

‘WHEN YOU TALK AND TALK AND NOBODY LISTENS’: A MIXED METHOD CASE STUDY OF WHISTLEBLOWING AND ITS CONSEQUENCES

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ABSTRACT

This study investigates whistleblowing and its consequences with an actual whistleblowing case which is assessed using mixed methods (interview, archival documentation, and two psychological tests) and analysed with a proposed model of the whistleblowing process (Soeken, 1986). The whistleblower blew the whistle internally on unethical coercive treatment of patients in a Norwegian health organisation. He then blew the whistle externally when the wrongdoing was not stopped. Retaliation followed and culminated with dismissal when the whistleblower refused to accept relocation to a job with no work assignments. He then sued his employer for unjust dismissal and lost in several judicial courts. Simultaneously, the whistleblower's claims were supported by an external investigation report. The results showed that the case story followed the process described in the Soeken model, although some adjustments of the model are proposed. The retaliation experienced by the whistleblower developed into a situation that may be described as workplace bullying, leading to severe physical and psychological symptoms as measured by the two tests, MMPI-2 and PDS. Despite retaliation and exposure to workplace bullying, the interviewee perceived the most damaging factor not being believed in court and not being listened to. The results have implications for employees, employers and helpers of actual whistleblowers.

Keywords: Case study, whistleblowing, victimisation, workplace bullying, mixed method

INTRODUCTION

Whistleblowing in organisations was firmly put on the public agenda in 2002 when senior managers in Enron and WorldCom were reported by concerned employees, Sherron Watkins and Cynthia Cooper, for economic fraud, resulting in a public scandal and imprisonment for some of those involved (Colvin, 2002). A similar case in the FBI, where information about possible terrorists prior to the September 11th attack was withheld, also stunned the world when Coleen Rowley blew the whistle on the matter (Ratnesar & Weisskopf, 2002). The concept of whistleblowing relates to situations where an employee is witnessing something illegal, illegitimate or unethical taking place within their organisation, which he or she subsequently decides to take action against, thus trying to eliminate the wrongdoing, and has formally been defined as “*the disclosure by organization members (former or current) of illegal, immoral or illegitimate practices under the control of their employers, to persons or organizations that may be able to effect action*” (Near & Miceli, 1985, p. 4).

While the whistleblowers in the above mentioned cases were declared "name of the year" by Time Magazine (Lacayo & Ripley, 2002), many whistleblowers suffer severe retaliation from employers or co-workers. Often the employer “blames the messenger” (Paul & Townsend,

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1996) while avoiding or refusing to discuss the merit of the complaint (Martin & Rifkin, 2004). Whilst the wrongdoing is ignored, the whistleblower becomes the recipient of criticism and retaliation (Lennane, 1993; Vinten, 1994). Hence, many whistleblowers suffer intensely as a consequence of having blown the whistle (Rothschild & Miethe, 1999), reporting suffering from depression and anxiety, feeling isolated or powerless, as well as financial problems and problems with family relations. The retaliation suffered by whistleblowers may be so severe that a similarity between victimisation from whistleblowing and the experiences of targets of workplace bullying has been noticed (see e.g., Einarsen, 2000).

In the present study, we investigate the nature of the whistleblowing process and its potential consequences in a case study of an actual Norwegian whistleblower that blew the whistle on alleged unethical conduct with subsequent severe retaliation and expulsion from the workplace. This particular case is especially interesting as the whistleblower later on was credited for having reported the misconduct by an external report, hence supporting the legitimacy of the initial whistle-blowing. Yet, he suffered severe retaliation and finally dismissal from work followed by a series of unsuccessful court cases. Analysing this particular case, we investigate the process, the dynamics and the individual consequences involved through a whistleblowing model proposed by Soeken (1986). In addition to analysing the case with this model, investigating whether this particular whistleblowers case follow the stages described in the proposed model, we investigate whether the experienced retaliation bear resemblance to and may be seen as a kind of workplace bullying. For the latter purpose we employ the classic model of the bullying process developed by Leymann (1996).

A model of the whistleblowing process

Based on therapy sessions with whistleblowers who suffered retaliation after exposing mismanagement at work, Soeken (1986) developed a model of what we regarded as a typical whistleblowing process. Although each whistleblower reacted differently, a common underlying process is claimed to be involved in most cases, according to Soeken. The first stage is called *discovery (1)* and is characterised by an exploration of a potential wrongdoing. The whistleblowers react with different emotions at this stage, ranging from anger to chock, to feelings of betrayal. Betrayal may be a prominent feeling especially when the whistleblower unwittingly has assisted the wrongdoing. *Reflection (2)* is characterised by a decision-making process where the whistleblower evaluates whether to blow the whistle or not. Some whistleblowers fear retaliation and become obsessed with the wrongdoing. The third stage, *confrontation (3)* begins when a decision to blow the whistle is made. Such a decision may cause previous stress to decrease. Yet, some whistleblowers fear retaliation also at this stage. The next level is when *retaliation (4)* actually evolves. Retaliation may come from the employer, from superiors or from co-workers. Whistleblowers are generally unprepared for this retaliation although they may have feared it in earlier stages. Some now begin to feel like outcasts and may start to suffer a range of negative consequences, including deteriorated mental health. *The long haul (5)* describes the reaction pattern associated with the duration of time, often months and years, between having blown the whistle (*stage 3*) and resolution (*stage 7*). Mental health problems may arise or intensify at this stage. This “waiting” period occasionally includes collecting proof for a possible court trial as well as dealing with debts and possibly loss of home if the whistleblower has been fired. Aggravation of the economical situation is a possible risk factor for additional problems with spouses, children and friends. Some may never come beyond this stage without professional help. *Closure (6)* is the stage when the judicial process comes to an end *or* the whistleblower stops pursuing the case. The whistleblowers reactions in this phase may depend on the effectiveness

of the whistleblowing in stopping the wrongdoing and the loss or win in a potential judicial process. Most whistleblowers need a period of mourning irrespective of the outcome or the judicial process associated with it. Some whistleblowers reach final acceptance already with closure while some whistleblowers never reach stage 7, resolution. Although final acceptance may come with closure for some whistleblowers, the last stage *resolution (7)* is reached *when or if* the whistleblower is able to feel healed, secure and “like themselves again”, coming to terms with what has happened. Reaching this stage often depends on whether the employee enters a new meaningful job, receives economical assistance or compensation.

Retaliation as a kind of bullying process

Victimisation and retaliation from whistleblowing as described by Soeken (1986) and others (Lennane, 1993) seems to bear clear resemblances to bullying at work (Einarsen, 2000). The concept of workplace bullying refers to situations where employees are exposed to persistent mistreatment at work of primarily a psychological nature (Leymann, 1996), with the effect of persistently humiliating, intimidating, frightening or punishing the target. Brodsky (1976) described harassment as repeated and persistent attempts by a person to torment, wear down, frustrate, or get a reaction from another person and as treatment that persistently provokes, pressures, frightens, intimidates or otherwise causes discomfort to another person at work. Typically also, the target is teased, badgered and insulted with little recourse to retaliate in kind. Leymann (1996) describes how such workplace bullying behaviours may victimize an employee by influencing his/her possibility to communicate (e.g., being silenced, threats, lack of information), influencing his/her possibility to maintain social contacts (e.g., being ostracised or physically and socially relocated), influencing his/her possibility to maintain their personal reputation (e.g., slander, stigmatising, ridiculing), influencing his/her work situation (e.g., one is not given any work tasks at all), and lastly, workplace bullying may influence his/her personal health directly as well as indirectly (e.g., one is given dangerous work tasks, sexually harassed or attacked physically).

Leymann (1996) describes that a workplace bullying *process* typically is triggered by a conflict that subsequently may evolve into an exaggerated interpersonal conflict which again escalate into bullying, leading to severe victimisation of the employee in question. The process is often triggered by a *critical incident (1)*, e.g. a case of whistleblowing, causing an escalating interpersonal conflict. In the subsequent stage, called *bullying and stigmatizing (2)*, the target is exposed to systematic hostility and aggression with behaviours resembling those described as retaliation in the whistleblowing literature and the Soeken model. These behaviours may initially not be openly aggressive acts but can, over time and with increased frequency, alter their meaning and change function into a stigmatisation of the person in question. Leymann (1996) describes the behaviours occurring in bullying and stigmatizing as intended ‘to get at a person’ in the form of penalizing and damaging him/her. *Personnel management (stage 3)* symbolises that higher superiors or management staff becomes aware of the bullying and stigmatizing process, and the case becomes an official one, yet often known as a story of a difficult and no-good employee (Leymann, 1996). Due to the previous stigmatisation, higher superiors or management staff, or even external bodies, may misinterpret the situation and view the stigmatised employee as the problem, according to Leymann. A desire to eject the victim may evolve and a potential final stage of a workplace bullying process may be *expulsion* from work (*stage 4*). Being in this stage is generally associated with serious mental health problems including symptoms of post traumatic stress disorder (Groeblichhoff & Becker, 1995; Leymann & Gustafsson, 1996; Tehrani, 2004). Consequences of exposure to bullying on the health and well-being of whistleblowers, such as

depression, anxiety, a feeling of being isolated or powerless and distrusting (Brodsky, 1976; Leymann, 1986), resemble what has been found in studies of whistleblowers (Rothschild & Miethe, 1999). Although several whistleblowing studies have portrayed impaired health as a consequence after retaliation (Lennane, 1993; Soeken & Soeken, 1987), few if any have assessed such consequences with formal psychological tests, as has been done in the bullying literature (Gandolfo, 1995; Girardi et al., 2007; Matthiesen & Einarsen, 2001; Mikkelsen & Einarsen, 2002).

Aim of the study

Although several case stories of whistleblowing have been described in books and scientific articles (De Maria & Jan, 1997; Glazer & Glazer, 1999; Martin, 1984; Nader, Blackwell, & Petkas, 1972; Peters & Branch, 1972), a recent meta-study documents that most research on whistleblowing has focused on intent to whistle blow more than actual whistleblowing (Mesmer-Magnus & Viswesvaran, 2005). Furthermore, whistleblowing research has predominantly been conducted in North-America (Miceli & Near, 2005). Hence, existing knowledge needs to be validated and nuanced based on careful observation of actual cases from other cultural and national contexts. A contribution of the present study is therefore a possible validation of an American model in a non Anglo-American cultural context. Few if any studies have so far investigated the link between retaliation after whistleblowing and bullying, although this link has long been suggested (Einarsen, 1996, 2000). Hence, the aim of the present study is to investigate if this Norwegian whistleblower's experience follows the development described in Soeken's model. Secondly, we investigate if the retaliation he experienced resembles workplace bullying. Thirdly, we investigate the psychological consequences experienced by this whistleblower with two psychological tests.

METHOD

Design

This study has a mixed method single case design which means that it investigates and analyses one particular whistleblowing case in-depth with the use of multiple sources of data in the collection, analysis and interpretation of the case (Johnson & Onwuegbuzie, 2004). The study also applies a life history approach because it focuses on one part of the interviewee's life in-depth and investigates this period in time with different sources of data (Bertaux, 1981).

Instruments

The research interview and archival documentation. An interview guide was developed on the basis of literature on whistleblowing, the chosen theoretical model, and the literature on workplace bullying. The guide was semi-structured in order to enable a semi-open conversation where the interviewee could talk freely, and semi-closed in regards to leading the conversation to the following topics: demographics, the decision making process, work-environment and job satisfaction, retaliation and possible workplace bullying, the conflict development, enquiries regarding ostracism, and questions regarding the consequences on physical and psychological health. The archival documentation consisted of letters between the interviewee and different part-takers in the process, including meeting summaries and court papers (Appendix I). The archival documentation was provided by the interviewee and included information he regarded to be relevant to enable our understanding of his case story.

The psychological tests. Two psychological tests were used to assess the interviewee's psychological health and possible trauma related symptoms. The Minnesota Multiphasic

Personality inventory (*MMPI-2*) is a widely used clinical instrument that measures mental illnesses and personality disorders (Butcher, Graham, Williams, & Yossef, 1990), consisting of consists of 567 items which are scored on the following clinical scales 1 (Hs, Hypochondrias), 2 (D, Depression), 3 (Hy, Hysteria), 4 (Pd, Psychopathic deviate), 5 (Mf, masculine-feminine interests), 6 (Pa, Paranoia), 7 (Pt, Psychasthenia), 8 (Sc, Schizophrenia), 9 (Ma, Mania) and 0 (Si, Social introversion-extroversion). Scales are normally referred to by numbers. The typical interpretation of MMPI-2 is to evaluate the overall profile combined with the highest peaks of two or three of the clinical scales (scale 1-9 and scale 0) and a score above 65 on a scale implies distinct psychological problems (Havik, 2003).

The posttraumatic stress diagnostic scale (*PDS*) (Foa, 1995) is a self-report screening device that corresponds to the DSM-IV (American Psychiatric Association, 2000) definition of posttraumatic stress disorder (PTSD). The present study applied a modified version for use among targets of bullying at work (Mikkelsen & Einarsen, 2002). The first items measures whether one has experienced physical or psychological injury of self/others or perceived threat to life or ones own psychological integrity, criteria A1 and A2, and have response categories “yes” and “no”. The next items assess the core symptoms of PTSD: re-experiencing (criteria B, 5 items), avoidance-numbing (criteria C, 7 items), and hyperarousal (criteria D, 5 items). Each symptom is rated on a four-point scale (0 = not at all or only one time, 1 = once a week or less/once in a while, 2 = two-four times a week/half the time or 3 = five or more times a week/almost always). Criterion E measures onset and duration of the symptoms (2 items) while criterion F assess impairment in functioning in various areas in life (9 items). In the Mikkelsen and Einarsen (2002) study, the PDS scale and its subscales showed excellent internal consistencies as measured by Cronbach’s alpha (Alpha’s between 0.85 and 0.89). Other studies have also documented satisfactory validity and reliability of the PDS (Allen, Coyne, & Hundtoon, 1998; Foa, Cashman, Jaycox, & Perry, 1997).

Procedure and analysis of data

The seven stages of an interview investigation, proposed by Kvale (1996); *thematizing, designing, interview situation, transcription, analysis, verification and reporting*, was used as a general guideline for this study. Each of these seven interview investigation stages will now be outlined below. *Thematizing* included forming the purpose of the study and gathering relevant literature on whistleblowing and workplace bullying. *Designing* included planning the study from beginning to end, setting up a time schedule, planning the methods used, how to select data and how to analyse them. Then a semi-structured interview guide was developed. The interviewee was known by one of the authors from earlier and was therefore contacted by telephone the first time which was approximately half a year before conducting the interview. In this call we informed about the study with its limitations and duration. Then we sent the information together and received the interviewee’s written consent to participate in the research project. The *interview* was conducted approximately 13 ½ years after the interviewee initially blew the whistle and was carried out over two days in the interviewee’s home, by his choice. The interview lasted altogether eight and a half hours, and was digitally recorded with a with a Sony IC recorder (ICD-MS515). The interview was *transcribed* by one of the authors into 74 written pages of style Times New Roman, font 12, single spacing and was re-transcribed by a second author. Interpretation of meaning (*analysis*) means to gather descriptions and interpret the meaning of the phenomena that is described, according to Kvale.

The present study used a qualitative ad hoc procedure (cf. Kvale, 1996) which means that different interpretative procedures, such as condensation of meaning and categorization of meaning are applied in one study. First, the interview transcript and the archival documentation were read thoroughly several times. Then a preliminary chronological timeline was developed from the archival data. Next the information from the interview transcript and the archival documentation were condensed into a final chronologic timeline structure that indicates the interviewee's experiences in relation to time. These two sources of information corresponded very well with each other and were internally consistent with each other, thereby cross-validating the timeline information given. The psychological tests were analysed in accordance with standard procedures (Havik, 2003; Mikkelsen & Einarsen, 2002). The interviewee's experiences (the interview transcript, the archival documentation and the test results) were then analysed by comparing them to the stages of Soeken's (1986) and Leymann's (1996) models. The chronological timeline was validated (*verification*) by the interviewee. He has also received a preliminary report of this study and has been informed and has approved of this publication. The result of the study is *reported* in the following.

RESULTS

Chronological timeline of the case story based on interview and archival data

The interviewee is a 56-year-old university educated pedagogue who lives without children with his girlfriend. This part of his life started when he left teaching and applied for a position as an environmental therapist at a brand new special facility in a Norwegian health organisation (Ward B). The interviewee, however, began his career in the health institution a bit earlier, in Ward A, more or less in anticipation of the grand opening of Ward B. On Ward A the interviewee after some time witnesses a colleague provoking aggressive behaviour in a patient which later was sanctioned with coercive measures, such as pushing him to the floor and putting him in belts. Wondering why, the interviewee informally discussed this observation with colleagues and his leader. When *Ward B* opened, the previously observed aggressive provoking behaviour took place also in this unit. Other employees also talked about how the current practice was exaggerated. Ward B was led by a Head of Ward with a leadership style that the interviewee found authoritarian and felt that this influenced the work climate negatively (risk of turnover, general uncertainty, poor atmosphere to conduct open-minded discussions etc.). The work climate was tense, causing some staff to resign. To prevent future conflicts with the Head of Ward and to avoid some of the negative work environment aspects the interviewee changed from day to night shift.

However, the same treatment practice was present during the night. Patients, often the weakest and most severely ill, were put in belts because staff felt that "he or she is going to get aggressive and hit someone today". The interviewee *informally discussed* the current practice with his shift leader, whom in turn provided him with the Norwegian law on coercive measures. According to these laws the current practice was illegal. Lawful use of coercive measures requires that a patient has a serious mental illness and that the possibility of cure or improvement will be lost without this treatment, *or* that a patient is a danger to him/herself or others. In order to facilitate later inquiries all coercive measures usage must be documented in a protocol. Later, the interviewee found out that the protocol at Ward B had an inscription that pre-authorized the use of coercive measures signed by the Head of Ward. According to the regulations, such practice is illegal in general, due to that all single episodes must be individually evaluated by authorised personnel.

Assuming that the current practice was an outcome of ignorance, the interviewee formally *reported* at a staff meeting what he had learned. However, the interviewee was not supported in his view by his fellow colleagues. Still, he made a *formal written complaint* to the Leader of Ward. Also, a poster of the Norwegian coercive measures laws was put up on the notice board. All this led to distinct results: the current practice stopped and the aggressive behaviour from the patients markedly declined. However, after the meeting where the interviewee stated his opinion, he noticed afterwards that slander seemed to circulate at the Ward. No one told the interviewee what the gossip was about, but he interpreted that he was being silently accused of putting other staff members on the line in terms of security, that he was untrustworthy, and that he had manipulated the Leader of the Ward into putting up the poster.

Disagreement regarding the current use of compulsive treatment started again when a sleep deprivation regime was introduced to improve the life quality of a specific patient in the final stage of a terminal disease. The interviewee strongly advised against this regime, first of all because of the possible negative health consequences it could provoke, and secondly because it also could be illegal. Again he did not receive any support by his superiors. The patient, however, facing the new treatment regime, strongly resisted it and became even more aggressive. This conduct by the patient resulted in further treatment with coercive measures, such as being put in belts. It should be mentioned that the interviewee in this period of time discovered an alternative procedure that in his opinion would not elicit aggression in this specific patient. With this alternative procedure, the usage of coercive measures could be terminated or avoided. The interviewee described the procedure and its rationale in the patient's case sheet. The proposed regime was however sustained and the aggressive spiral between the patient and the staff continued. Later it came to the interviewee's knowledge that this specific patient's parents actually had complained about the treatment of their relative to the National Department of Health Services.

Based on several unsuccessful attempts to alter the current treatment practice, the interviewee made an *external report sent through internal channels* to the Chief county medical officer (Chief Officer). The interviewee's superiors *requested him to withdraw* the complaint at a meeting that took place thereafter, but he refused. Later on, the Chief Officer credited the interviewee in writing for raising serious questions and encouraged him to participate in internal discussions, and also sent a copy to the director of the health organisation and to the Committal complaint board (the board) who was responsible for supervising the use of coercive measures. The board was encouraged to pay particular attention to the case. However, no investigation was carried out, and the wrongdoing in the form of coercive maltreatment kept going on. In a new meeting with several superiors the interviewee was *accused of destroying the work environment* as the complaint was regarded as a collective attack on his colleagues. The interviewee was also *accused of insanity, of being mentally ill* without any insight in his own disease. The wrongdoing conduct was however not discussed. After this the interviewee went on sick leave.

After this meeting the director of the health organisation wrote to the Chief Officer and explained that the interviewee's complaint had been examined and that the controversy was resolved. However, the interviewee continued to send *internal letters* because the wrongdoing conduct had not terminated and because he still felt that no convincing argument for the current use of compulsory treatment had been given. The Head of Ward *replied* that the treatment practice had been authorised by the Chief Officer, staff was regarded to be ethical

and the practice was considered legal. Still disagreeing, the interviewee wrote to the Chief Officer once more, contending that the law does not give opportunity to pre-authorise the use of coercive measures, which seemed to be a permanent practice on Ward B. The Chief Officer was on the other hand convinced that the practice at Ward B had changed to the better, after having conducted an unexpected inspection with allegedly no signs of coercive measures revealed. It was also commented on the way the informant had blown the whistle and he was again advised to participate in internal seminars. In advance the interviewee had told the Leader of Ward that he would relocate if his complaints were ignored by the Chief Officer. Thus, because the Chief Officer did not support him he went on a temporary three month transfer to *Ward C*.

At Ward C the interviewee received excellent feedback for his work performance. Then after some time the interviewee decided to contact the newly appointed internal Patients Ombudsman to hand over the pile of information and correspondence in the coercive measure case not yet solved. The Ombudsman forwarded the information about the treatment practice and the work environment to the media. Quite soon it became news paper headlines, both locally and nationally. The media attention was followed by an official investigation of the organisation, nine months after the interviewee's first internal voicing. At the same time the control-protocol for the compulsory treatment went missing. The external official report concluded that the use of coercive treatment at Ward B had been excessive and reprehensible. The board was criticised for not responding to the information they had received. The Head of Ward was harshly reprimanded for the pre-authorisation and was seen as a direct contributor or initiator to the conflict that had evolved. As a result, the members of the board were dismissed; the Head of Ward was released from the leadership position while the interviewee and the Ombudsman were praised. At the end of his temporary relocation, the interviewee was encouraged once more to shift to another Ward especially since another employee also wanted to relocate. This assumption, that someone else wanted to shift position with him, turned out to be a misunderstanding. The two of them tried to stop the shift transfer by complaining to the trade union. The occupational health physician also warned the employer against making the job change because it could create problems at Ward D by breaking up an existing team that had worked together for 10 years. Nevertheless, the superior at Ward D phoned the interviewee up and ordered him to start working there. His colleague had withdrawn his protest.

Because the interviewee now believed that management had begun an attempt to get rid of him, he was "on guard" and expected "anything to happen" at *Ward D*. The interviewee also felt unwanted at the Ward and when the predicted co operational problems developed they were subject to discussion at a staff meeting. Here the colleagues of the interviewee expressed that they had difficulties in working with him because he avoided talking to them. He was even further accused of being unprofessional with one of the patients, and for not obeying an alarm instruction. These allegations were however never confirmed nor pursued. Because the interviewee perceived the situation as very threatening he offered that he could leave and return to Ward B. The immediate response from his superiors was that his request was impossible because he was regarded as unfit to work in Wards that used compulsory treatment. Throughout *several letters and staff meetings* the interviewee unsuccessfully tried to obtain a reason or an explanation for his "unfitness" to work in Ward B.

This time he was relocated to *Ward E*, a year and a half after the whistleblowing onset. The interviewee complained to the trade union who wrote a protest letter as the transfer lacked

valid reasons. Ward E was a work training centre for patients situated in an open area where the interviewee's former colleagues often passed during work hours. The situation felt very humiliating and upsetting for the interviewee. Even worse, the job lacked content and had no clear tasks. Nobody had previously worked in the position and the job was without funding on the budget. It was an “empty job assignment”.

Worn-out and ill, the interviewee was becoming increasingly suspicious towards others. He *complained*, but his employer chose to uphold the transfer. By now the interviewee was severely depressed, suffered from anxiety, received pharmaceutical treatment and was given a one year sick leave. During his absence, the occupational health physician concluded that the interviewee's problems most likely were provoked by the retaliation, and therefore stressed to the employer that his recovery would depend on getting a new job. Nevertheless, when due back to work, the interviewee was not offered a new job. The interviewee subsequently refused to return. His absence from an ordered position was regarded as blameworthy and irregular, a refusal to obey orders, and he was dismissed from the organisation.

The interviewee sought *legal advice* and sued his employer for an illegitimate dismissal, arguing that the transfer to Ward E was degradation. The City court verdict described the interviewee's efforts in stopping the wrongdoing in flattering terms, while his choice of words in the letters he had written were criticised and regarded as inappropriate. The external report was presented by the plaintiff but was tried stopped by the employer. City court ruled that the position at Ward E was not degrading and supported the employer's explanation which was that the transfer was a necessity because Ward E needed more personnel and because of the cooperation problems and the allegations of not following the alarm instructions on Ward D. The verdict describes that the interviewee declined the settlement offer from the employers which was to return to Ward E. Therefore he lost the case and was sentenced to pay the accrued expenses.

In Court of Appeal the employer changed their argumentation and argued that the reason for the transfer was due to the cooperation problems at Ward D only, thus omitting the whistleblowing aspect completely from the court case. The Court of Appeal did not question the change and ruled that the transfer was within the legal rights of the employer, as part of the management prerogative, and thus the interviewee lost the case. The Appeal Committee of the Supreme Court unanimously dismissed the case because they had no direct access to the evidence that the previous verdict was founded on. The European Commission of Human Rights (ECHR) considered whether to take the interviewee's case, where he argued that his freedom of expression had been violated. Yet after a time period of four years they decided that it was inadmissible. Their ruling came seven years after the first internal whistleblowing.

The Norwegian whistleblowers experience and Soeken's model

Both the interview and archival data contained information of the whole whistleblowing process and were analysed by comparing them to the stages of Soeken's model (1986), providing within method internal consistency (cf. Jick, 1979). Information regarding the interviewee's health was present in parts of the interview and archival data and in all test data and were analysed by comparing them to the parts of Soeken's model that included consequences on health, providing between method external validity, in line with Jick (1979). Overall the whistleblowers experiences (the interview, archival data and the psychological tests) were highly consistent with the seven stages of Soeken's model (1986): discovery, reflection, confrontation, retaliation, the long haul, closure and reflection, even though some

of the stages were more easily classifiable than others. We also noticed that the interviewee's experiences seemed to move back and forth between some of the stages.

The process started when the interviewee witnessed a treatment practice that he had a gut feeling was wrong (*discovery*).

"Well, you can say it all started when I realised I could not live with it. It was wrong. But it wasn't because I knew it was against the law, because I didn't, before I read about it. It was not right"

The process continued when he learned that the current practice was illegal according Norwegian coercive measures laws and he then began to evaluate whether or not to blow the whistle. The interviewee felt that the wrongdoing practice could take place largely because of some immanent situational characteristics at the workplace, leadership style and the general psychosocial work environment with lack of open communication.

"I asked how could it be like this? It was very strange, because, this ward was supposed to take over patients from another institution that closed for exactly this reason, that it was managed like that, it was a scandal. And then the laws and regulations were changed. So I thought, it had to be wrong; it did not have anything to do with self-defence at all. Among other things, you should be able to document that you have tried and considered other treatment options, before applying coercive measures. (...) It was a terrible disappointment to experience that atmosphere, those attitudes. We were supposed to look for aggression, and beat it down. (...) I could not understand how this could work."

Situational characteristics are generally considered to be more powerful antecedents of whistleblowing than personal characteristics (Near & Miceli, 1996). The employee considered to quit his job like some of his colleagues had done, but evaluated his alternative job opportunities as sparse.

"If it had been possible for me to get other attractive jobs in the county, I would have done as the others, I would have applied for another job. It was a lot of people who just disappeared the first year (...) but I had nowhere to go"

Finally he felt he had to do something (*reflection*) and described that the evaluation or decision-making process ended with a feeling of a choice-less choice, being "compelled to act" (Alford, 2001).

"I felt I did not really have a choice at that time (...) you have a responsibility (...) you have a duty to tell, and a duty to ask (...) you are supposed to be able to live with yourself in the future and need to be able to justify your actions. I feel that."

The informant seemed strongly motivated by the possibility to bring about a positive change and end the current malpractice. This is a feature that is claimed to be typical for some whistleblowers and may be characterised as pro-social whistleblowing (Miceli & Near, 1997). The interviewee blew the whistle internally at first (*confrontation*) because he thought that management did not know it was illegal. He later on blew the whistle externally because several internal attempts to stop the wrongdoing had been unsuccessful and because he wanted to stop the unethical treatment. The motivation was still that he thought higher

management did not know what was going on. The interviewee anticipated retaliation after the external whistleblowing.

“I expected it would be unpleasant. (..) But I decided not to think about it. (..) I did not fantasise about it. I knew if I thought about that, then I would not have the courage to see it through (..) I just hunched my back and heightened my shoulders, and thought: here comes the storm.”

He was then met with both formal (changed job content and job location) as well as informal (was treated as a scapegoat, ostracised and accused of misbehaviour that was never investigated) types of workplace reprisals.

“The Head of Ward said: You have to take a sick leave, you have these problems, I have called the occupational health physician and told her she has to give you a sick leave! (..) It was the craziest thing I had ever heard (..) I called up the occupational health physician and asked what this was all about. They had given her the impression that I was going crazy, that I was psychotic. (..) I was shocked (..) I thought such things only happened in the movies, not in reality. (..) I did not like that they had discussed this (..) I got very insecure when I realised they had discussed me. “

“I realised I was kind of treated as if I was contagious or radioactive (...) People stiffened and some were lip talkers. Some were scared (...) I guess somebody had told them, that if you hang around him, he will report you, and you will get in trouble! (...) It is very unpleasant. Because you do not know what people have heard (...) and you can not pick people randomly and say: listen! I will tell you what this is really about.”

It may seem as the organisation evolved a “hunt for the messenger” and a scapegoating process whereby the organisation portrays its norms about whistleblowing as a mean to control its members (Near & Miceli, 1986). Finally he was fired when he did not return to what he experienced as an “empty job assignment” after being on sick leave (*retaliation*).

“If I was thick-skinned, then I would not have cared. I would have stayed. Then it would not have been anything (...) Most people would have been able to stand more than I did. I did not stand much at that time. But to me it seemed impossible, I could not think straight, I had nobody to talk to (...) At least I didn’t.”

Involuntary exit from the organisation may be seen as the most extreme form of retaliation (Miceli & Near, 1992). There was then a long time period between the first whistleblowing and the following events (*the long haul*). Despite the conclusions of the external report, none of the judicial verdicts supported the interviewee by considering the link between the previous whistleblowing, the retaliation and his refusal to attend work (*closure*). The following quote may illustrate this:

“The worst thing for me, I believe the thing that has really destroyed me, is that I talk and talk and nobody listens to what I have to say. I make an argument and try to explain and it takes me nowhere”

At the time of the interview the interviewee still was on his way to reaching a final acceptance of what had happened to him. He has been unable to re-encounter working life, but is

becoming aware of the importance of doing things unrelated to the whistleblowing process and is actively trying to reconstruct his life and altering his identity as a judicial derelict (*resolution*).

“I try to do things that have nothing to do with this and I try to get control over my time, and keep track of things that happen. I realised at one point that I could not account for several months (...) I did not remember what I had done for three months. Now I keep a diary (...) and I try to keep track. I cuddle my dogs, and I try to laugh at stuff. And I try to stay fit, bicycle riding.”

“If you imagine a railway station or a passing train (..) I have been let off the train, and I only sit and watch the trains go by (..) This happens to unemployed people, if it is established enough times that nobody is willing to give a two-pence for what you can do and for what you are worth then it all falls apart, slowly. You have to compensate that feeling in one or another way. I am working with that, keeping myself together.”

However, as Soeken writes in stage 7 of his model (1986), having a meaningful work and economic assistance may have a good effect when it comes to help whistleblowers feel secure again.

Retaliation and workplace bullying

The episodes of retaliation described by the interviewee in this study are known in workplace bullying literature as the most typical types of “negative acts” such as devaluation of work contribution and social and organisational isolation (Einarsen, 2000). The interviewee states:

“It is not workplace bullying in the sense of immigrants being called bin Laden, it is on a different level ... it happens in an indirect manner.”

An evaluation of the interviewees experiences based on the typical bullying process (Leymann, 1996) shows that both the internal and the external whistleblowing can be seen as *critical incidents* (stage 1) and setting off the *bullying and stigmatising* (stage 2) process although the most serious incident probably was the external whistleblowing. The interviewee was repetitively and systematically exposed to overt negative acts (involuntary transfer) as well as covert (slander) and ultimately felt unable to defend himself (e.g. the involuntary transfer to Ward E). This shows how single retaliatory like negative acts can develop into workplace bullying. The interviewee also described how colleagues gradually seemed to adopt the image of him as portrayed by management, which is consistent with the third stage *personnel management*, in Leymann’s model (1996). The interviewee also experienced that colleagues and management blamed him instead of discussing the wrongdoing. This can be explained by the fundamental attribution error (Nisbett & Ross, 1980), which denominates the tendency to underestimate situational factors and overestimate dispositional ones in relation to how we explain behaviour (Manstead et al., 1996). Leymann (1996) refers to the last stage of a typical workplace bullying process as *expulsion*. The interviewee was dismissed from work when he refused to return to the empty job assignment and has been unemployed since.

Psychological consequences and the two psychological tests

The interviewee clearly described the severity of the physical and psychological consequences he developed.

“I chewed my teeth to pieces and I was very stressed and tense. I had trouble sleeping, especially in the morning and now it has become like that. It is like this today. (...) I lost ground control and I experienced a form of dissonance ... a kind of reality rupture. (...) I have become hypersensitive about being and feeling unwanted, when I feel unwanted I can't be there (..) It started when I became unemployed.”

“And then I experienced what I experienced in court. (..) that is probably the worst (..) I could have handled what happened earlier (..) if they had made amends. But the court stepped on me and concluded that it all was entire my fault and then (..) I understand that it is not possible to discuss, the argumentations does not win (..)”

The physical and psychological symptoms that were described in the interview and in the archival documentation from the occupational health physician were clearly visible in the results from the two psychological tests as well. The *MMPI-2* profile was evaluated and found valid. The validity scales showed a pattern (Havik, 2003) often associated with interpersonal conflicts and low self-esteem. In the overall profile, six out of ten clinical scales were elevated (*t*-score > 65), indicating severe psychological problems. The main finding from the *MMPI-2* was a right centred profile, which is often associated with anxiety, insecurity, low self-esteem, distrustfulness and scepticism towards others, according to Havik. On a group level suicidal thoughts are frequent with this configuration, and thought distortions occur in some cases. There was also a left side elevation that indicates concerns about personal health. Symptoms like these may cause withdrawal from social contexts. The PTSD scales (PK and PS) were elevated, indicating PTSD analogue symptoms. However, the *MMPI-2* does not give data about criterion A, which excludes a formal PTSD diagnosis (Penk, Rierdan, Losardo, & Robinowitz, 2006). PTSD analogue symptoms were also portrayed in the *PDS* test results, although not all six DSM-IV criteria were fulfilled, which here also excludes a formal PTSD diagnosis. The scores on re-experiencing (criterion B), avoidance–numbing (criterion C) and hyperarousal (criterion D) were somewhat elevated, PTSD symptom severity was moderate to severe and the interviewee reported impaired functioning in a number of areas of life (e.g., at work, family life, household chores, relationship with friends).

DISCUSSION

The analysis of the present case story showed that the whistleblowers story clearly resembled the stages of Soeken's model (1986). The interviewee's story also shows clear resemblance to the bullying process described in the model by Leymann (1996). Retaliation (such as slander, ostracising, involuntary transfer and expulsion) was evident and consisted of both overt and covert negative acts conducted repetitively and systematically over a long period of time. The whistleblower was ultimately unable to defend himself from these negative acts, culminating with his dismissal from work. Such systematic long term exposure to negative acts is a crucial part of a standard workplace bullying definition. Both the interview data and the results from the two psychological tests indicated that the interviewee suffered from severe psychological symptoms, including post-traumatic stress analogue symptoms.

Evaluation of the whistleblowing model

The Soeken model (1986) proved fruitful as an analysing tool for the present case. A strength of the model is the description of the potential emotional consequences associated with whistleblowing, and the inclusion and understanding that a healing process potentially may take long time to go through. Our study also indicated that the model may be valid across

cultures, even though more studies are needed before such a conclusion can be drawn. Although the case mainly followed the stages proposed in the model, some of the interviewee's experiences were more easily classifiable into stages, such as discovery, reflection, retaliation and closure, than other stages such as confrontation, the long haul and resolution. This was partly due to the fact that some of the interviewee's experiences were repeated. For example, he reported both internally and externally, he reported both verbally and in writing, he reported over again to the same person as well as to new persons. Sometimes his experiences moved back and forth between stages, such as between confrontation and retaliation, which made the time outline of his experiences difficult to trace between the stages. This back and forth movements are in line with a similar model developed by Miceli and Near (1992), which includes a loop between stage 5 "Whistle-blower's assessment of organisational reactions" and stage 2 "Pre-whistle-blowing decision making", implying that every step whether it is forward or backwards involve some type of decision making. Because the Soeken model (1986) describes whistleblowing as a continuous process with no loops and such back and forth movements between different stages, this may be seen as an embedded weakness in the model.

Some of the interviewee's experiences were still "in progress" at the time of the interview. The interviewee described how he still worked on changing his life and identity back to the "way it was before", which indicates that he was actually on his way to the resolution stage. Others have also found narratives by whistleblowers that seem to be "stuck in static time" that is, they lack a clear feeling of ending (Alford, 2000). Rothschild and Miethe (1999) found that for many external whistleblowers their identity or "master status" (how we in general label ourselves and are seen by others) is changed. Every new experience is understood in relation to the previous whistleblowing experience and the whistleblowing experience in itself is processed and discussed repeatedly, according to Rothschild and Miethe. Previous clinical practice, observations and interviews with whistleblowers has therefore shown that those who suffer after exposure to retaliation may need years in order to feel healed (Alford, 1999, 2000; Rothschild & Miethe, 1999; Soeken, 1986). This master status, creating continuous feeling of being mistreated may also account for the post traumatic stress analogue symptoms revealed in this case and in a range of studies among targets of bullying (Leymann & Gustafsson, 1996; Mikkelsen & Einarsen, 2002).

Retaliation and bullying at work

The interviewee in the present case experienced severe retaliation, even bullying, after he voiced his concern about organisational wrongdoing, namely a systematic misuse of coercive measures in a health organisation. Miethe (1999) differentiates between organisational and occupational wrongdoing. Organisational wrongdoing means that the negative behaviour is institutionalised by the company, whereas occupational wrongdoing is negative behaviour conducted by specific individuals, without necessarily being part of the official policy of the organisation. The most severe retaliation seems to be directed against those whistleblowers who report organisational wrongdoing, especially when senior managers are involved, when the wrongdoing is indisputable, that is, clear evidence do exist, and when the case is made known to the public (Miceli & Near, 1992; Miethe, 1999). The present case is a clear example of such factors. Retaliation in the present case took the form of single events as well as being a range of events resembling workplace bullying. Single acts of retaliation may thus develop into workplace bullying when they are repeated, systematic, prolonged and leaves the recipient in an inferior position (Einarsen, 2000). A possible elaboration of the Soeken model (1986) could thus be a differentiation between single retaliatory events (such as formal

warning being given) and repeated retaliatory events (e.g. systematic ostracised from social relationships). Retaliation that evolves into workplace bullying may also influence whether whistleblowers reach the resolution stage or not. The nature of the previous retaliation (single or repeated events) may increase or diminish the whistleblowers possibility of attaining resolution.

The process in the present case followed the stages proposed in the Leymann model. However, in Leymann's model (1996) stage 3, personnel management, management adopt stigmatising attitudes from staff. In this study it seemed as if it was staff that adopted stigmatising attitudes from management. Even though the direction of the shift is different, we regard the interviewee's experiences to include this stage because they both include 'adoption' of stigmatising attitudes as well as administrative interventions. Regarding the last stage, expulsion, we chose to classify the interviewee's dismissal from work as such an event. Looking at the study as a whole, his dismissal clearly seems as being an end of a long victimisation process, even if the dismissal was upheld in court.

Health consequences

The test data showed clear psychological impairment and symptoms of post traumatic stress and resembles what has been found among targets of bullying (Leymann & Gustafsson, 1996; Mikkelsen & Einarsen, 2002). Many whistleblowing studies have shown the individual downside of reporting unethical, illegal and illegitimate practices at work (De Maria & Jan, 1997; Lennane & De Maria, 1998), but few have focused on understanding why exposure to retaliation may be so damaging to health. Our findings suggest that one of the reasons for the interviewee's current health problems may be that the retaliation he was exposed to evolved into workplace bullying, which is repeatedly shown to have devastating effects of the health and well being of the targets, including symptoms of post-traumatic stress (Einarsen & Mikkelsen, 2003). In addition, lack of social support, which is a crucial factor that has been reported in studies on employees exposed to retaliation after whistleblowing (Soeken, 1986) and in studies on bullying at work (Einarsen & Skogstad, 1996; Matthiesen & Einarsen, 2004; Mikkelsen, 2001), may have contributed, as may the lack of a meaningful job. The interviewee's subsequently unemployment may also have impaired his health (see also McKee-Ryan, Song, Wanberg, & Kinicki, 2005). The interviewee's psychological health is also presumably influenced by the length of time of the waiting period and the judicial processes. The judicial losses have also most probably had an influence on his ability to recover, despite the support from the external report. Due to such findings, some recommend not suing ones employer (Bondi & Gregersen, 2004). Yet, others have found that the opposite may the case; being heard in the judicial system may improve a persons recovery (Matthiesen, Aasen, Holst, Wie, & Einarsen, 2003). Thus, either way the judicial experience plays an important role in relation to the level of later victimisation and potential recovery.

The interviewee perceived the most damaging factor to his health being not being taken seriously through the judicial process and the experience of not being heard, even when proved right. Not being believed and supported in court may have functioned as a kind of secondary victimisation, which has been found in many bullying cases (Björkqvist, Österman, & Hjelt-Bäck, 1994; Mikkelsen, 2001). Consistent with Janoff-Bulman's cognitive theory of the symptoms associated with post traumatic experiences (Janoff-Bulman, 1992; Mikkelsen & Einarsen, 2002), the interviewee's believes and basic assumptions about the benevolence and meaningfulness of the world, and his self-worth, were shattered and demolished by the process and by the discovery that telling about a clear misconduct was not seen as a valued

contribution to the organisation nor to society. This experience is described by others as telling stories against 'common narrative' (Alford, 1999); how law and justice may not be relied upon, how people will not value being told the truth, and how people in charge not will interfere with a wrongdoing. It therefore seems that employees may cope with retaliation and workplace bullying psychologically as long as it is meaningful, but may become devastated when learning that nothing will be done with a perceived and even validated wrongdoing.

Methodological and ethical issues

This present single case study examined the whistleblowing process, its consequences and whether exposure to retaliation resembles workplace bullying, through data provided by one person in the form of interview and archival data. Including archival data is of course a strength of the present study. Yet, the perspectives of the employer, co-workers and other involved managers are not directly accounted for, apart from the references in the archival documentation. Unfortunately, information from witnesses were neither available apart from what was found in the archival material. This is true for much research on both workplace bullying (Coyne, Chong, Seigne, & Randall, 2003) and whistleblowing (Miceli & Near, 2005b), making it difficult to draw firm conclusions regarding other parties intentions and actual behaviour. The other conflict party will often disagree that retaliation or workplace bullying has occurred (Matthiesen et al., 2003). Thus, a dyadic or group level design may have offered a broader evaluation of the whistleblowing process in retrospect. For instance, management may in greater or lesser extent have tried to discuss the wrongdoing, alter their practices, tried to negotiate, solve or de-escalate the conflict, than what is presented in the results from this study. The interview was also carried out several years after the whistleblowing and later expulsion from the workplace, making memory loss and memory distortion a possible problem. However, because there was substantial overlap between the interview and archival data, this may indicate that the main events and actions taken and described in this study to some extent are externally validated.

Furthermore, single case studies are restricted in their generalisability, but useful in terms of external validity. Our findings correspond with previous studies and portraits of other whistleblowing cases (Glazer & Glazer, 1989; Jos, Tompkins, & Hays, 1989) indicating what Fisher (2006) calls *touchpoint validity* in qualitative studies. Several studies with convenience samples of whistleblowers have also given strong manifestations of types of retaliation that correspond with our results (see e.g., Jos et al., 1989; Soeken & Soeken, 1987). Secondly, the present study also embeds what Fisher calls *efficacy validity*, that is, it offers important applied value. A model of the whistleblowing process developed in the US has been used to analyse an actual whistleblowing case from Norway and is proven to be useful. Workplace bullying is introduced and discussed as a possible perspective to understand retaliation after whistleblowing, a perspective that may broaden the understanding of what potentially may happen when someone is met with ostracism or harsh punishment. *Resonance validity* (Fisher, 2006) however; that is whether findings resonate with lives of people with similar experiences, is yet to be proven. As not all whistleblowers are met with subsequent retaliation (Miceli & Near, 1992), the findings from this study will most likely resonate with whistleblowers that have been exposed to retaliation and have suffered from physical and psychological symptoms afterwards.

Written informed consent to participate as outlined in the ethical principles of psychologists (APA, 2006) was sought for the study and additional informed consent was received before the making of this publication. Throughout the process the interviewee was informed that he

was free to leave the study without consequences, as outlined in the Helsinki Declaration (WMA, 09.10.04) and during the whole study he was given the opportunity to contact the authors by telephone, which he did a number of times. Presenting results of psychological testing is of an issue in itself. Although these instruments are designed as diagnostic instruments, we have chosen to present the main conclusion and overall mental health symptoms from these tests and not the detailed test scores and potential diagnosis. We also post-evaluated our study with a guideline for ethical research participation (Dyregrov, 2004) before this publication (Unpublished manuscript, Bjørkelo, 2005). The guideline consists of twelve recommendations and is a result of a study on how research participants, that have part-taken in emotionally demanding studies that have addressed distressing topics, want researchers to approach them and treat them (Dyregrov, 2004). Our study followed eleven out of the twelve recommendations. This was because our first approach was done by telephone and not in writing since the some of the authors knew about the interviewee beforehand.

Practical implications

Through this study we have shown that one should not underestimate the potential damaging effects that whistleblowers may suffer from after having blown the whistle on wrongdoing. Hence, employees experiencing wrongdoing at work must really consider whether or not to blow the whistle, how to proceed and when to stop pursuing the case. As shown in the present study, whistleblowing and its consequences is about more than the whistleblowers and their decision to blow the whistle or not. An important lesson that may be taken from the study is the need to expand the perception of whistleblowing from focusing on who blew the whistle to the system, the organisation, the context, the other players involved, as well as the power-plays and the group dynamics, e.g., micro political rivalries (Salin, 2003), that allow wrongdoing and permit retaliation. Another is that traumatised employees previously exposed to bullying at work sometimes experience that health professionals misunderstand, disbelieve or neglect their stories (Leymann, 1996) and may have difficulties in translating their experiences into words (Tracy, Lutgen-Sandvik, & Alerts, 2006). If health professionals, in their attempt to help, disconnect the symptoms from the story-telling, these employees will probably interpret this as a confirmation of the disillusion that evolves when ‘no one understands or listens to them’, as portrayed in this study. This may again aggravate and sediment their ‘master status’ as victimised whistleblowers and this in turn may hinder rehabilitation. The study also demonstrates the need for awareness among help professionals about potential pitfalls in the psychological treatment and rehabilitation of those whistleblowers who suffer severe after-effects.

Our results clearly show that there may be differing perceptions of what constitutes a wrongdoing. Therefore one apparent practical implication of our results could be to develop organisational guidelines for what is regarded as wrongdoing, as well as how to report and investigate such events. Existing guidelines (Greene & Latting, 2004; Lewis, 2002; van Es & Smit, 2003) and suggested ways of dealing (MacNab et al., 2007; Miceli & Near, 2005a) and interpreting whistleblowing (Rothschild & Miethe, 1999) should be made easily available in organisations because they can provide a valuable starting point. Still, developing good and thorough guidelines are time and effort consuming, partly because they need to involve the individuals that are capable of doing something with the situation. Nevertheless, procedures and guidelines may ensure that the steps undertaken to unveil and terminate misconduct are effective and justifiable, which in turn may benefit future whistleblowers, the organisations as well as the societies as a whole.

CONCLUSION

This study investigated whistleblowing and its consequences through an actual case story which was assessed and analysed through mixed methods. The Soeken model proved to be valuable in the analysis of the case, although our findings showed that some improvements of the model may be necessary. The retaliation experienced by the whistleblower became repeated, long lasting and made the interviewee unable to defend himself, equivalent to what is defined as workplace bullying. The effects on health and wellbeing of the interviewee were severe, including posttraumatic stress analogue symptoms. Our results indicate that whistleblowing is about more than the individual whistleblower, because the complexity of the process also clearly included characteristics of the situation, the leadership style and the organisation itself. Overall, the study clearly showed the many difficulties that may arise when an organisation treats whistleblowing as a counterproductive behaviour, when the opposite is actually true.

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Appendices

Appendix I

Description of the archival documents

Number	Type of document	Amount
1	Job application to the health organisation	1
2	Letters between the interviewee and his superiors at <i>ward B</i>	Several
3	Letter to the <i>Committal Complaint Board</i> from the interviewee	1
4	Letters between the interviewee and the <i>Chief County Medical Officer</i>	Several
5	The external investigation report	1
6	Anonymous complaint to the ministry of labour and social inclusion about the treatment of the patient at ward B with the terminal disease	1
7	Correspondence, procedural arguments between plaintiff and defendant, the verdicts and appeals from <i>City Court</i> , <i>Court of Appeal</i> and the dismissal from the <i>Appeal Committee of the Supreme Court</i>	Several
8	The economic demand from the director of the health organisation after the interviewee lost the judicial processes	1
9	Correspondence between the plaintiff and the director	1
10	Correspondence and procedural arguments between plaintiff and defendant and the dismissal from The <i>European Commission of Human Rights</i>	Several
11	Application for free attorney	1
12	Correspondence and procedural arguments when the Head of <i>ward B</i> reported the interviewee's attorney to the local Disciplinary Council of the Norwegian Bar Association and lost	Several
13	Letter from the <i>ministry of labour and social inclusion</i> to the <i>Chief County Medical Officer</i>	1
14	Correspondence between the local and the county <i>trade union</i> and the interviewee	Several
15	Communication between the <i>Directorate for Health and Social Affairs</i> and all Norwegian Chief County Medical Officers, with the interviewee and with the Head of <i>ward B</i>	Several
16	Communication between the interviewee's attorney and the <i>Norwegian Board of Health</i>	Several
17	Letter from an attorney with whistleblowing information to the interviewee's attorney	1
18	Letter from the <i>relatives of the patient</i> treated with the sleep deprivation regime	1
19	Informed consent to the interviewee's attorney from the relatives of the patient treated with the sleep deprivation regime	1
20	Letter from the interviewee to his attorney	1
21	Newspaper stories	Several
22	Book chapters and literature on coercive measures	Several

Author Note

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