

## An Inflection-Point Model of 'Targets' Experience of Workplace Mobbing

AnnMarie Flynn

### Abstract

Existing discussions of workplace mobbing often describe the injury caused to targets as the cumulative result of prolonged workplace hostility. Repeated mistreatment can certainly cause significant distress; however, cumulative-harm models do not fully explain when the psychological injury for the target actually begins. This paper presents an inflection-point model of workplace mobbing which proposes that the most decisive injuries occur when the target recognizes that the pattern of harm is coordinated and unlikely to be corrected. The model maps the phases that unfold before and after this inflection moment of recognition. In the early stages of mobbing, individuals typically experience uncertainty and attempt to repair the situation through ordinary professional communication and institutional procedures. However, once recognition occurs, the situation changes, and engagement begins to give way to protection. Workplace mobbing injury hence may be shaped less by the total amount of mistreatment and more by the moment the pattern becomes unmistakably clear. Although this model has been developed from the academic mobbing literature, it may apply more broadly across workplace mobbing settings characterized by prolonged, coordinated hostility. The framework of the model helps explain delayed symptom onset, continued outward professional functioning during mobbing, and the long-term psychological effects that many targets experience even after inevitably leaving the institution. The paper concludes with what some of the practical implications of this model might be.

**Keywords:** *Workplace mobbing; academic mobbing; psychological injury; psychological trauma.*

### Introduction

The purpose of this article is to make the experience of workplace mobbing more understandable from the target's perspective. The analysis draws upon existing literature in workplace mobbing, trauma, stress, and psychological adaptation, and reflects an effort to describe the psychological processes experienced by individuals subjected to workplace mobbing. Clarity in this context is not

presented as a cure but as a starting point; it does not remove the injury, but it changes how the injury is understood, and that is often where healing begins.

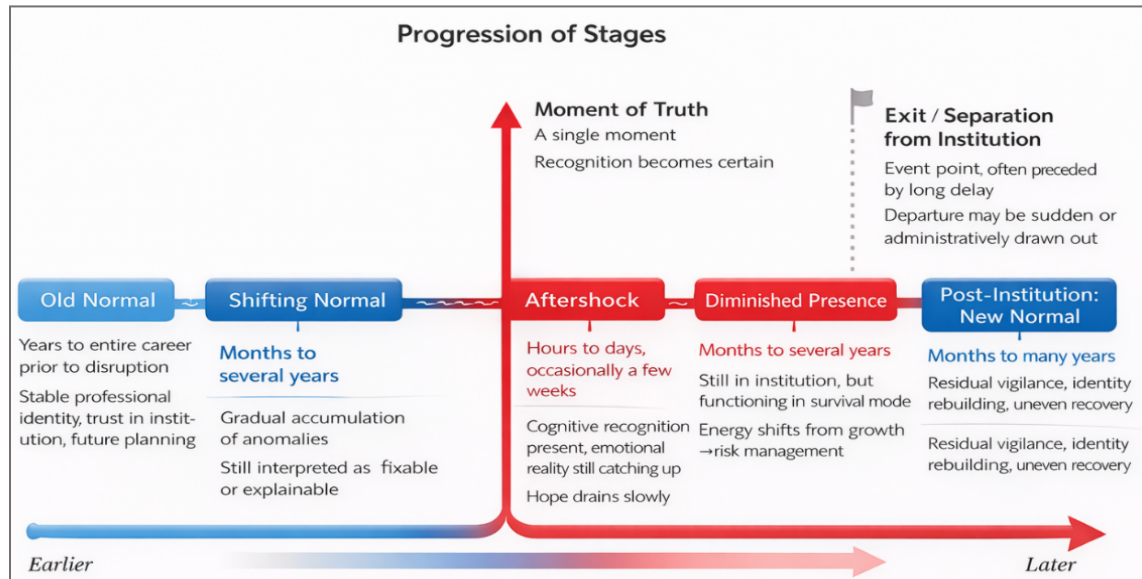
Workplace mobbing in academic settings is generally referred to as academic mobbing. Because the present model is developed from the academic mobbing literature, the following definition from Khoo will be used (Khoo, 2010, p. 61):

*“Academic mobbing is a non-violent, sophisticated, ‘ganging up’ behavior adopted by academicians to ‘wear and tear’ a colleague down emotionally through unjustified accusation, humiliation, general harassment, and emotional abuse. These behaviors are directed at the target under a veil of lies and justifications so that they are ‘hidden’ from others and difficult to prove... Mobbing activities appear trivial and innocuous on their own. Still, the frequency and pattern of their occurrence over a long period of time indicate an aggressive manipulation to ‘eliminate’ the target.”*

Taken alone, each behavior might rarely seem serious enough to justify sounding an alarm (Einarsen et al., 2011), hence foundational work on workplace mobbing emphasized the cumulative psychological effects of repeatedly hostile workplace behaviors, with the harm not coming from one dramatic event but from many small acts that accumulate until the pattern becomes impossible to live with. Left unchecked, workplace and/or academic mobbing can severely damage careers, mental health, and overall well-being. Prolonged exposure to mobbing may lead to chronic stress, anxiety, or symptoms resembling complex post-traumatic stress disorder (C-PTSD) (Courtois & Ford, 2013). As Eve Seguin writes, “Mobbing is social murder and, by definition, people cannot survive their own murder” (Seguin, 2016). One reason workplace mobbing often persists without recognition is that many targets do not yet have a name for what is happening. Without a framework or vocabulary to describe what is happening, events continue to appear isolated and explainable. It is within this uncertainty that the psychological processes described in this article begin to develop.

### **The Workplace Mobbing Timeline**

Once the target recognizes the pattern of workplace mobbing, that realization cannot easily be reversed. The shift occurs when the benefit of the doubt, once used to interpret troubling behaviors as misunderstandings, gives way to the realization that the behavior is intentional and coordinated (Janoff-Bulman, 1992; Lazarus & Folkman, 1984). This moment of recognition or clarity is referred to in this article as the Moment of Truth. This is the moment the target becomes certain that coordinated harm in the form of workplace mobbing is occurring and is unlikely to be corrected. The target is no longer trying to solve a problem, but to restore a reality that no longer exists. The Figure 1 illustrates how the target’s experience moves from institutional stability (Old Normal), to growing uncertainty (Shifting Normal), to recognition (Moment of Truth), and then to the psychological consequences that follow, in six stages:

**Figure 1. The Stages of the Workplace Mobbing Timeline**

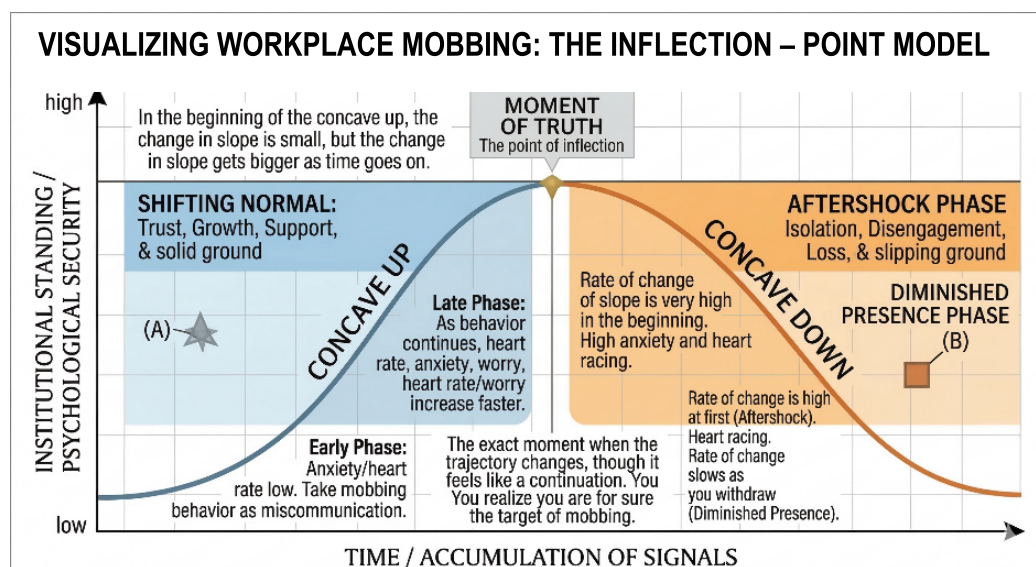
1. **Old Normal:** The workplace feels stable and predictable; the target assumes institutional good faith. Professional relationships appear trustworthy, and organizational processes are expected to function fairly when problems arise.
2. **Shifting Normal:** Irregularities accumulate, doubt begins to emerge, and the target tries to explain away what is happening by attributing isolated incidents to misunderstandings, personality conflicts, or temporary organizational problems, rather than to coordinated hostility.
3. **Moment of Truth:** The target becomes convinced that workplace mobbing is occurring and is unlikely to be corrected. Separate events that once seemed isolated suddenly form a coherent pattern, and confidence in institutional protection begins to collapse. Decisive psychological injury begins only after this recognition.
4. **Aftershock:** The mind and body begin to react to the realization of mobbing. Recognition is now cognitively present, but the emotional consequences are still catching up as the implications of the situation slowly become fully understood.
5. **Diminished Presence:** The target remains inside the institution but increasingly shifts into protective, survival-based functioning. Energy that once supported growth, creativity, and engagement in the institution is increasingly redirected toward risk management and self-protection.
6. **New Normal:** After leaving the institution in an inevitable exit, the mobbers goal is complete and the target confronts the long-term psychological consequences of the experience. Recovery, adaptation, and identity rebuilding vary considerably across individuals, and some targets continue to struggle long after separation from the institution.

Existing literature explains what workplace mobbing is and how institutions enable it, but it rarely explains when psychological injury crystallizes for the target (Einarsen et al., 2011; Keashly & Jagatic, 2003; Duffy & Sperry, 2012). Research on workplace mobbing, including academic

mobbing, has documented how co-workers and/or management within institutions progressively isolate, delegitimize, and pressure targets toward exit (Westhues, 2004, 2006). Research has also shown that targets often continue to attempt repair through professionalism, clarification, and institutional procedure long after hostility has begun to consolidate (Keashly & Neuman, 2010). Much less attention has been given to what happens psychologically once the pattern becomes clear. When the target realizes that the behavior is coordinated and unlikely to stop, the situation no longer feels like a workplace conflict and begins to feel unsafe.

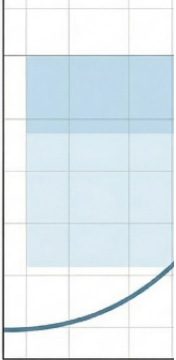
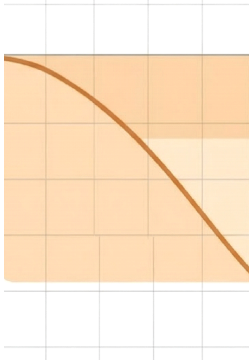
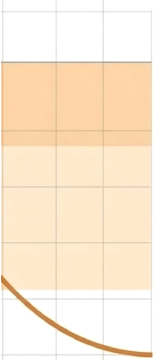
The focus in this paper is the psychological trajectory that follows recognition and how it changes the target's relationship with the institutional workplace. A central claim made is that the most significant psychological shifts due to workplace mobbing begins after the Moment of Truth, when the target recognizes that the harm is coordinated and unlikely to be corrected. Once that certainty emerges, the strategies previously used to solve, manage, or endure the situation no longer function in the same way (Janoff-Bulman, 1992), and strategy begins to be reorganized towards survival. This analysis draws on research from workplace mobbing, trauma, stress, and psychological adaptation to examine the target's internal experience particularly in the period following recognition and to identify recurring patterns in how targets experience and respond to coordinated hostility (Duffy & Sperry, 2014; Westhues, 2004, 2006). As seen in Figure 2 and Table 1, an inflection-point framework is used to examine the phases that unfold before, during, and after the Moment of Truth.

**Figure 2. Inflection-Point Model of Workplace Mobbing Progression**



*Note:* The curve shows how early warning signs build during the Shifting Normal phase (concave up), until the target recognizes what is happening at the Moment of Truth (the point of inflection), followed by the rapid survival response of Aftershock and the later stabilization of Diminished Presence (concave down).

**Table 1. Inflection-Point Model of the Target's Psychological Trajectory during Workplace Mobbing**

|                                                                                                                                           |                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                               |                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|                                                          |                                                                             |                                                                        |                                                             |  |
| Early Shifting<br>Normal<br>=<br>Early Concave Up                                                                                         | Late Shifting<br>Normal<br>=<br>Late Concave Up                                                                                                              | Moment of Truth<br>=<br>Point of Inflection                                                                                                             | Aftershock<br>=<br>Early Concave Down                                                                                                         | Diminished<br>Presence<br>=<br>Late Concave Down                                    |
| Early incidents feel minor and explainable. Because each event appears isolated, the target assumes the situation can still be corrected. | As incidents accumulate, concern accelerates. The target begins to sense a pattern, while anxiety, vigilance, and attempts to repair the situation increase. | The target recognizes that the behavior is coordinated and unlikely to be corrected. The psychological trajectory shifts from uncertainty to certainty. | After recognition, the nervous system reacts rapidly. Anxiety, racing thoughts, hypervigilance, intensify as threat becomes fully recognized. | The focus shifts from repairing the situation to protecting oneself.                |

*Note:* Table 1 maps each phase of the mobbing process onto a corresponding portion of the inflection-point curve. The psychological and physiological patterns described are supported by established research on stress, trauma, and coping (Herman, 1992; Lazarus & Folkman, 1984; McEwen, 2017; Porges, 2011; Van der Kolk, 2014).

### The Six Stages Explained in More Detail

**1 Old Normal.** The workplace still feels stable, the rules still intact, and the assumption of institutional good faith largely unquestioned. Life at work is simply life at work. The target understands their role, knows the culture, and feels grounded in their professional identity. Relationships make sense and feedback, even when difficult, feels connected to improvement. Disagreements are seen as part of institutional life, not as threats to one's place within the workplace. The system feels basically fair, energy goes toward work, relationships, and future plans, and there is no reason to question the ground beneath one's feet because it feels stable.

**2. Shifting Normal.** At first, nothing clearly signals that something is wrong. The workplace still appears normal, and routines continue as usual. Small irregularities however begin to appear; a confusing email, a meeting the target expected to attend but was excluded from, a comment that feels slightly off, but each event can still be explained on its own. Because these moments appear minor and isolated, they rarely feel alarming (Lazarus & Folkman, 1984; Lazarus, 1991). They are interpreted as stress, miscommunication, personality differences, or ordinary workplace friction. The target may notice discomfort or confusion, but there is still little reason to believe that a larger pattern is emerging. But small irregularities begin to accumulate (Einarsen et al., 2011; Keashly & Jagatic, 2003). The transition from normalcy to irregularity unfolds gradually, often so subtly that the target does not recognize it right away.

In this phase, when something feels wrong, the instinct is not to disengage, but to try harder (Davenport et al., 1999; Westhues, 2004). The target approaches the situation as a responsible professional would, through communication, clarification, documentation, and increased effort. The assumption remains that the situation can still be corrected (Lazarus & Folkman, 1984). However, meetings are requested, emails become more careful, and workplace interactions are monitored more closely by the target. Behavior is adjusted in response to feedback or criticism (Keashly, 2019; Lutgen-Sandvik, 2006) but the underlying belief remains that if communication improves, the situation will eventually stabilize. Gradually however, interactions that once felt routine begin carrying more emotional weight. Meetings, emails, and decisions become harder to anticipate, and stress and vigilance gradually increase as the accumulation of irregularities creates growing pressure (McEwen, 2007; Porges, 2011). Emotional appraisal increasingly shifts from ordinary workplace stress toward anticipatory threat monitoring (Lazarus, 1991). The effort to make sense of the situation increases, but clarity does not yet form.

At the same time, the target's efforts to repair the situation may begin producing the opposite effect. The more meetings are requested, emails written, concerns raised, and explanations requested, the more administrators, managers and co-workers begin to cast the target as the source of the problem. What started as an effort to solve the situation gradually becomes a narrative that the target is dissatisfied, difficult to get along with, or unable to let issues go. Documentation begins to matter more to the target, as emails are saved, notes taken, policies reviewed, and timelines reconstructed. These actions however reflect a continued belief by the target that if the facts are presented clearly enough, the institution will recognize the problem and intervene (Smith & Freyd, 2014; Švehušová et al., 2021). When something feels off: a critical comment, a confusing decision, a shift in tone, it is still interpreted as part of ordinary professional life (Keashly, 2021; Lutgen-Sandvik, 2006; Salin, 2003). Targets continue to search for reasonable explanations and assume that the situation will eventually correct itself through professionalism, transparency, or communication (Leymann, 1996; Westhues, 2004). When the intent behind the behavior is unclear, doubt functions as a buffer. As long as alternative explanations remain possible, the individual can preserve a sense of safety and continue believing that their efforts may still influence

the outcome (Herman, 1992; Fast & Olsson, 2022). Institutional structures can also contribute to delayed recognition. Because organizations generally present themselves as rule-governed and corrective, targets often interpret irregularities as temporary breakdowns rather than coordinated hostility (Freyd, 1996; Smith & Freyd, 2014). Without a clear framework for understanding workplace mobbing, isolated events continue to appear disconnected rather than patterned (Westhues, 2004; Duffy & Sperry, 2014). However, as inconsistencies accumulate, these explanations begin losing their stability. The target may sense that something is wrong, but still cannot fully connect the experiences into a coherent pattern.

Events that once seemed isolated begin to feel connected, and the assumption of coincidence becomes harder to maintain (Leymann, 1996; Einarsen et al., 2011). The target increasingly suspects that the events may be related, even if the full meaning remains uncertain (Weick, 1995; Zabrodska & Kveton, 2013). Uncertainty is still present, but it no longer stabilizes the situation in the same way. The explanations that once felt reasonable begin to weaken, and confidence that things will return to normal slowly begins to slip. Physical signs of stress may also begin appearing such as fatigue, sleep disruption, tension headaches, and digestive issues, though these changes are often attributed by the target to overwork or ordinary stress rather than to an emerging threat (Kivimäki et al., 2003; McEwen, 2007; Mikkelsen & Einarsen, 2002). Recognition, realization and clarity have not yet fully arrived, but the conditions for them are forming. The target increasingly senses that the situation is not returning to normal, even if they cannot yet fully explain why. This is the final stage before the inflection point, when uncertainty still holds, but only barely.

**3. Moment of Truth.** This does not arrive in one single, dramatic event. No email, meeting, or decision alone changes everything. Outwardly, nothing looks different, but internally, the target's mind stops searching for other explanations, not from exhaustion or emotion, but because the accumulated evidence has become enough to foster clarity (Leymann, 1996; Einarsen et al., 2011). The Moment of Truth is the point at which recognition crystallizes and when odd comments, edgy tones, and unusual decisions that once felt confusing suddenly begin to make coherent sense. Separate events suddenly connect, and patterns that once felt incoherent now feel consistent (Fast & Olsson, 2022; Mikkelsen & Einarsen, 2002; Klein et al., 2007). Misunderstanding shifts to coordination, confusion drops away, and the target's effort to hold multiple interpretations collapses into a single idea (Herman, 1992; Lazarus & Folkman, 1984). The recognition is that behavior is not random, but coordinated. The target realizes that they are experiencing workplace mobbing.

Immediate certainty follows recognition. Doubt had been painful, but it had also been protective (Lazarus & Folkman, 1984). Once the situation is understood as coordinated, persistent, and unlikely to be resolved through institutional mechanisms, efforts begin to be directed not to repair but to lessening exposure (Duffy & Sperry, 2014). The inflection point, or the Moment of Truth, marks the moment when continuing to engage with the situation begins to incur a different kind of psychological cost (McEwen, 2000). Pattern recognition begins with a shift in certainty as the

evidence accumulates and then, all at once, it clicks. The inflection point occurs when the target's mind runs out of room for "maybe" (Weick, 1995; Janoff-Bulman, 1992).

Brief cognitive clarity or relief may accompany recognition (Herman, 1992). Many targets may remain composed and professional despite recognizing the Moment of Truth. The change is in understanding, not behavior (Lutgen-Sandvik, 2008; Hodgins & Mannix-McNamara, 2024). The institution is now seen as unsafe rather than simply dysfunctional (Smith & Freyd, 2014; Herman, 1992) and what previously were perceived as fixable problems become recognized as systemic threats. When there was ambiguity, harm could be seen as temporary (Hobfoll, 1989), enabling continued engagement and hope. However, once the environment is perceived as unsafe, engagement no longer feels neutral (Courtois & Ford, 2013; Porges, 2011; Van der Kolk, 2014). Attempts by others to minimize, reframe, or reinterpret events no longer feel reassuring, but incoherent. Being asked to "wait and see" can feel more destabilizing than accepting the threat (Švehušová et al., 2021; Lanius et al., 2010, 2012). As institutional trust begins to fracture, the target fundamentally recalibrates the perceived social-safety environment. Cues of professional disagreement are now processed through the lens of institutional betrayal (Smith & Freyd, 2013). The environment may look the same, but it is now perceived as unsafe, as threat-related processing increasingly overrides earlier assumptions of ordinary institutional safety (LeDoux, 1996, 2000; Hollis, 2016; Yamada, 2000). The institution is still there, but the target no longer sees themselves as inside it in the same way (Smith & Freyd, 2014; Duffy & Sperry, 2014; Freyd, 1996) and the hope that repair was still possible is lost (Janoff-Bulman, 1992). When doubt disappears, the target may experience moral injury. The belief that the world is basically fair, the "just world" assumption, breaks (Litz et al., 2009; Shay, 2014). Recognition has occurred, but the target remains inside the institution without protection. The work continues but the target's relationship to the work has changed. This moment changes the trajectory of everything that follows.

**4. Aftershock.** This begins immediately after the Moment of Truth, the point at which the target recognizes the coordinated pattern of mobbing (Van der Kolk, 2014; Scaer, 2005). During the aftershock phase, insomnia, bodily tension, fatigue, digestive disruption, or changes in sleep may begin to appear, although these reactions are often attributed to stress or overwork rather than harm (Lazarus & Folkman, 1984; Mikkelsen & Einarsen, 2002; Kivimäki et al., 2003). When the target cannot predict what will happen next, cannot stop the mistreatment, and cannot convince others of what is happening to them, the nervous system remains organized around threat monitoring (LeDoux, 1996, 2000; Porges, 2011). Prolonged exposure can produce persistent hypervigilance and autonomic arousal (Van der Kolk, 2014) as recognition begins turning into psychological reality. Much like being told someone important has suddenly died, you understand the words immediately, but it takes longer for them to feel real. The question shifts from "Is this happening to me?" to "What does this mean now?" Reality begins to feel heavier, the target realizes that these are powerful people, and there are many of them, and hence the situation is not something to be easily fixed. The process for the mobbers of course has already shifted toward removing the target, so the target's efforts to reverse that process are often the source of much of the target's psychological damage. The Aftershock is the psychological cost of finally recognizing

the situation clearly. The assumption that the institution will protect you begins to collapse, along with the expectation that others will stand beside you.

Humans rely on signals of safety such as tone of voice, facial expression, and supportive presence, to help regulate the nervous system after stress activation (Porges, 2011; Coan et al., 2006). When those signals disappear, the system loses access to important pathways of regulation. Safety no longer feels automatic or something you experience, but becomes something you calculate. During Aftershock, individuals do respond differently, some reporting feeling temporarily more focused rather than overwhelmed, while others experiencing immediate emotional distress. Recognition often feels clarifying before it feels emotionally devastating (Herman, 1992; Hodgins & Mannix-McNamara, 2024) and on the surface, many targets remain competent, organized, and productive. Hence, emotional reactions may initially be muted, delayed, or compartmentalized (Duffy & Sperry, 2014; Lutgen-Sandvik, 2008). What becomes most noticeable is not collapse, but control, as functioning is maintained through containment rather than integration. However, emotional processing is merely postponed rather than resolved (Courtois & Ford, 2013; Pelcovitz et al., 1997; Lanius et al., 2012) as recognition initially clarifies the situation, but the injury unfolds afterward (Brewin et al., 1996; Ehlers & Clark, 2000). There might be a brief period in which the individual understands what is happening intellectually but has not yet fully absorbed its emotional implications (Smith & Freyd, 2014; Švehušová et al., 2021) but the situation is no longer something that can be managed externally as it begins reorganizing the nervous system internally (Levine, 2010; Ogden et al., 2006; Lanius et al., 2015).

During Aftershock, doubt disappears, along with the protection it once provided (Leymann, 1996; Herman, 1992). Before recognition, uncertainty allowed hope to remain psychologically possible, but once the environment is understood as unsafe and the harm is coordinated, the buffer created by ambiguity collapses. The environment has not changed, but the target's relationship to it has. He or she is no longer trying to solve a difficult situation, but trying to survive continued exposure within an institution that no longer feels psychologically safe and has betrayed them. Clinically, this reflects the collapse of secondary appraisal, the stage in which individuals evaluate whether a threat can still be managed or controlled (Lazarus & Folkman, 1984; Lazarus, 1991; Hobfoll, 2001). Once the institution itself becomes associated with danger, assumptions about fairness, safety, and reciprocity begin to fracture (Janoff-Bulman, 1992; Kaler et al., 2008).

This model proposes that the most consequential psychological injury begins after recognition, even though the full impact is not immediately felt (Brewin, 2014). During prolonged exposure to threats, the nervous system does not immediately return to baseline. At the Moment of Truth, logical recognition occurs quickly, but physiological adaptation lags behind (Sapolsky, 2004; Thayer & Lane, 2000). Activation begins dominating recovery, and the body behaves as though danger continues even when no immediate event is occurring (McEwen & Akil, 2020). The future no longer stretches forward in the same way (Carstensen et al., 1999) as attention begins to narrow into shorter, more manageable intervals, where getting through the day matters more than long-term planning. Hope does not disappear all at once, but drains slowly. Goals that once

mattered such as promotion, major projects, or professional growth, begin to lose their urgency. Attention shifts toward avoiding mistakes, minimizing exposure, and navigating interactions safely (Grupe & Nitschke, 2013). The self gradually reorganizes around risk management rather than possibility (McEwen, 2017) and reserving safety begins to matter more than ambition, openness, or expression.

**5. Diminished Presence.** This follows Aftershock (Courtois, 2004; Herman, 1992; Lanius et al., 2010, 2012, 2015; Pelcovitz et al., 1997; Cloitre et al., 2013) as the individual remains inside the institution but no longer experiences it as a place of safety, belonging, or protection. In the model, this phase corresponds to the concave-down portion of the curve, where the trajectory begins flattening, as distress becomes less acute than in Aftershock, but the internal psychological system continues to remain organized around survival. From the outside, the individual may still appear functional but internally their relationship to work and institutional life has fundamentally changed. Functioning does not imply absence of injury, but containment of injury under pressure. Research on prolonged trauma exposure shows that individuals may remain outwardly functional while internally shifting into survival-based patterns of adaptation (Courtois, 2004; Herman, 1992; Lanius et al., 2010; Pelcovitz et al., 1997; Cloitre et al., 2013). Notions of success shift from growth to simply getting through the day without sustaining more damage. This phase often lasts months and, in academic settings, may continue for years. Financial obligations, professional commitments, and the structure of academic employment often make immediate exit impossible. Attention, perception, and behavior increasingly reorganize around threat, and even ordinary interactions begin to feel unsafe. Diminished Presence is not defined by visible collapse but by internal narrowing, a progressive contraction of thought, participation, expression, and psychological flexibility as more energy is redirected toward survival.

The patterns described in this phase emerge while the individual is still inside the institution and experiencing ongoing exposure. Recognition has occurred, but the environment has not changed as professional responsibilities continue and outward functioning must still be maintained despite the loss of psychological safety. To preserve functioning, emotional processing increasingly becomes compartmentalized from task performance (Nijenhuis et al., 2002; Steele et al., 2005; Van der Hart et al., 2006; Lanius et al., 2012) as the individual continues to teach, work, answer emails, and meet obligations while operating in survival mode. Gradually, the nervous system becomes less organized around growth, openness, and exploration and more organized around predictability, monitoring, and harm reduction (Ehlers & Clark, 2000; Lazarus & Folkman, 1984; Lazarus, 1991).

Survival patterns gradually emerge through ordinary daily interactions. The injury often becomes visible first not through collapse, but through changes in attention, behavior, and internal orientation. Threat monitoring becomes continuous as emails are reread and tone and wording are carefully monitored. Conversations are replayed afterward by the target to determine whether something could be used against them and attention becomes increasingly organized around anticipating danger (Ehlers & Clark, 2000; Grupe & Nitschke, 2013). Vigilance gradually becomes hypervigilance, the nervous system no longer fully relaxes between interactions, and exhaustion

accumulates because alertness never fully switches off (McEwen, 2000; Yehuda, 2002; LeDoux, 1996). Thinking begins to narrow, conversations are mentally rehearsed, and decisions are questioned repeatedly in order to avoid making the situation worse. Cognitive flexibility decreases as more psychological resources are redirected toward survival rather than creativity or exploration (Arnsten, 2009). Creative and future-oriented thinking, and open attention, require safety, and without it, the mind contracts. Avoidance develops alongside this narrowing, exposure is reduced wherever possible, and interactions become increasingly controlled, scripted, and limited. The goal is no longer to repair but to minimize additional harm. Physiological regulation also becomes more difficult, as sleep grows lighter, rest becomes less restorative, and tension persists even outside obvious moments of stress (Juster et al., 2010; McEwen, 2000).

As the pattern persists, these reactions stop functioning as isolated responses and begin stabilizing into a coherent survival system (Cloitre et al., 2013; Lanius et al., 2015). Threat monitoring, cognitive looping, avoidance, and physiological dysregulation increasingly operate together as a stable mode of adaptation. The disruption is often muted rather than dramatic; the individual is still present, but no longer inhabits the same role psychologically in the same way. Spontaneity decreases and self-monitoring increases, actions that once felt automatic now require effort, confidence narrows alongside participation, decisions are second-guessed, and tone and reactions are continuously monitored. Identity itself does not disappear, but the experience of inhabiting it changes, in an internal narrowing. Functionality continues, but within a progressively smaller psychological range. Vigilance becomes increasingly automatic, and possibility contracts into survival.

As the system becomes increasingly organized around safety rather than belonging, the individual's relationship to the institution continues to change. Participation shifts from engagement toward endurance. Trust becomes conditional, and interactions become increasingly calculated to minimize exposure and preserve stability. Although outward participation often continues, psychological distancing has already begun. The individual is no longer trying to restore his or her place in the institution, but to survive continued exposure while waiting for a path out. This state may appear stable from the outside, but it cannot continue indefinitely (McEwen, 2000). Targets remain in these environments not because they fail to act, but because they are fighting to preserve their work, identity, relationships, and professional life (Westhues, 2004, 2006). As a result, behavior often remains organized around repair long after the institution has stopped responding in good faith. Before recognition, the situation had felt potentially correctable. Documentation, explanation, professionalism, and restraint continued to feel meaningful. After recognition, however, the individual increasingly understands that the institution is no longer operating according to ordinary assumptions of fairness or reciprocity. Efforts to repair the situation often intensify after recognition but the conditions necessary for repair are no longer present. Continued engagement may therefore prolong exposure to conditions that have already become psychologically unsustainable. Leaving is not always immediately possible, as financial obligations, professional identity, health insurance, immigration status, family responsibilities, and the prospect of finding comparable employment can make exit extremely difficult (Friedenberg, 2008).

**6. New Normal.** This phase often unfolds over several years, and the adjustment varies widely (Bonanno et al., 2011). The patterns that emerge during this phase are not new, as they begin during Aftershock and Diminished Presence while the individual is still inside the institution, and many continue long after departure. Even in objectively safe environments, the system may remain organized around vigilance. Ordinary situations such as social gatherings, meetings, or unfamiliar interactions can trigger the same monitoring patterns that once helped the individual navigate workplace threats in the prior institution (Shin & Liberzon, 2010; LeDoux, 1996). Many targets describe this phase as feeling like a reduced or altered version of who they once were (Park, 2010). Confidence returns unevenly as some parts of life begin to stabilize while others continue to carry the imprint of prolonged survival-mode functioning. These are not signs of weakness but of injury. Recovery during this phase is not about returning to the exact person the target was before the mobbing began, but about learning to live with what the experience changed while gradually rebuilding safety, participation, confidence, and trust.

After prolonged exposure to institutional threat and betrayal, the nervous system does not immediately return to baseline once the environment changes. Adaptations that developed during survival often continue operating long after the original conditions are gone (Herman, 1992; Van der Kolk, 2014; McEwen, 2000). The environment can change quickly, but the nervous system does not. Many individuals notice that, even after leaving, their system continues behaving as though the threat could return. Attention remains narrowed, interactions are monitored more carefully, and predictability feels safer than uncertainty. Rest may restore less fully than before because during mobbing, the system has reorganized around protection. Over time, that organization becomes habitual. Leaving may remove the ongoing exposure, but it does not immediately remove the adaptations that made endurance possible (McEwen, 2000; Porges, 2011; Lanius et al., 2015). Departure removes the source of ongoing harm, but it does not remove the habits that made survival possible; these only loosen gradually rather than all at once. Recovery rarely unfolds in a straight line; some parts of functioning improve quickly while others remain organized around earlier expectations of danger. The effects may extend beyond vigilance and threat monitoring. For some individuals, the experience has also altered their professional identity, financial stability, career trajectory, and future opportunities. The consequences vary widely, but the impact often reaches far beyond the period of active exposure.

The long-term effects of workplace mobbing often appear not as dramatic symptoms, but as lasting changes in participation, trust, confidence, attention, and emotional regulation. Many individuals become more selective about where they place energy, vulnerability, and trust. Situations involving unpredictability, unclear authority, or high interpersonal exposure may continue feeling more costly than they once did. Thinking may also remain more oriented toward anticipation and self-monitoring, as conversations are replayed more often, decisions feel heavier, and ordinary situations require more effort than they once did. These patterns persist not because the individual is weak, but because the nervous system has learned to prioritize safety over openness during prolonged exposure (Arnsten, 2009; McEwen, 2000; Lanius et al., 2012). Trust is often one of the slowest areas to recover. The injury frequently extends beyond individuals and into the

institutional systems that failed to provide safety or protection (Freyd, 1996; Smith & Freyd, 2013). Rebuilding trust, therefore, involves more than entering a new workplace; it involves relearning that participation, visibility, and belonging can occur without danger.

Confidence also returns unevenly, as many targets continue to question their judgment or capabilities long after external conditions improve. The connection between competence and safety was repeatedly disrupted during the workplace mobbing process, and rebuilding that internal stability takes time (Janoff-Bulman, 2010; Herman, 1992). Many individuals eventually begin re-evaluating what success, participation, and sustainability mean in their professional lives. Career paths may shift toward environments that feel safer, more predictable, or more aligned with long-term psychological well-being. In some cases, mobbing also changes what opportunities remain available; professional reputation may be damaged and advancement opportunities may disappear, as finding comparable employment becomes significantly more difficult. These changes do not necessarily reflect diminished capacity rather than both the practical realities and the psychological consequences of prolonged institutional betrayal and threat. Meaning-making also continues long after departure. Many individuals gradually shift from viewing the experience only as a personal failure or conflict toward understanding the broader institutional and systemic dynamics that shaped what occurred (Park, 2010; Freyd, 1996). Eventually, the experience may become less of an active wound and more of a lasting reference point through which work, relationships, authority, and trust are understood. The New Normal is therefore not simply the absence of the original environment. It is the process of living with what survival mode leaves behind while gradually rebuilding a life no longer organized entirely around threat. Leaving is not the end of the process. It is the point where a different kind of work begins.

### **The Trajectory of Psychological Injury**

A central claim of this article is that the most consequential psychological injury in workplace mobbing does not begin when mistreatment starts or even when it escalates, but when recognition becomes unavoidable. The idea may seem counterintuitive because most discussions of workplace mobbing focus on the accumulation of hostile acts. However, several areas of research suggest that psychological injury is influenced not only by what happens, but also by how what happens is understood. Cognitive appraisal theory suggests that psychological responses change when a situation is reinterpreted as threatening, uncontrollable, and unlikely to improve (Lazarus & Folkman, 1984; Lazarus, 1991). Research on shattered assumptions similarly suggests that psychological disruption often intensifies when previously held beliefs about safety, fairness, and predictability collapse (Janoff-Bulman, 1992). Work on betrayal trauma and institutional betrayal further suggests that recognition of harm by a trusted institution can fundamentally alter how individuals experience and respond to adversity (Freyd, 1996; Smith & Freyd, 2013). Taken together, these perspectives support the possibility that a significant psychological shift occurs when uncertainty collapses, and the individual can no longer maintain explanations that preserve trust, safety, or the expectation of repair. The model proposed here applies that insight to

workplace mobbing and suggests that recognition itself may represent a critical turning point in the trajectory of psychological injury.

For reference, Table 2 below summarizes how the psychological injury trajectory unfolds across phases and where trauma responses begin to emerge. Before recognition consolidates, ambiguity acts as a psychological buffer. Doubt allows the individual to continue interpreting events as misunderstandings, isolated conflicts, or temporary disruptions. As long as uncertainty remains, engagement with the institution is still psychologically possible (Janoff-Bulman, 2010; Lazarus & Folkman, 1984; Lazarus, 1991). Recognition changes this because once the pattern is understood as coordinated, ongoing, and unlikely to be corrected, the explanatory framework that previously organized the experience begins to collapse. What was once experienced as a difficult situation is now understood as an unsafe environment (Herman, 1992; Lanius et al., 2010, 2012; Van der Kolk, 2014). At the same time, institutional trust also begins to fail as the problem is no longer experienced as involving only specific people or isolated interactions. The institution itself is increasingly understood as unable or unwilling to provide protection, fairness, or repair (Freyd, 1996; Smith & Freyd, 2013). The target begins to treat the workplace as something to navigate rather than to participate in.

Taken together, these shifts explain why the injury steepens after recognition rather than during the earlier phases. The collapse of doubt, explanatory coherence, and institutional trust reorganizes the system around survival rather than engagement. This distinction matters clinically and institutionally. If the injury is assumed to begin when mistreatment begins, then the period following recognition appears to be merely a continuation of earlier stress. The model proposed here suggests something different; the highest-risk period begins after recognition, when the individual is still outwardly functioning but internally reorganizing around survival (Porges, 2011; Yehuda, 2002; Lanius et al., 2010, 2015). This also helps explain why continued functioning can be misread. Individuals may still be teaching, publishing, attending meetings, or fulfilling responsibilities while simultaneously experiencing escalating internal injury. Continued performance does not necessarily indicate resilience or safety, but rather may reflect containment under ongoing pressure (Westhues, 2004; Twale & De Luca, 2008). Recognition is not just a cognitive milestone; it marks the nervous system's shift from engagement to survival.

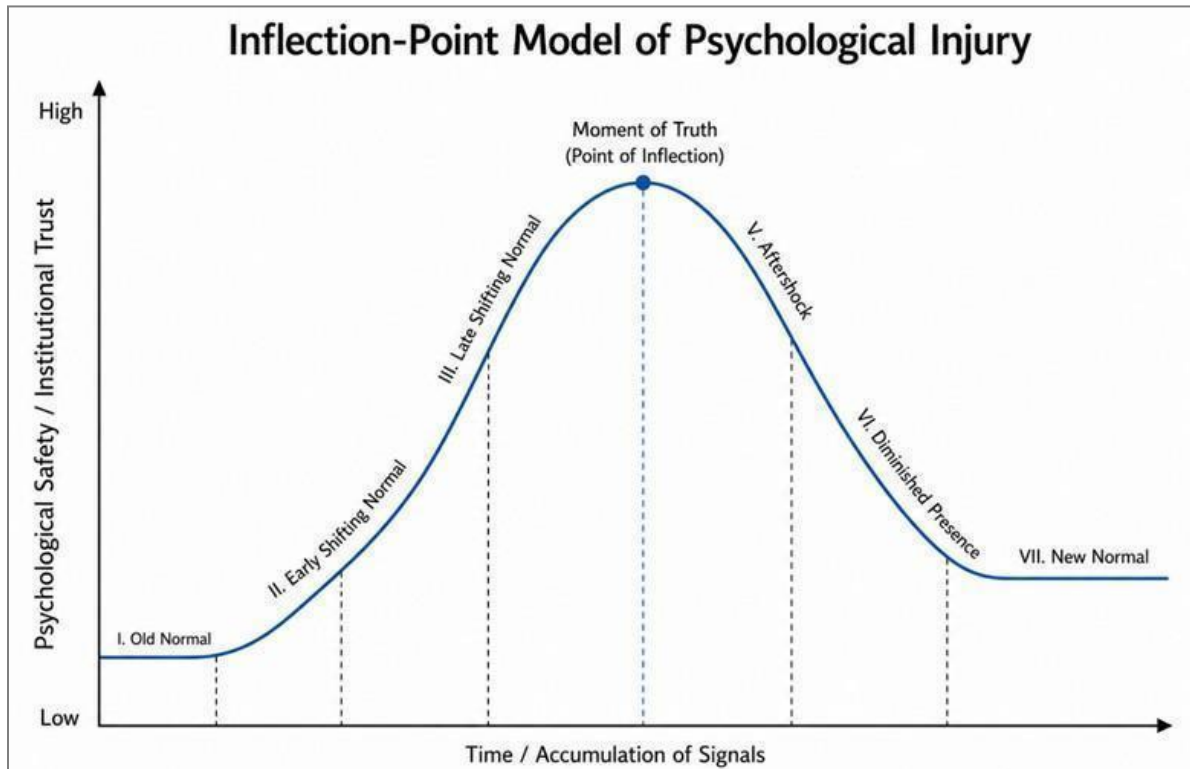
**Table 2. Relationship Between Phases of the Workplace Mobbing Timeline and the Emergence of Trauma Responses**

| Phase                      | What Happens Psychologically    | Trauma Status                                  | References                                                                           |
|----------------------------|---------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------|
| Old Normal                 | normal professional life        | none                                           |                                                                                      |
| Early/Late Shifting Normal | stress signals accumulate       | stress but not trauma                          | (McEwen, 1998; Juster et al., 2010; Sapolsky, 2004)                                  |
| Moment of Truth            | recognition of coordinated harm | initiates the nervous system's trauma response | (Janoff-Bulman, 1992; Herman, 1992; Brewin, 2014)                                    |
| Aftershock                 | physiological response begins   | trauma symptoms begin appearing                | (Porges, 2011; Van der Kolk, 2014; Yehuda & Lehrner, 2018; Nielsen & Einarsen, 2012) |
| Diminished Presence        | survival mode stabilizes        | C-PTSD patterns consolidate                    | (Herman, 1992; Courtois & Ford, 2009; Cloitre et al., 2013)                          |
| New Normal                 | post-exit adaptation            | long-term trauma consequences                  | (Herman, 1992; Van der Kolk, 2014; Maercker et al., 2013)                            |

*Note.* Trauma status descriptions are informed by research on chronic stress, trauma appraisal, neurophysiological trauma responses, and complex post-traumatic stress disorder (Herman, 1992; McEwen, 1998; Janoff-Bulman, 1992; Porges, 2011; Van der Kolk, 2014; Cloitre et al., 2013).

The trajectory developed in this article is best understood as an inflection-point curve rather than a steady accumulation of stress. In the early Shifting Normal phase, uncertainty allows the individual to reinterpret events in ways that preserve stability and engagement. As irregularities accumulate, however, the psychological cost of maintaining those interpretations increases. The Moment of Truth functions as the point of inflection, when recognition consolidates, and the trajectory changes direction. The individual no longer experiences the environment as uncertain but manageable, but as unsafe, coordinated, and unlikely to be repaired. The Aftershock phase corresponds to the steepest portion of the concave-down trajectory, as physiological and psychological survival responses intensify rapidly, attention narrows, and threat monitoring increases. The nervous system becomes organized around protection rather than participation (LeDoux, 1996, 2000; Porges, 2011; Sapolsky, 2004; Yehuda, 2002). As the curve begins flattening, the individual enters Diminished Presence, where the intensity of the survival response becomes more contained, but the system remains organized around vigilance, endurance, and internal narrowing. In the New Normal phase, the individual has in all likelihood left the institution, but many of the adaptations developed during survival continue operating. The curve has flattened, but the nervous system has not fully returned to baseline. The inflection-point model, therefore, explains not only how injury develops but also why the trajectory changes so sharply after recognition. The critical shift is not simply exposure to mistreatment, but the moment when the individual can no longer sustain interpretations that preserve psychological safety, institutional trust, or the expectation of repair. To summarize, see Figure 3.

**Figure 3. Inflection-Point Model of Psychological Injury in Workplace Mobbing**



*Note:* The model proposes that psychological injury does not simply accumulate over time. Rather, the trajectory changes direction at the Moment of Truth, when recognition becomes unavoidable, and the individual can no longer interpret the environment in ways that preserve psychological safety, institutional trust, or the expectation of repair.

## Conclusion

Workplace mobbing psychological injury cannot be fully understood by models focused on cumulative exposure alone. Prolonged hostility does create strain but the most consequential psychological shifts occur when recognition becomes unavoidable. Before recognition or realization consolidates, ambiguity allows individuals to continue interpreting events in ways that preserve engagement, trust, and the possibility of repair (Lazarus, 1991). Once those interpretations collapse, the environment is no longer experienced as difficult but manageable, but as unsafe. At that point, the system shifts from engagement toward protection and survival (Freyd, 1996; Smith & Freyd, 2013). Efforts to repair the situation might increase, but the possibility of repair does not. This reframing shifts attention away from exposure alone and toward the moment when the individual's relationship to the environment changes. From this perspective, workplace mobbing injury reflects not only what happened, but when and how the individual came to understand what was happening. Recognition reorganizes attention, regulation, participation, and institutional trust (Frewen & Lanius, 2015; Yehuda, 2002; Lanius et al., 2015). The inflection-point model also helps explain why individuals exposed to similar levels of hostility may experience different outcomes. As long as uncertainty or trust remains, engagement is still psychologically possible, but once recognition consolidates in the absence of safety, survival-based functioning accelerates (Porges,

2011; Herman, 1992). Understanding mobbing injury in this way helps explain delayed symptom escalation, persistent survival patterns, and the coexistence of outward competence with significant internal distress (Van der Kolk, 2014; Lanius et al., 2010, 2012). All of this has practical implications for the clinical treatment of mobbing targets. The largest psychological injury is the destruction of trust and feeling of institutional betrayal after the Moment of Truth, and these injuries can persist for many years even if the target appears to have returned to normal functioning after exit. But it is a new normal. The model also has practical implications for court claims for injury and compensation. A large monetary value must be placed on the destruction of trust and institutional betrayal from the Moment of Truth onwards, as this changes the target's life, in many cases, forever.

The trajectory described in this article suggests that psychological injury in workplace mobbing is not simply the accumulation of separate harms. It reflects a change in how the individual relates to the environment after recognition occurs. The inflection-point model provides a framework for understanding how uncertainty, recognition, survival adaptation, and institutional response unfold across time. The model also identifies why timing matters. If the inflection point marks the shift from engagement to survival, then it also marks the last point at which the trajectory of psychological injury may meaningfully be altered. Once recognition consolidates and institutional trust collapses, institutional intervention, in cases where the mobbing is by co-workers and not management, focused only on conflict resolution or workload reduction, may address symptoms without changing the underlying destruction of trust (Lazarus & Folkman, 1984; Lazarus, 1991; Porges, 2011). Any institutional intervention therefore needs to occur early in the workplace mobbing process, and this is certainly another of the practical implications of this model. After the breakdown of institutional trust in the Moment of Truth, exit becomes the only viable long run strategy. Mobbing injury persists and exit becomes inevitable not only because of persistent exposure to hostility, but because institutional systems fail to recognize and interrupt the pattern, either intentionally or unintentionally, before survival-mode functioning consolidates (Westhues, 2004, 2006; Twale & De Luca, 2008).

The model presented in this article suggests that workplace mobbing is more than a series of hostile acts that accumulate over time. The psychological injury often changes when the target recognizes what is happening and realizes it is unlikely to stop. From that point forward, the experience is no longer defined only by the behavior itself, but by the collapse of trust, safety, and the expectation that the institution will provide protection. The same environment and people may remain in place and outwardly, little may appear to have changed. What changes is the target's relationship to that environment. Once recognition occurs, participation gradually gives way to self-protection. The target is no longer trying to fix the situation, but to navigate it safely. Recognition is a point of no return. From that moment forward, the work is no longer to repair, but to survive, more often than not, after exiting the institution, as per the mobbers' goal.

## Author

AnnMarie Flynn, Ph.D., is a chemical engineer, educator, and researcher whose work focuses on workplace mobbing, organizational silence, leadership, and psychologically healthy workplaces. She earned her Ph.D. in Chemical Engineering from the New Jersey Institute of Technology and spent more than 25 years at Manhattan College, where she served as Department Chair, Graduate Program Director, Assistant Dean and Professor of Chemical Engineering. Her research combines lived experience with empirical evidence to examine how workplace mobbing develops over time and how organizational conditions influence employee well-being, engagement, and organizational performance.

## References

- Arnsten, A. F. T. (2009). Stress signaling pathways that impair prefrontal cortex structure and function. *Nature Reviews Neuroscience*, 10(6), 410–422. <https://doi.org/10.1038/nrn2648>
- Bonanno, G. A., Westphal, M., & Mancini, A. D. (2011). Resilience to loss and trauma. *Annual Review of Clinical Psychology*, 7, 511–535. <https://doi.org/10.1146/annurev-clinpsy-032210-104526>
- Brewin, C. R. (2001). A cognitive neuroscience account of posttraumatic stress disorder and its treatment. *Behavior Research and Therapy*, 39(4), 373–393. [https://doi.org/10.1016/S0005-7967\(00\)00087-5](https://doi.org/10.1016/S0005-7967(00)00087-5)
- Brewin, C. R. (2014). Episodic memory, perceptual memory, and their interaction: Foundations for a theory of posttraumatic stress disorder. *Psychological Bulletin*, 140(1), 69–97. <https://doi.org/10.1037/a0033722>
- Brewin, C. R., Dalgleish, T., & Joseph, S. (1996). A dual representation theory of posttraumatic stress disorder. *Psychological Review*, 103(4), 670–686. <https://doi.org/10.1037/0033-295X.103.4.670>
- Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist*, 54(3), 165–181. <https://doi.org/10.1037/0003-066X.54.3.165>
- Cloitre, M., Garvert, D. W., Brewin, C. R., Bryant, R. A., & Maercker, A. (2013). Evidence for proposed ICD-11 PTSD and complex PTSD: A latent profile analysis. *European Journal of Psychotraumatology*, 4(1), 20706. <https://doi.org/10.3402/ejpt.v4i0.20706>
- Coan, J. A., Schaefer, H. S., & Davidson, R. J. (2006). Lending a hand: Social regulation of the neural response to threat. *Psychological Science*, 17(12), 1032–1039. <https://doi.org/10.1111/j.1467-9280.2006.01832.x>
- Courtois, C. A. (2004). Complex trauma, complex reactions: Assessment and treatment with adults. *Psychotherapy: Theory, Research, Practice, Training*, 41(4), 412–425. <https://doi.org/10.1037/0033-3204.41.4.412>
- Courtois, C. A., & Ford, J. D. (2009). *Treating complex traumatic stress disorders: Scientific foundations and therapeutic models*. Guilford Press.
- Courtois, C. A., & Ford, J. D. (2013). *Treating complex traumatic stress disorders (adults): Scientific foundations and therapeutic models*. Guilford Press.
- Davenport, N., Schwartz, R. D., & Elliott, G. P. (1999). *Mobbing: Emotional abuse in the American workplace*. Civil Society Publishing.

- Duffy, M., & Sperry, L. (2012). The psychology of workplace mobbing. In S. W. Gilliland, D. D. Steiner, & D. P. Skarlicki (Eds.), *The psychology of social justice in organizations* (pp. 157–180). Information Age Publishing.
- Duffy, M., & Sperry, L. (2014). *Overcoming mobbing: A recovery guide for workplace aggression and bullying*. Oxford University Press.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behavior Research and Therapy*, 38(4), 319–345. [https://doi.org/10.1016/S0005-7967\(99\)00123-0](https://doi.org/10.1016/S0005-7967(99)00123-0)
- Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. L. (2011). *Bullying and harassment in the workplace: Developments in theory, research, and practice* (2nd ed.). CRC Press.
- Fast, O., & Olsson, A. (2022). Threat learning and generalization. *Current Opinion in Behavioral Sciences*, 45, 101136. <https://doi.org/10.1016/j.cobeha.2022.101136>
- Frewen, P., & Lanius, R. (2015). *Healing the devastated self: Emotion regulation, dissociation, and neuroscience in the psychotherapy of trauma*. W. W. Norton & Company.
- Freyd, J. J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. Harvard University Press.
- Friedenberg, J. E. (2008). *The anatomy of an academic mobbing* (K. Westhues, Ed.). Edwin Mellen Press.
- Grupe, D. W., & Nitschke, J. B. (2013). Uncertainty and anticipation in anxiety: An integrated neurobiological and psychological perspective. *Nature Reviews Neuroscience*, 14(7), 488–501. <https://doi.org/10.1038/nrn3524>
- Herman, J. L. (1992). *Trauma and recovery*. Basic Books.
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513–524. <https://doi.org/10.1037/0003-066X.44.3.513>
- Hobfoll, S. E. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. *Applied Psychology*, 50(3), 337–421. <https://doi.org/10.1111/1464-0597.00062>
- Hodgins, M., & Mannix-McNamara, P. (2024). “My core is cracked”—Bullying in higher education as a traumatic process. *International Journal of Environmental Research and Public Health*.
- Hollis, L. P. (2016). Socially toxic environments and workplace bullying: Consequences for the target. *Journal of Aggression, Conflict and Peace Research*, 8(4), 256–266. <https://doi.org/10.1108/JACPR-10-2015-0187>
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. Free Press.
- Janoff-Bulman, R. (2010). The post-traumatic mind. *Nature*, 464, 1120. <https://doi.org/10.1038/4641120a>
- Juster, R.-P., McEwen, B. S., & Lupien, S. J. (2010). Allostatic load biomarkers of chronic stress and anticipatory anxiety. *Neuroscience & Biobehavioral Reviews*, 35(1), 2–16. <https://doi.org/10.1016/j.neubiorev.2009.10.002>
- Kaler, M. E., Frazier, P. A., Anders, S. L., Tashiro, T., Tomich, P., & Tennen, H. (2008). Just world beliefs and PTSD symptoms. *Journal of Traumatic Stress*, 21(5), 487–494. <https://doi.org/10.1002/jts.20361>
- Keashly, L. (2019). Faculty experiences with bullying and mobbing in higher education. In P. D’Cruz et al. (Eds.), *Handbook of workplace bullying, emotional abuse and harassment*. Springer.
- Keashly, L. (2021). Workplace bullying and mobbing. *Journal of Interpersonal Violence*, 36(23–24), NP12533–NP12560. <https://doi.org/10.1177/08862605211055132>
- Keashly, L., & Jagatic, K. (2003). By any other name: American perspectives on workplace bullying. In S. Einarsen et al. (Eds.), *Bullying and emotional abuse in the workplace* (pp. 31–61). Taylor & Francis.
- Keashly, L., & Neuman, J. H. (2010). Faculty experiences with bullying in higher education. *Administrative Theory & Praxis*, 32(1), 48–70. <https://doi.org/10.2753/ATP1084-1806320103>

- Khoo, S. B. (2010). Academic mobbing: Hidden health hazard at workplace. *Malaysian Family Physician*, 5(2), 61–67.
- Kivimäki, M., Elovainio, M., & Vahtera, J. (2003). Workplace bullying and the risk of cardiovascular disease and depression. *Occupational and Environmental Medicine*, 60(10), 779–783. <https://doi.org/10.1136/oem.60.10.779>
- Klein, G., Phillips, J. K., Rall, E. L., & Peluso, D. A. (2007). A data-frame theory of sensemaking. In R. R. Hoffman (Ed.), *Expertise out of context* (pp. 113–155). Lawrence Erlbaum.
- Lanius, R. A., Vermetten, E., Loewenstein, R. J., Brand, B., Schmahl, C., Bremner, J. D., & Spiegel, D. (2010). Emotion modulation in PTSD: Clinical and neurobiological evidence for a dissociative subtype. *American Journal of Psychiatry*, 167(6), 640–647. <https://doi.org/10.1176/appi.ajp.2009.09081168>
- Lanius, R. A., Brand, B., Vermetten, E., Frewen, P. A., & Spiegel, D. (2012). The dissociative subtype of PTSD: Rationale, clinical and neurobiological evidence, and implications. *Depression and Anxiety*, 29(8), 701–708. <https://doi.org/10.1002/da.21889>
- Lanius, R. A., Frewen, P. A., Tursich, M., Jetly, R., & McKinnon, M. C. (2015). Restoring large-scale brain networks in PTSD and related disorders. *Journal of Psychiatry & Neuroscience*, 40(4), 219–232. <https://doi.org/10.1503/jpn.140181>
- Lazarus, R. S. (1991). *Emotion and adaptation*. Oxford University Press.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.
- LeDoux, J. E. (1996). *The emotional brain: The mysterious underpinnings of emotional life*. Simon & Schuster.
- LeDoux, J. E. (2000). Emotion circuits in the brain. *Annual Review of Neuroscience*, 23, 155–184. <https://doi.org/10.1146/annurev.neuro.23.1.155>
- Levine, P. A. (2010). In an unspoken voice: How the body releases trauma and restores goodness. North Atlantic Books.
- Leymann, H. (1996). The content and development of mobbing at work. *European Journal of Work and Organizational Psychology*, 5(2), 165–184. <https://doi.org/10.1080/13594329608414853>
- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, 29(8), 695–706. <https://doi.org/10.1016/j.cpr.2009.07.003>
- Lutgen-Sandvik, P. (2006). Take this job and... *Journal of Management Studies*, 43(4), 837–860. <https://doi.org/10.1111/j.1467-6486.2006.00618.x>
- Lutgen-Sandvik, P. (2008). Adult bullying: A review of the literature and a suite of strategies for managers. *Public Administration Review*, 68(6), 1163–1165. <https://doi.org/10.1111/j.1540-6210.2008.00963.x>
- Maercker, A., Brewin, C. R., Bryant, R. A., Cloitre, M., Reed, G. M., van Ommeren, M., Humayun, A., Jones, L. M., Kagee, A., Llosa, A. E., Rousseau, C., Somasundaram, D. J., Souza, R., Suzuki, Y., Weissbecker, I., Wessely, S. C., First, M. B., & Saxena, S. (2013). Diagnosis and classification of PTSD: ICD-11. *World Psychiatry*, 12(3), 198–206. <https://doi.org/10.1002/wps.20050>
- McEwen, B. S. (1998). Protective and damaging effects of stress mediators. *New England Journal of Medicine*, 338(3), 171–179. <https://doi.org/10.1056/NEJM199801153380307>
- McEwen, B. S. (2000). Allostasis and allostatic load: Implications for neuropsychopharmacology. *Neuropsychopharmacology*, 22(2), 108–124. [https://doi.org/10.1016/S0893-133X\(99\)00129-3](https://doi.org/10.1016/S0893-133X(99)00129-3)
- McEwen, B. S. (2007). Physiology and neurobiology of stress and adaptation: Central role of the brain. *Physiological Reviews*, 87(3), 873–904. <https://doi.org/10.1152/physrev.00041.2006>
- McEwen, B. S. (2017). Neurobiological and systemic effects of chronic stress. *Chronic Stress*, 1, 1–11. <https://doi.org/10.1177/2470547017692328>

- McEwen, B. S., & Akil, H. (2020). Revisiting the stress concept: Implications for affective disorders. *Journal of Neuroscience*, 40(1), 12–21. <https://doi.org/10.1523/JNEUROSCI.0733-19.2019>
- Mikkelsen, E. G., & Einarsen, S. (2002). Basic assumptions and symptoms of post-traumatic stress among victims of bullying at work. *European Journal of Work and Organizational Psychology*, 11(1), 87–111. <https://doi.org/10.1080/13594320143000862>
- Nielsen, M. B., & Einarsen, S. (2012). Outcomes of exposure to workplace bullying: A meta-analytic review. *Work & Stress*, 26(4), 309–332. <https://doi.org/10.1080/02678373.2012.734278>
- Nijenhuis, E. R. S., Van der Hart, O., & Steele, K. (2002). The emerging psychobiology of trauma-related dissociation and dissociative disorders. *Journal of Trauma & Dissociation*, 3(4), 107–138. [https://doi.org/10.1300/J229v03n04\\_06](https://doi.org/10.1300/J229v03n04_06)
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. W. W. Norton & Company.
- Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, 136(2), 257–301. <https://doi.org/10.1037/a0018301>
- Pelcovitz, D., Van der Kolk, B., Roth, S., Mandel, F., Kaplan, S., & Resick, P. (1997). Development of a criteria set and a structured interview for disorders of extreme stress (SIDES). *Journal of Traumatic Stress*, 10(1), 3–16. <https://doi.org/10.1002/jts.2490100103>
- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton & Company.
- Salin, D. (2003). Ways of explaining workplace bullying: A review of enabling, motivating, and precipitating structures and processes in the work environment. *Human Relations*, 56(10), 1213–1232. <https://doi.org/10.1177/00187267035610003>
- Sapolsky, R. M. (2004). *Why zebras don't get ulcers* (3rd ed.). Henry Holt and Company.
- Scaer, R. C. (2005). *The trauma spectrum: Hidden wounds and human resiliency*. W. W. Norton & Company.
- Seguin, E. (2016, September 19). Academic mobbing, or how to become campus tormentors. *University Affairs*. <https://universityaffairs.ca/opinion/academic-mobbing-or-how-to-become-campus-tormentors/>
- Shay, J. (2014). Moral injury. *Psychoanalytic Psychology*, 31(2), 182–191. <https://doi.org/10.1037/a0036090>
- Shin, L. M., & Liberzon, I. (2010). Neurocircuitry of fear and anxiety. *Neuropsychopharmacology*, 35(1), 169–191. <https://doi.org/10.1038/npp.2009.83>
- Smith, C. P., & Freyd, J. J. (2013). Institutional betrayal. *American Psychologist*, 68(4), 237–250. <https://doi.org/10.1037/a0033003>
- Smith, C. P., & Freyd, J. J. (2014). Institutional betrayal. *Journal of Traumatic Stress*, 27(5), 575–583. <https://doi.org/10.1002/jts.21950>
- Steele, K., Van der Hart, O., & Nijenhuis, E. R. S. (2005). Phase-oriented treatment of structural dissociation in complex traumatization: Overcoming trauma-related phobias. *Journal of Trauma & Dissociation*, 6(3), 11–53. [https://doi.org/10.1300/J229v06n03\\_02](https://doi.org/10.1300/J229v06n03_02)
- Švehušová, P., Kašáková, N., Furstová, J., Hasto, J., Tavel, P., & Madarasová Gecková, A. (2021). Workplace mobbing and health. *International Journal of Environmental Research and Public Health*, 18(10), 5344. <https://doi.org/10.3390/ijerph18105344>
- Thayer, J. F., & Lane, R. D. (2000). A model of neurovisceral integration in emotion regulation. *Journal of Affective Disorders*, 61(3), 201–216. [https://doi.org/10.1016/S0165-0327\(00\)00338-4](https://doi.org/10.1016/S0165-0327(00)00338-4)

- Twale, D. J., & De Luca, B. M. (2008). *Faculty incivility: The resilience of the academic bully culture*. Jossey-Bass.
- Van der Hart, O., Nijenhuis, E. R., & Steele, K. (2006). *The haunted self: Structural dissociation and the treatment of chronic traumatization*. W. W. Norton & Company.
- Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- Weick, K. E. (1995). *Sensemaking in organizations*. Sage.
- Westhues, K. (Ed.). (2004). *Workplace mobbing in academe: Reports from twenty universities*. Edwin Mellen Press.
- Westhues, K. (Ed.). (2006). *The envy of excellence: Administrative mobbing of high-achieving professors*. Edwin Mellen Press.
- Yamada, D. C. (2000). The phenomenon of workplace bullying and the need for status-blind hostile work environment protection. *Georgetown Law Journal*, 88, 475–536.
- Yehuda, R. (2002). Post-traumatic stress disorder. *New England Journal of Medicine*, 346(2), 108–114. <https://doi.org/10.1056/NEJMr012941>
- Yehuda, R., & Lehrner, A. (2018). Intergenerational trauma: Mechanisms, implications, and promise of prevalence. *World Psychiatry*, 17(3), 243–257. <https://doi.org/10.1002/wps.20568>
- Zabrodska, K., & Kveton, P. (2013). Prevalence and forms of workplace bullying among university employees. *Employee Responsibilities and Rights Journal*, 25(2), 89–108. <https://doi.org/10.1007/s10672-012-9210-x>