

# Psychological Injuries at Work – What Every Manager Should Know

AT RESMI,<sup>1</sup> MERCY MATHEW,<sup>2</sup> GEMINI V J<sup>3</sup> AND PAUL SILVIAN S<sup>4</sup>

<sup>1</sup>Associate Professor, <sup>2</sup>Assistant Professor, <sup>3</sup>Assistant Professor (S.G), VIT- Business School, VIT-University, Vellore, Tamilnadu

<sup>4</sup>Professor, Vyaghreswarudu College of Physical Medicine, Vizag, Andhra Pradesh

Received: September 03, 2014 | Revised: September 12, 2014 | Accepted: September 20, 2014

Published online: October 15, 2014

The Author(s) 2014. This article is published with open access at [www.chitkara.edu.in/publications](http://www.chitkara.edu.in/publications)

**Abstract** A psychological injury is a diagnosable illness that affects a person's thinking, emotional state and behavior. It can disrupt their ability to work and carry out other daily activities, and to engage in satisfying personal relationships. Unlike a physical injury, a psychological injury cannot be easily recognized and understood. This research document is a conceptual work, which tries to define and isolate stress and stress related injuries, as well as psychological injuries at work. Such an understanding would help the top management to cater and prevent injuries of such extent. Based on literature, a model has been developed for the study and the research document has defined "Psychological injury as an employee's explicit manifestation of distress in the form of affective behavioral and cognitive dysfunction in work context". This research document can be considered a seminal work done in Indian context. This work gains importance in the light of increasing number of lawsuits in Indian courts on work-related stress and agony. India still does not have any laws that deal with emotional health and stress related injuries at work or psychological injuries as compared to other countries like Canada, U.K and the U.S

**Keywords:** Psychological injury, stress, distress, workplace stress, India

## 1. INTRODUCTION

Work place resilience has become a buzz word in psychologists' vocabulary, owing to the increased stress one has to tackle in the ever demanding face of competition. This makes resilience a salient concept worthy of analyzing while unraveling the effects of work place stress. Coping, resilience and vulnerability are three dimensions of effective stress management. Stress exposure, is known to precipitate psychopathological disorders. Stressful events are part of everyday life and only a select population of individuals develops stress-induced pathologies, elucidating the biological basis of individual differences in stress vulnerability or resiliency and coping strategies. Research suggests that passive coping during a stressful life event is associated with the development of stress-induced depression, whereas proactive coping is correlated with resiliency. It is important to understand and gain insight from occupational psychology and health literature, which examines predominantly the differing and interacting effects of workplace stressors and "stress" (or can be termed as "common mental disorder"), performance, health, and absenteeism. Secondly such studies would throw light on the epidemiological associations

Journal of  
Multidisciplinary  
Research in Healthcare  
Vol. 1, No. 1  
October 2014  
pp. 43–52



©2014 by Chitkara  
University. All Rights  
Reserved.

---

Thomas, RA  
Mathew, M  
Joy, GV  
Silvian, SP

---

between functioning, often as “disability”, and psychiatric disorders that are caused by stressful situations.

It is not a surprise that the International Classification of Diseases (ICD-10) and Diagnostic Statistical Manual (DSM -V) had to add stress and stress related problems as a separate category, with specific symptoms and diagnostic criteria. New sets of thoughts are also coming up, like occupational stress that act as a precedent for many other mental disorders like anxiety, clinical depression and even psychosis. Stress is defined in terms of its physical and physiological effects on a person, and can be a mental, physical or emotional strain. Occupational stress can occur when there is a discrepancy between the demands of the environment/workplace and an individual’s ability to carry out and complete these demands. A variety of factors contribute to workplace stress such as negative workload, isolation, extensive hours worked, toxic work environments, lack of autonomy, difficult relationships among coworkers and management, management bullying, harassment and lack of opportunities or motivation to advancement in one’s skill level etc. Acute stress disorder (ASD) was introduced in DSM-IV as a new diagnosis to describe acute stress reactions (ASRs) that may precede posttraumatic stress disorder (PTSD). New researchers have tried to classify such disorders under psychological injuries at work. Post traumatic stress disorder has found to be a result of occupational stress in many studies. Other categories of work place disorders are “work place phobia”, generalized anxiety syndrome, occupational neurosis, somatoform disorders etc.

Before ruling out this attempt as a medical/ psychology related research, it is vital to understand the reactive effects of stress on individuals. There are proved researches that claim that stress in organization can lead to severe mental disorders also like, depression, mania and suicidal tendencies etc. There have been cases ever since in Australian courts claiming psychological and psychiatric injuries at the work place and have clubbed it under the broad area of psychological injuries arising from any stress at work place. Such claims have included circumstances involving a less traumatic, but none the less still damaging, stressor arising in the workplace, such as bullying, stress from overwork etc. ‘Stress’ is a generic term that is widely used in society to describe the feeling that some people might have in response to pressures that they face in their lives. In the workplace context, it is a term often used to describe the responses that may develop when people are subjected to demands and expectations that are out of keeping with their needs, abilities, skills and coping strategies. Some of the major psychiatric/ psychological injuries that are a result of stress are depression, anxiety and neuroses. These could be a resultant of prolonged or excessive exposure to demanding, stressful stimuli, such as work-related factors and/or critical incidents. Mostly psychological injuries develop over a long period of time. The body mechanisms that work when initially faced with stressful stimuli is the release of hormones that increase the heart rate, blood pressure, breathing and muscle tensions which create a state of mental and physical arousal in anticipation as a response reaction. If stimuli are extended and excessive, the body attempts to

---

---

adapt to the change, but a prolonged period of over adaptations can be detrimental since it can cause exhaustion and provide little opportunity for the body to recover from its stressed state. This prolonged stress can make an individual susceptible to psychological injury which also causes, physical ailments, such as headaches, back & neck strain, nausea and constipation (known examples of somatoform disorders).

Psychological  
Injuries at Work  
– What Every  
Manager Should  
Know

---

Much literature in the West, deals with the topic focused on employer's liability and statutory compliances to be maintained at the work place. India is foreseen to be the largest contributor to the global work force, with a working age population (15-59 years) is likely to increase from 749 million to 962 million over 2010 to 3030. With such spiking work population to control, India still does not have any laws to deal with emotional stress at work or psychological injuries as compared to other countries like Canada, U.K and the U. S. Taking cues from U.S, laws pertaining to compensations for mental stress, can be divided into two sections, mental- physical injuries and mental - mental injuries.

## **2. TYPES OF PSYCHOLOGICAL INJURIES**

Psychological injuries are now known in many different names like, mental injuries, psychiatric injuries etc; in effect constitute anxiety, depression and major psychotic diseases like bipolar and major depressive psychosis etc. Koch et al., 2006 have given a detailed description of psychological injuries, in their book “ Psychological injuries- forensic assessment, treatment and law” that anything that disrupts emotional tranquility of an individual, and causes incompetent psychological functioning of an individual can be defined as psychological injury. This can be classified as neurosis, hysteria, PTSD, ASD, Depression, other anxiety disorders, fear, dysphoria, and even bipolar disorders. Let us look into each of these disorders in detail.

DSM V and ICD -11, classifies neurosis as anxiety disorders, adjustment disorders, mood disorders and somatoform disorders. Neurotic symptoms mainly arise from unconscious psychological conflict about the individual's self-concept. This is considered a lesser version of mental disorder that can be cured by psychotherapies and drugs. Disorders of anxiety include panic attacks, a sudden onset of intense apprehension which is shown by symptoms like shortness of breath, racing heart rate (palpitations), chest pain, or smothering sensations; unreasonable fears otherwise called as phobias, such as fear of animal, blood, or weather-related phobias. Another category is called obsessive-compulsive behavior, in which repetitive thoughts and behaviors become time-intensive and intrusive in one's life. Another form of neurotic disorder is adjustment disorders, which include anxiety symptoms that occur in response to an identified stressful condition or event (stressor), while dissociative disorders are characterized by distress or impairment associated with the inability to recall important personal information, usually of a traumatic nature. Mood disorders on the other hand include symptoms of major depression and bipolar

---

Thomas, RA  
Mathew, M  
Joy, GV  
Silvian, SP

---

disorder, in which an individual may vary between manic and depressive moods. The somatoform disorders are a diagnostic category including many of what were formerly termed neurotic symptoms. These disorders are characterized by physical symptoms that suggest a general medical condition but which are not explained by a medical condition. They include somatization disorder, in which the individual has a combination of pain, gastrointestinal; conversion disorder, involving unexplained symptoms or deficits affecting voluntary motor or sensory function, such as being temporarily blind or paralyzed; or hypochondriasis, the preoccupation with the fear of having a disease (DSM- V). It is about time that a manager should maintain a diary of symptoms and reactive disorders in the work place.

### **3. PSYCHOLOGICAL INJURIES AT WORK**

Psychological injuries as a concept until now were predominantly used in law, forensic and legal literature. It is the need for the hour for occupational psychologists and management researchers to understand the underlying dimensions, since they are direct party to law suits and compensation claims on psychological injuries. It is also important for them to provide a better and in-depth understanding of the concept, since they know the basis of work and work related stress. From their have tried to identify the reasons for acute and chronic stress problems faced by Australians and have found that leadership, work climate, individual personality, work experiences etc act as determinants of psychological injury.

This study tries to understand the precedents of psychological injuries at work and also tries to understand the different types of psychological injuries that have received compensatory claims from courts. Such a wide literature review would provide better insight into the concept as well as its dimensions.

### **4. PRECEDENTS FOR PSYCHOLOGICAL INJURIES**

There is a term called Karoshi in Japanese which means death from overwork. Cotton, Hart, Cooper etc have written seminal papers in Psychological injuries and have clearly drawn an understanding about the concept and have done multiple researches in this area. They, after years of research in the area of occupational stress have identified that employee well being is the mitigating factor in increasing organizational performance. They have proposed a model based on an integration of the cognitive-relational (DeLongis et al., 1988) and dynamic equilibrium (Hart, 1999) theories of stress with the quality of life and subjective well-being literature (Heady and Wearing, 1989, 1992). Most of the studies on antecedents of organizational stress have looked into predictors as quality of work life, distress, morale, withdrawal behaviour, organizational climate, emotion focused coping, problem focused coping, neuroticism, extraversion, (Hart and Cotton, 2002, Cooper and Hart 2003) organizational climate, negative work experience, positive work experience, job satisfaction (Hart and Cooper, 2001), leadership and cultural behaviour, work team climate, employee motivation (Cotton, 2012). Cotton (2009) has

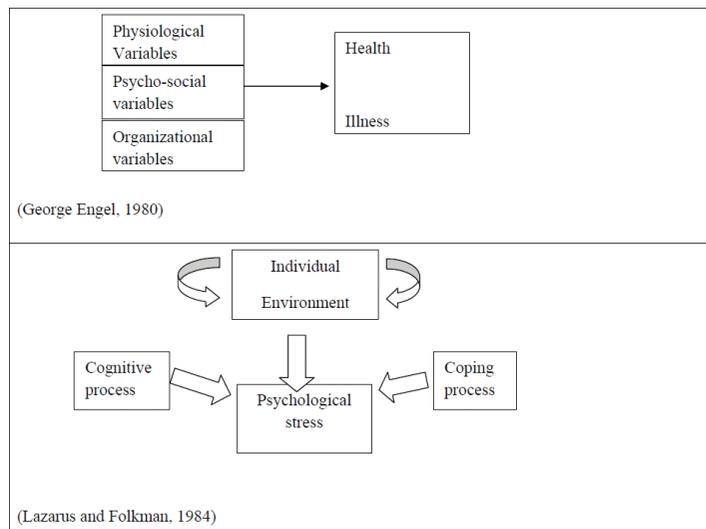
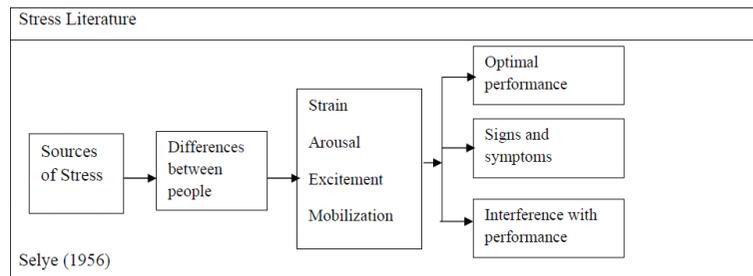
found that there is high correlation between leadership, climate and morale on workers compensation claims. In yet another study, Cotton (2012) has found that the variables like leadership, morale, climate along with individual susceptibility act as mediating variables of operational stressors on psychological injury claims, the operational stressors according to him are customer aggression, excessive work demands, organizational change, conflict, stressful incidents, abuse etc. The model proposed by Cotton and Hart (2002, 2011) was a multiple relations model and they have found that the variables constitute to 39% variance in employee distress. Other researchers have attempted to incorporate some moderator variables, like decision latitude coping processes etc. into the stressors and-strain framework (Day and Livingstone, 2001; Sauter and Murphy, 1995). Moreover, studies have failed to consider the broader organizational context or other important individual and organizational characteristics, such as personality, emotional labour, job skills, organizational culture etc. This is compounded by the failure of many occupational stress researchers to link indices of occupational stress to relevant organizational performance outcomes, such as the cost of absenteeism and workers' compensation claims for stress-related injury (psychological injury), as well as ethical behaviour and complaints about the quality of service delivery. Stress literature divides stress into many types – acute stress, episodic acute stress and chronic stress. Most of these studies have found that psychological distress is an impeding factor in employee well being. Kessler (1979, 2002) has tried to study about psychological distress and has tried to measure distress on the scales K-10 and K-6. The construct was measured by variables like nervousness, agitation, psychological fatigue and depression. Majority of psychological distress literature deals with post traumatic stress and depression among employees. On the other hand, distress is a diagnostic criterion for some psychiatric disorders (e.g., obsessive-compulsive disorders; posttraumatic stress disorder) and, together with impairment in daily living, a marker of the severity of symptoms in other disorders (e.g., major depression; generalized anxiety disorder) (Phillips 2009). In addition to mental ill-health, increased anxiety, depression, irritability, poor concentration and disturbed sleep can lead to lower productivity, an increased risk of accidents and disrupted relationships at work and home. Unlike a physical injury, a psychological injury cannot be easily recognized and understood. Often people with a psychological injury prefer not to disclose it. A psychological injury is a diagnosable illness that affects a person's thinking, emotional state and behaviour. It can disrupt their ability to work and carry out other daily activities, and to engage in satisfying personal relationships. Each person with a psychological injury will require early intervention to enable them to return to work and enjoy a normal lifestyle and hence require major attention both proactive and preventive.

## 5. SCOPE OF THE STUDY

Psychological injury as a concept is not dealt widely in management research. There are very less attempts done to categorize psychological injuries from both a psychologist's as well as a manager's perspective. The predictors of psychological injuries are not

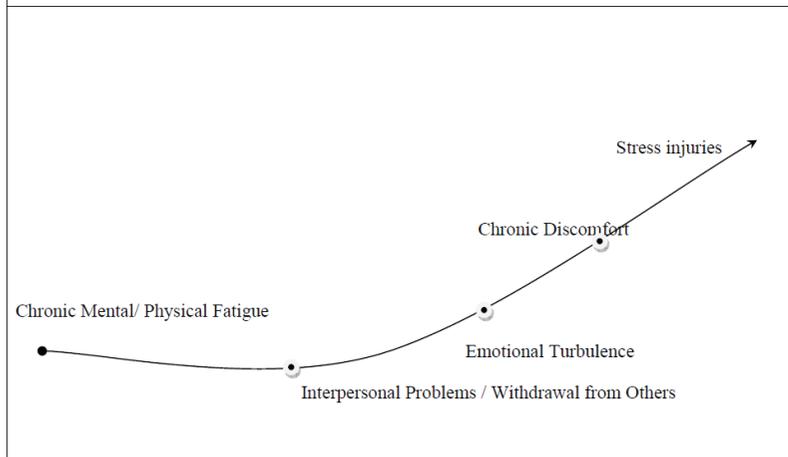
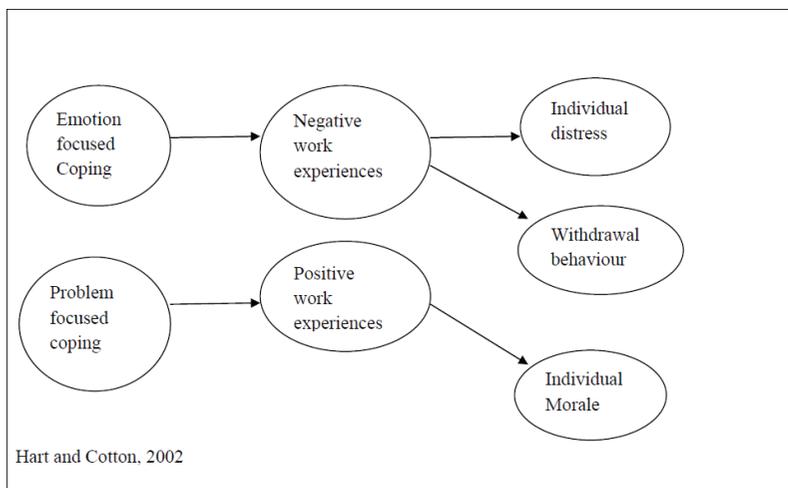
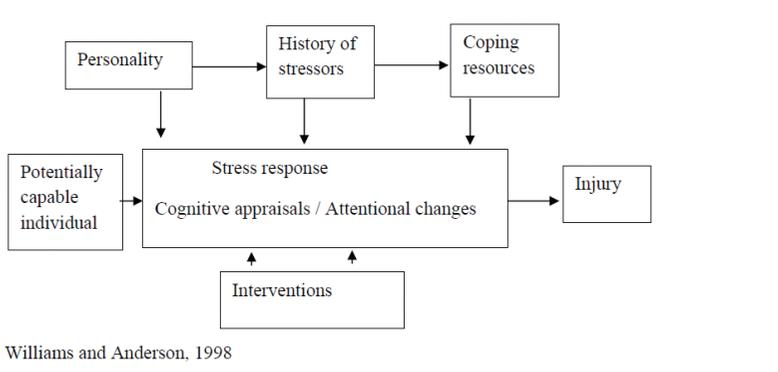
Thomas, RA  
Mathew, M  
Joy, GV  
Silvian, SP

studied in particular, most of the studies in this area pertain to stress at work place. Studies on this perspective have not been widely explored in Indian context. This attempt would be seminal in categorizing the dimensions of psychological injuries at work so as to enable policy makers and legislators to amend rules and establish new standards in occupational health and safety. This review would help managers as well as decision makers to align the company policies to the standards of occupational health and safety. Most importantly this study would help in establishing the effects of stress (acute and chronic) as well as significant predictors of psychological injuries. This understanding can also be extrapolated in all aspects of jobs, students as well as practitioners. It is also an attempt to isolate and specify psychological injuries from stress. The available literatures on psychological injuries are all intermingled in stress literature. This review is an attempt to develop a new model of psychological injuries at work.

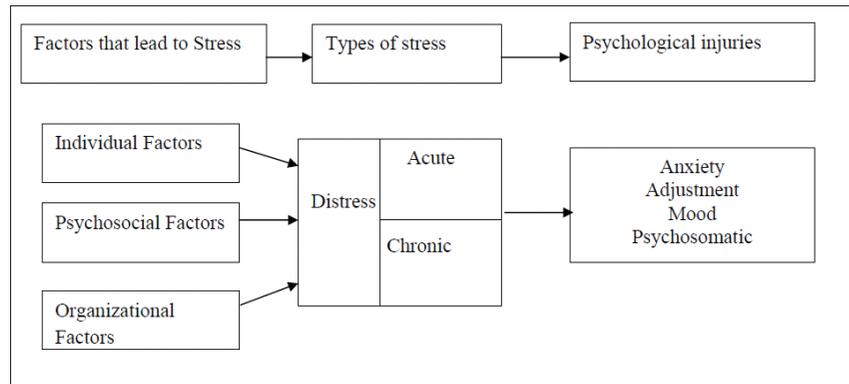


Psychological Injuries at Work  
 – What Every Manager Should Know

---



## 6. MODEL DEVELOPMENT



- i) **From the Literature:** It is seen that stress has been studied both as independent and dependent variable, and has many implications in literature. A compilation of seminal works in stress is provided in Table 1.
- ii) **Model Developed for the study**

## 7. CONCLUSION

The following is an excerpt of a case in Delhi High court, printed in the Indian Express May, 14, 2013. “A Delhi court has awarded over Rs two lakh compensation to a woman who claimed she was sacked by a private firm after she demanded maternity leave of three months on full pay basis. Holding that the complainant Ritu Verma and her child had suffered physical and mental agony due to the “illegal” termination of her employment, “The arbitrary and illegal decision of termination of services of plaintiff, has been forced upon the plaintiff when she was at final stage of her pregnancy, she was harassed, suffered ample physical and mental stress and agony, which has also been suffered by her child.”

It is time that Indian Government, policy makers as well as employers understand the negative impact of stress and associated psychological injuries, so that a major revamp can be made in the Health and Safety legislation in India. Also such an understanding would help the top management to cater and prevent injuries of such extent. Thus this paper tries to define and isolate stress and stress related injuries, as well as psychological injuries at work. Therefore the paper tries to define “Psychological injury as an employee’s explicit manifestation of distress in the form of affective behavioral and cognitive dysfunction in work context”.

## REFERENCES

- [1] Cotton, P and Hart, P (2003) *Occupational Wellbeing and Performance: A review of Organisation Health Research*. Australian Psychologist, Vol. 38 No. 2. July 2003. <http://dx.doi.org/10.1080/00050060310001707117>

- 
- [2] Cotton, P and Hart, P (2011) *Positive psychology in the workplace*.  
<http://www.psychology.org.au/publications/inpsych/2011/april/cotton/>
- [3] Cotton, P (2005) The Prevention and Management of Psychological Injuries: An Evidence-Based Approach. DHS OH&S Forum. 25 February 2005  
<http://health.vic.gov.au/ohs/forum0205/cotton.pdf>
- [4] Cotton, P (2009) *Current Issues in the Return to Work Management of Psychological Injury*. www.workcover.com/documents.ashx?Id=1614&type=ppt
- [5] Cotton, P (2012) *What is Good Work?*  
[http://www.thinkers.sa.gov.au/lib/pdf/MartinSeligman/sowppts/BallC\\_1210\\_Cotton.pdf](http://www.thinkers.sa.gov.au/lib/pdf/MartinSeligman/sowppts/BallC_1210_Cotton.pdf)
- [6] Day, AL and Livingstone, HA (2001) Chronic and acute stressors among military personnel: do coping styles buffer their negative impact on health? *Journal of Occupational Health Psychology*, 6:348–60 <http://dx.doi.org/10.1037/1076-8998.6.4.348>
- [7] DSM 5 available at URL [www.dsm5.org/](http://www.dsm5.org/)
- [8] Engel GL (1980) The clinical application of the biopsychosocial model. *American Journal of Psychiatry*; 137:535-544 .
- [9] Hart PM (1999) Predicting employee life satisfactions: A coherent model of personality, work and non-work experiences, and domain satisfactions. *Journal of Applied Psychology*, 84, 564-584 <http://dx.doi.org/10.1037/0021-9010.84.4.564>
- [10] Hart, PM and Cotton, P (2002) Conventional Wisdom is Often Misleading: Police Stress Within an Organisational Health Framework. In MF Dollard, AH Winefield, & HR Winefield (Eds), *Occupational Stress in the Service Professions*. London: Taylor & Francis. <http://128.121.207.42/portal/resources/4ee81c8e386a2.pdf>
- [11] Hart, PM, and Cooper, CL (2001) Occupational stress: Towards a more integrated framework. In N Anderson, DS Ones, HK Sinagil & C Viswesvaran (Eds.) *Handbook of Industrial, Work and Organisational Psychology Vol 2* (pp. 93-114). Sage: London.
- [12] Headey, BW and Wearing, AJ (1989) Personality, life events and subjective well-being: Toward a dynamic equilibrium model, *Journal of Personality and Social Psychology*, 57,731-39. <http://dx.doi.org/10.1037/0022-3514.57.4.731>
- [13] Headey, BW and Wearing, AJ (1992) Understanding happiness: A theory of subjective well-being. Melbourne: Longman Cheshire. **ICD 11** Available at URL [www.who.int/whosis/icd11/](http://www.who.int/whosis/icd11/)
- [14] Kessler, RC (1979) A strategy for studying differential vulnerability to the psychological consequences of stress. *Journal of Health and Social Behavior*, 20(2),100-108  
<http://dx.doi.org/10.2307/2136432>
- [15] Kessler, RC (2002) Current issues in psychiatric epidemiology. *Current Opinion in Psychiatry* 15, 181-186. <http://dx.doi.org/10.1097/00001504-200203000-00010>
- [16] Koch, WJ, Douglas, KS, Nicholls, TL, and O'Neill, ML (2006). *Psychological injuries: Forensic assessment, treatment, and law*. Oxford: Oxford University Press.
- [17] Lazarus, R and Folkman, S (1984) *Stress, appraisal, and coping*. New York: Springer.
- [18] Phillips SB (2009) AGPA “ Mission Accomplished” Galaxy Camp Day for Military Children. 106th Air National Guard Wing, Gabeski Air Force Base, August 12, 2009. Phillips, SB, Klein, R, & Kleinberg, J. “Adaptation of the Basic Group Training Course AGPA” Long-distance training for three months using Skype – University of Finance and Economics, Chengdu China. (8 sessions) April – June 2009.
- 

Psychological  
 Injuries at Work  
 – What Every  
 Manager Should  
 Know

---

Thomas, RA  
Mathew, M  
Joy, GV  
Silvian, SP

- [19] Sauter, SL and Murphy LR (Eds.), (1995). *Organizational Risk Factors for Job Stress* Washington, DC: APA. <http://dx.doi.org/10.1037/10173-000>
- [20] Selye, H (1956) *The stress of life*. New York, NY: McGraw-Hill
- [21] Williams, JM and Andersen, MB (1998) Psychosocial antecedents of sport injury: Review and critique of the stress and injury model. *Journal of Applied Sport Psychology*, **10**, 5-25. <http://dx.doi.org/10.1080/10413209808406375>
-