystanders feel very uncomfortable, as we can see from Janice's scenes. Organisational bystanding has been described by Linstead (2007) as a situation where people (employees) know about, even witness, injustice and bullying but do nothing about it. Described as bystander apathy, it depicts those looking on doing nothing, not intervening, perhaps because the situation is not easily defined by them as being negative, or because these organisational members are, to a lesser or greater degree, co-participants in the bullying, and/or because negative gossip and rumour act to further persuade them (Noon and Delbridge 1993; Linstead 2007). Janice noted the workplace gossip circulating about Miranda's illness and was reluctant to speak up against management in support of Miranda, perhaps because of the possible risk to her own employment. Evident also was the toll that Janice's unhappy involvement in Miranda's situation was taking on her relationship at home, as depicted through ongoing conflict with her spouse, disruption of their intimacy, and possible alcohol abuse (Lewis and Orford 2005; Hockley 2003).

The politics of hierarchy ensures that parrhesis – the speaking of truth to those in power – is never easy, nor without risk, nor will it necessarily achieve anything, even while it remains an unspoken responsibility of individuals and communities faced with such choices (Linstead 2007). Janice, given her value set, would have felt very uncomfortable trying to balance her needs, and those of her family (ie her mortgage), against the risk of facing off against those in power in Miranda's defence. She faced the possibility of losing her own livelihood in the process, or finding herself subjected to being bullied in the future – all the while believing there was no guarantee that a courageous stance on her part would have helped Miranda anyway (Linstead 2007).

Miranda's scenes show a young woman speaking to the interviewer (me) about her lived experiences and perspective as a disabled woman discarded by her workplace after years of loyal service. Her scenes show her sadness, betrayal and anger. They also show a young woman facing a very uncertain future with an unpredictable, disabling, neurological disease such as MS, with reduced income to support her future and pay her mortgage. Given the recognised difficulties that disabled workers have gaining, and maintaining employment, and knowing that such difficulties increase as a result of the high levels of stigma that attach to MS, Miranda can also be seen to face a possible future life with reduced health, and increased disability, poverty, and encroaching mental health issues clouding her already difficult life, perhaps via anxiety, depression or stress.

What would have also been very painful, from Miranda's perspective, was that (at the time of her illness disclosure) none of what transpired regarding her loss of employment was necessary. MS is acknowledged as being a very unpredictable disease and there is no way of knowing for sure if, or when, Miranda's impairment would have reached a level that prevented her doing her job as a flight attendant. However, it should be remembered that at the time she was grounded from flying she could do her job; she then also passed the very strict physical test that her employer insisted she take. One is left to wonder if her disability would have

progressed as quickly and suddenly as it did if she had not been subjected to the strain of her continuing, adverse employment situation, over such an extended period of time.

Miranda's experience of being stigmatised, alienated, and then ejected from her place of work would not have helped her future health and wellbeing, of that we can be certain. And, within this context, it is wise to note that disability research confirms that, despite the myriad of negative stereotypes to the contrary, disabled people can actually perform as well, or better, than individuals without disability, and have equivalent, or even lower, absenteeism, accident rates and turnover rates (Perry et al. 2000; Hernandez et al. 2008). Even if Miranda had not, over time, been able to continue as a flight attendant, a supportive employer, especially a large and diverse international airline, would reasonably be expected to have made attempts to redeploy a staff member so placed into a role where her safety and the safety of others was not compromised, and where she could have continued to contribute in a meaningful way to that organisation's success.

Valuable and unique in this analysis is the novel methodological approach taken. I hoped to have succeeded in bringing to readers' attention the different and multiple perspectives of several of those involved in Miranda's story – her perspective as a target, a bully's standpoint (especially, if not feeling like a bully), and that of an organisational bystander. More traditional quantitative analyses are deductive and statistically based. However, one of the noted limitations of bullying research is that it has tended to focus on experimental and quantitative research, using hypothetical job applicants and workers, rather than exploring real cases (Perry et al. 2000). And while the usefulness of such research is noted, it offers limited information about disabled workers' lived experiences in the labour market, especially as experienced from within their places of work (Perry et al., 2000) and, especially, of being bullied. The semi-fiction case presented here is intended to complement past experimental and quantitative research findings, and offer a richer, more creative and speculative critique. This presentation is intended to assist in our understanding of the complex array of events that can unfold during bullying episodes including the feelings evoked (being vastly different depending on one's point of view), how easily events can snowball, and the impacts felt, depending on one's role and perspective.

The implications for organisations and individuals are significant: better understanding of how seemingly trivial events, remarks, or outcomes can have a huge, perhaps life-long impact on those involved; knowledge that there are multiple, different, and valid perspectives in cases of workplace bullying; and, a taste of how seemingly small, seemingly appropriate workplace responses can ripple through personal and professional lives, including the lives of those who may only be tangentially affected. At the end of her story, Miranda found herself living on a disability pension, with little likelihood of further employment. Janice's work and home lives were disrupted and damaged; she, an organisational bystander, was drawn into the bullying events, despite her preference not to harm Miranda but knowing that she did, just by doing her job. Todd's story revealed how managers can, without perhaps intending to harm the life and livelihood of a colleague (even one they don't like very much), have devastating effects on another's life and future just by doing their job. Further bullying research from multiple perspectives is recommended.

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