

Mobbing and Suicide: A Case Study on Suicide Incidents in Turkey

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Abstract

The frequency and persistence of mobbing behavior, which can occur in all professional groups and organizations, has devastating effects on the victim and in some cases leads to suicide. In this study, the characteristics of the individuals who committed suicide due to workplace mobbing and how they experienced this situation was examined through newspaper news on the internet. Case study, which is a qualitative research approach, was used as the research design. Descriptive content analysis was performed in order to analyse the data. The analyses were made after news about suicide incidents in Turkey were found on the internet by typing "mobbing and suicide". 12 of these suicide cases were associated with mobbing by researchers. These cases were examined in terms of variables such as gender, age, profession, type of suicide, suicide note, psychiatric treatment, mobbing claim and type of mobbing. As a result of the analysis, a relationship was found between mobbing and suicide. It has been determined that the majority of those who commit suicide due to mobbing are women and the age range where suicides occur most frequently is the 25-34 age range. It has been found that the majority of those who commit suicide are single. It has been claimed that the professional group in which suicides occur most frequently is doctors and the most common form of suicide is jumping from a height. It has been determined that some of those who committed suicide received psychiatric treatment. It has been observed that almost half of those who committed suicide left a suicide note. The most common forms of mobbing are It has been revealed that these are threats, work pressure, humiliation, isolation, disregard, gossip, slander, interference with lifestyle, arbitrary practices, obstruction of professional advancement and physical violence.

Keywords: Mobbing, Suicide, Türkiye

Öz

Tüm meslek gruplarında ve kuruluşlarda ortaya çıkabilen mobbing davranışının sıklığı ve devam etmesi, mağdur üzerinde yıkıcı etkiler yaratmakta ve bazı durumlarda intihara yol açmaktadır. Bu çalışmada işyerinde maruz kaldıkları mobbing nedeniyle intihar eden bireylerin özellikleri ve bu durumu nasıl deneyimledikleri internette yer alan gazete haberleri aracılığıyla incelenmiştir. Çalışmada araştırma yöntemi olarak nitel bir yöntem olan durum çalışması kullanılmıştır. Elde edilen verilerin analiz edilmesi için betimsel içerik analizi uygulanmıştır. Türkiye'deki intihar olaylarıyla ilgili haberler internette "mobbing ve intihar" yazılarak bulunduktan sonra analizler yapılmıştır. Bu intihar vakalarının 12'si araştırmacılar tarafından mobbing ile ilişkilendirilmiştir. Bu vakalar cinsiyet, yaş, meslek, intihar türü, intihar notu, psikiyatrik tedavi, mobbing iddiası ve mobbing türü gibi değişkenler açısından incelenmiştir. Analizler sonucunda mobbing nedeniyle intihar edenlerin çoğunluğunu kadınların oluşturduğu ve intiharların en sık gerçekleştiği yaş aralığının 25-34 yaş aralığı olduğu tespit edilmiştir. İntihar edenlerin çoğunluğunun bekar oldukları bulgusu ortaya konmuştur. İntiharların en sık gerçekleştiği meslek grubunun doktorlar olduğu ve en yaygın intihar şeklinin yüksekten atlama olduğu bulunmuştur. İntihar edenlerin bir kısmının psikiyatrik tedavi gördüğü tespit edilmiştir. İntihar edenlerin neredeyse yarısının intihar notu bıraktığı görülmüştür. En sık karşılaşılan mobbing biçimlerinin ise; tehdit, iş baskısı, aşağılama, tecrit, umursamama, dedikodu, iftira, yaşam tarzına müdahale, keyfi uygulamalar, mesleki ilerlemenin engellenmesi ve fiziksel şiddet oldukları ortaya konmuştur.

Anahtar Kelimeler: Mobbing, İntihar, Türkiye

Introduction

Although the existence and effects of the concept of mobbing in workplaces have been widely examined by many scholars, especially in the last twenty years, the use of the concept dates back to older times. In 1963, ethologist Konrad Lorenz was the first scientist to introduce the concept of mobbing to the academic world. Lorenz used the concept of mobbing as a group of animals targeting a single animal and harming it in different ways (such as attacking, excluding, eating) (Leyman, 1990). Years later, the same concept was associated with bullying among children by physicist Peter Paul Heinemann (1972) and it was described as violence directed against a single child, usually in groups of children. Mobbing was first adapted to workplaces as a factor that threatens health at work in 1984 by psychologist Heinz Leymann in his report titled "Safety and Health in Work Life", and Leymann is seen as a leading researcher in this field with his important studies. Leymann (1990, 1996) stated in his studies that the mobbing phenomenon occurs in workplaces and that this situation should be prevented.

Mobbing is "a hostile and unethical attack directed systematically and mostly towards one person by one or a few people in organizations" (Leymann, 1990: 120), "a situation that occurs repeatedly and creates stress in employees" (Jennifer, et al., 2003: 492-93), "psychological harassment aimed at excluding the other person from the workplace" (Duffy and Sperry, 2007: 398), "malicious activities aimed at excluding the other person from the workplace by blaming, humiliating, harassing, and emotionally tormenting" (Davenport et al., 2003:22). From these definitions, Einarsen (1999) emphasized that mobbing has two basic features: repetitive and aggressive. Leymann (1996: 170) classified mobbing into five groups: attacks on the mobbing victim's presentation and communication, attacks on his social relations, attacks on his reputation, attacks on his quality of life and professional status, and finally attacks on his health. This classification consists of 45 immoral behaviors such as restricting the victim's opportunity to express himself, preventing the victim from communicating with others, damaging the victim's

dignity, giving the victim a job below his abilities, and forcing the victim to do work that will harm his health. At the same time, in order for a workplace behaviour to be defined as mobbing, the action must be carried out at least once a week and for at least six months (Leymann, 1996). Leymann (1996) suggested that there are four factors in the emergence of mobbing behaviour in business life: deficiencies in job design, deficiencies in leadership behaviours, social position of the victim and low moral standards in units. Leymann (1996) defines mobbing as a four-stage process: "experiencing a critical incident in the workplace", "mobbing and stigmatization", "management participation in the process", "leaving the job or being fired". Mobbing can occur between employees of equal rank or those in a superior-subordinate relationship. Leymann (1996) associated employees' tendency towards mobbing behaviour with four main reasons: forcing them to accept group rules or values, hostility, just for pleasure or boredom, and finally prejudice. Studies have emphasized that women are exposed to mobbing more than men (Leymann, 1996; Hoel et al., 1999; Kaukiainen et al., 2001; Van Fleet & Van Fleet, 2012).

The frequency and continuation of mobbing behavior, which can occur in all professional groups and organizations, has devastating effects on the victim. These effects are psychological, psychosomatic (Leymann, 1996: 168), damage to self-confidence and self-esteem (Leymann and Gustafsson, 1996: 273), humiliation, loss of professional prestige (Duffy and Sperry, 2007: 398), low productivity, low job satisfaction, low performance (Öntürk, 2018, Dick and Wagner, 2001), stress, burnout (Nielsen and Einarsen, 2012; Yıldız, 2017), sleep disorders (Naime, 2003:8, Hansen et al., 2016:29-30). It is expressed as alienation (Özkul and Çarıkçı, 2010) and disruptions in social relations (Sperry and Duffy, 2009). At the last stage of the mobbing process, which negatively affects the mental health of employees, suicide may occur with its most devastating effect (Brousse et al., 2008; Leymann, 1990; Nielsen et al., 2016; O'Donnell and MacIntosh, 2016; Tinaz, 2006).

Interpersonal Theory of Suicide (IPTs) provides a conceptual path to how and why workplace

mobbing can lead to suicide (Nielsen, 2015). The theory mentions two important facts that reveal suicidal thoughts. The first is "thwarted belongingness", which expresses the feeling of social alienation from social environments. The second is 'perceived burdensomeness', which is the perception of being a burden to others. It suggests that individuals tend to commit suicidal behavior as a result of frequent exposure to these two risk factors (Nielsen, 2015; Orden, 2010). In a study conducted with 184 patients, it was found that patients experiencing psychological problems due to mobbing had suicidal thoughts (Brousse, et al., 2008). In 48 mobbing cases monitored for approximately one year, a decrease in suicidal thoughts was observed in people who reported a decrease in mobbing behavior (Romeo, 2013).

Based largely on his clinical experience, Leymann (1990) emphasized that approximately 15% of suicide cases in Sweden had a history of mobbing. According to the data of the German Federal Ministry of Labor, 10% of suicides occur due to mobbing (Act: Bozbel and Palaz, 2007: 66-80). In the longitudinal study conducted by Nielsen et al. (2016) in Norway, the suicidal ideation of mobbing victims was examined, and the prevalence of suicidal ideation was measured as 4%, 5% and 4.2% in the measurements made in 2005, 2007 and 2010.

Suicide is an important public health problem that occurs at every stage of life and is one of the leading causes of death in different geographies of the world, especially psychological factors play a role in its source. Although it varies between countries, the rapid increase in the visibility of suicide deaths every year increases the interest in the subject. It is known that suicide attempts are much higher than completed suicides (World Health Organisation, 2016). While more than 800,000 people die by suicide on average every year, many more attempt suicides. It is estimated that the average suicide rate in the world is 16 per 100,000, and approximately one million people die due to suicide every year (Swahn et al. 2012). Mental disorders are detected in a significant majority of individuals who engage in suicidal behaviour, and according to Schaller (2001: 85), this rate is approaching 90%. When suicidal behaviours around the world are examined, it is

seen that men commit suicide at a higher rate than women in almost all countries (Hawton, 2000). In 2018, 3161 people (75.64% men, 24.36% women) committed suicide in Turkey, and the highest number of suicide cases occurred in Istanbul with 432 deaths (TUIK).

Durkheim (2013:5), who organized the previous studies that are frequently used in suicide studies, defines the act of suicide in his work titled *Le Suicide* as "Every act of death that is a direct or indirect result of a positive or negative act, performed by the victim himself, with a known outcome, is called suicide". Suicidal behaviour is a person's reaction to a psychological pain that he encounters and cannot bear (Shneidman, 1998). According to Adler (1965), the individual's failure to achieve the goal he/she wants to achieve creates a psychological depression in the individual, and the pain of this failure drives the individual to suicide. Suicidal behaviour often occurs as a result of a mental illness (Bertolote et al., 2004) and is more common in people without a mental illness (Pridmore and Walter, 2014). Culture (Durkheim, 1951), genetics (Mc Guffin et al., 2001), depression (Eskin, Ertekin, Dereboy, & Demirkıran, 2007), hopelessness (Beck et al., 2006), loneliness (Page et al., 2006), familial factors (Brent et al., 1994), previous suicidal ideation and attempt (Joiner, Rudd, Rouleau, & Wagner, 2000), academic problems, failure to achieve autonomy, feeling of shame influence suicidal behaviour (Martin, Richardson, Bergen, Roeger, & Allison, 2005). It has also been determined that there are other important factors such as the inability to cope, the inability to get rid of the feeling of anger (Rasmussen et al. 2014), neuroticism, introversion and low self-esteem (Beautrais 1990).

The most prominent suicide methods are hanging, using firearms and jumping from a high place (Akin, 2018:33, see Table 1). Gender differences appear to be an important factor in preferred suicide methods, and there are differences between men and women in the preferred methods. Lester (2017) found that "women use non-lethal methods, while men choose lethal methods" and in a study he conducted, he found that women prefer suicide by taking high doses of drugs, while men use the method of shooting with a gun. It has been

observed that most of the women in Turkey prefer "chemical substances" in their suicide attempts (Eskin, 2012: 32).

Table 1. Suicide Methods

Suicide Methods	Number of People	Percentage
1 Hanging	1515	% 47
2 Using firearms	865	%27
3 Jumping from a high place	413	%13
4 Chemical substance use	202	%6
5 Drowning	63	%2
6 Other	59	%2
7 Cutting with a sharp object	55	%2
8 Throwing in front of a train or similar motor vehicle	14	%0,5
9 Using gas or LPG-like substances	14	%0,5
10 Burning	11	%0,4

(Akin, 2018:33, Prepared according to 2015 TUIK data)

As a result, mobbing, which some employees in organizations in all sectors are exposed to, has recently become an important organizational problem in working life and has become one of the frequently encountered phenomena. Mobbing, which is of English origin, as an umbrella term gathers different concepts together such as psychological terror, psychological harassment, psychological violence, psychological pressure, harassment, disturbing, distressing, bullying, siege, mass attack and intimidation (Einarsen, 1999; Davenport et al., 2003; Duffy and Sperry, 2007; Jennifer, et al., 2003; Leymann, 1990, 1996). Research has shown that mobbing practices are very common and that such practices have negative consequences on both the employee and the organization (Dick and Wagner, 2001; Duffy and Sperry, 2007; Leymann, 1996; Leymann and Gustafsson, 1996; Öntürk, 2018; Sperry and Duffy, 2009). Mobbing may cause low productivity, low job satisfaction, low performance, stress, burnout (Nielsen and Einarsen, 2012; Yıldız, 2017), sleep disorders (Naime, 2003, Hansen et al., 2016) and it may directly affect employees' psychological wellbeing and job performances. Mobbing is considered a serious problem, and it is observed that the productivity and commitment to work of its victims in organizations decrease, they experience serious health problems and some even turn to suicide. Suicide cases caused by mobbing

have been increasing in many countries and are considered an important problem today (Brousse et al., 2008; Leymann, 1990; Nielsen et al., 2016; O'Donnell and MacIntosh, 2016; Tinaz, 2006). The administrative teams of the organisations and counsellors who are working at organisations need to be aware of the possible harmful effects of the mobbing on employees' mental health and on the environment of organizations. Gaining awareness about some of the common characteristics and/or experiences of the people who committed suicide due to mobbing may be helpful to understand possible risk factors that make people vulnerable psychologically. The administrators and counsellor of the organisations may benefit from evidence-based information of research in order to conduct some preventive practices or produce preventive policies at organisations. Therefore, the aim of this study is to examine the characteristics of the individuals who committed suicide due to workplace mobbing and how they experienced this situation. In this context, some of the newspaper news about suicides from internet sources were examined.

Methodology

In this study, case study, which is one of the qualitative research design, was used as a research design as this research aims to interpreting the existing situation by describing the characteristics of individuals who committed suicide due to mobbing and how they experience this situation. Case study research is one of the important qualitative approaches which focuses on an issue with the case (individual, activity or multiple individuals etc) selected to provide insight into the issue (Creswell, Hanson, Clark, and Morales, 2007). The descriptive content analysis was performed to analyse the data. The aim of content analysis is to obtain data from the documents examined for the research. A code list is created by coding the analysed data within a general framework, and in this process, meanings and regularities are collected under themes. Then, findings are revealed to answer the research questions under these themes (Merriam, 2013: 173).

In this study, data were collected by examining some of the newspaper news related to mobbing and suicide and analysis was made on this newspaper news. The sample of the research is a criterion sample, which is a type of purposeful sampling (Yıldırım and Şimşek, 2006), and consists of news that appear by typing "mobbing and suicide" into the Google search engine. Purposive sampling allows for in-depth research by selecting information-rich situations depending on the purpose of the research. Criterion sampling, which is a type of purposive sampling, is a method carried out by researchers using a certain criterion (Yıldırım and Şimşek, 2006).

The news obtained was examined by collecting the opinions of experts working in the relevant fields. The cases reached were evaluated by three experts. 12 of these suicide cases were associated with mobbing by researchers. These cases were examined based on gender, age, profession, type of suicide, suicide note, psychiatric treatment, mobbing claim and type of mobbing. The formula developed by Miles and Huberman (1994) ($\text{Reliability} = \text{Consensus} / (\text{Consensus} + \text{Dissensus})$) was preferred for the reliability of the study. According to the calculation made, the reliability of the research was found to be 82%. The fact that this rate is over 70% indicates that the study is reliable (Miles and Huberman, 1994; Yıldırım and Şimşek, 2006:233).

Results and Discussion

The 12 suicide cases were examined based on gender, age, profession, type of suicide, suicide note, psychiatric treatment, mobbing claim and type of mobbing. The results of the analysis and relevant discussion related to the results were presented under the following sub-topics.

3.3.1. Gender

Fatal suicides are more common in men than women in almost all countries. According to the 2002 report of the World Health Organization (WHO), it is stated that the rate of suicides resulting in death is higher in young men than in young women in all countries except China (Harmancı, 2015). In 2018, 75.64% of those who committed suicide in Turkey were men and 24.36% were women (TUIK). The gender information of 11

of the 12 cases examined was obtained, but the gender information of case 5 was not obtained during the examination. Of those who committed suicide due to mobbing, 8 (73%) were women and 3 (27%) were men. The suicide rate of women is 2.7 times that of men. In suicide rates caused by mobbing, female suicide rates are much higher than male suicide rates. This situation is thought to be related to the fact that women are more exposed to mobbing (Leymann, 1996; Naime, 2000; Ak and Okur-Çakıcı, 2018).

Age

In Turkey, the age group where suicides are concentrated is between 15 and 34, and it is observed that women commit suicide at a younger age than men in this range (Harmancı, 2015). According to TUIK 2015 data, half of the suicides in Turkey are in the 20-39 age group (Akın, 2018:32). In the study, the age groups in which mobbing-related suicides are concentrated are the 25-29 (36%) and 30-34 (36%) age groups, and this range supports the age groups in which suicides are concentrated in Turkey in general.

Marital status

According to 2002-2015 TUIK data, 52% of the suicide cases in Turkey are married, 38% are single, 6% are divorced and 4% are those whose spouses died (Özcan et al., 2018:) 7 of the suicide cases reached in our study. of them (58%) were single, 4 (33%) were married and 1 was divorced. In mobbing-related suicides, the suicide rate of single people is approximately twice that of married people.

Profession

Mobbing behaviour can occur in all professional groups, and the health sector is the sector where it is most frequently seen (Kaplan, Er Piskin, and Ayar, 2013). In the examination, cases from different professional groups were found. These professions are teacher, academician, doctor (2 research assistants, 1 faculty member), banker, retired MIT personnel, sociologist, candidate judge, archaeologist, dismissed first lieutenant and

production manager. In the study, doctors are the professional group in which suicide cases are most frequently seen, with a rate of 25%.

Type of Suicide

While men generally use violent and more lethal methods such as firearms and hanging themselves, women use methods such as taking high doses of drugs or jumping from a high place (Lester, 1997). The most common suicide methods in Turkey are hanging, using firearms and jumping from a high place (Akin, 2018). In our study, the most common suicide method was jumping from a height with 50%, followed by using a firearm with 16%.

Suicide Note

The suicide note is the most important source we will use to understand the reason for the person's suicide and is the element that best reflects the person's mental state. People who commit suicide usually leave suicide notes to explain the reason for their suicide. In the study conducted after forensic deaths by suicide in Eskişehir and covering the period between 2002 and 2011, it was found that 42.1% of those who left a suicide note (Karbeyaz et al., 2014:275-276). In our study, information was obtained that 5 out of 12 cases (42%) left suicide notes, and the notes of 3 of them were accessed. In 5 cases, women left suicide notes. Before Case 1's suicide, she wrote on her social media account, "My students, please forgive me." I took good care of them all, so they shouldn't be upset, I couldn't help but be mobbed. "You are entrusted to God, my dear students". In another post, she wrote: "Always remember me well, the last time we cut a cake, I leave you cakes with red hearts. I haven't forgotten my promise to my other students, I hope to see you one day. God bless you, your teacher who always loved you and "I am sick and tired of being told that you are hanging by a thread every day" was seen writing. Case 3 suicide note: "After reading this note, everything will change, everyone will take responsibility, everyone will work for the well-being of people. I apologise to my mother. Life is very difficult for me. I'm tired of this life. I hope my death will lead to some good changes. No one should gossip about

anyone else. Damn hospitals shouldn't keep blaming doctors. "And if I don't die instantly, my choice is to die, no one should try to keep me alive." wrote. In the suicide note of Case 10, she wrote, "Forgive me for the mistakes I have made, may God forgive me, I can't stand it."

Psychiatric Treatment

Suicidal behaviour is more common in people with mental illness. In our review, no information about the type of the mental illness was found in cases of suicide. On the other hand, according to the information we could access during the investigation, 5 of 12 cases (42%) were receiving psychiatric treatment.

Mobbing Allegation

Information that 12 cases were suicides due to mobbing was obtained from the family, co-workers, himself, his union and the notes left by the person who committed suicide.

Case 1 told her family that school administrators constantly put pressure on her. Case 1, who also talked about this situation to her close friends, stated that her managers often said to her and other trainee teachers, "Your life as a civil servant is hanging by a thread. He said he put pressure on you by saying, "We will finish you off." Family members, who claimed that the Rector systematically applied mobbing, stated that Case 2, who was successful in her field and proved this, even used psychiatric drugs to withstand the pressure, but that she did not get any results and found the solution in suicide. Case 3's father said, "The working conditions were harsh." Besides the seizures, the professors were sarcastic towards the assistants. "From time to time she would say, 'Brother, I can't stand it anymore, they are mobbing me.' Some co-workers claimed that Case 4 committed suicide due to work pressure. The manager of Case 5, whom he accused of mobbing, was dismissed and made a regular civil servant after the suicide.

At the press conference held by the Office Workers Union (BES) Representative, it was claimed that the manager applied mobbing to the employees, including Case 6. The father of Case 7

said that her manager called his daughter to his room and said, "You will swear allegiance to us," but his daughter did not accept this. She was saying that so much pressure was being applied to her that she could not stand it. I thought about suicide a lot too. "I know that mood," said her friend. It is claimed that Case 8 committed suicide due to the pressure of the manager of the institution where she worked. The suicide note left by Case 8 is cited as the basis for the allegations. Case 9 told her friends that the manager had insulted her the day before she committed suicide. They knowingly sent her to death. Case 10: The sister of case 10, who said that she wanted to be a doctor and always worked for it, said: "She passed TUS. She transferred to the Training and Research Hospital. It was hell there. The associate professor did not let the children breathe. There was a false report about her." "Her colleague said that Case 11, who committed suicide, shared her experiences with him before she died. Case 11 was consciously driven to commit suicide," he said. The wife of Case 12 claims that the pressure from her boss was behind the suicide of her husband, who worked as a production manager in an electricity company.

Type of Mobbing

In the examination, it was determined that the cases manifested themselves in accordance with Leyman's Mobbing typology and that their communication was prevented and that there were attacks on their social relations, professional reputation, quality of life and health.

Case 1 claimed to her family that the school principal and his assistant were constantly putting pressure on her. Case 1, who also talked about this situation to her close friends, reported that the school principal and his assistant frequently told her and other trainee teachers, "Your life as a civil servant is hanging by a thread. She said he put pressure on us by saying, "We will finish you off." She called her mother 10 minutes before committing suicide, asking for forgiveness and said, "They ended my teaching career and punched me in front of the students."

My sister said that the rector, called me to talk then she went to talk to the rector with excitement but she told me that she became even more

depressed afterwards. "The rector calls my sister to his office. She goes to the rector's room with great joy and stays under the smoke in the rector's room for 4 hours. She said that: 'The rector mocked and belittled me, saying that if I give you a position, they will laugh at me. She is a lecturer with a very successful career. It is said that case 2 has experienced the same treatment systematically for a long time, that she was not given her rights, that she could not be appointed to a faculty position, and that she was told to find a place for herself.

Case 3's father said, "The working conditions were harsh." Besides the seizures, the professors were sarcastic towards the assistants. My daughter said that they were even afraid to ask questions. Once, the nurse, who said that she was very tired, said 'Lie down and rest for a while' and then went and called her lecturer. The young doctor wrote the following in her letter: "I apologize to my mother. Life is very difficult for me. I'm tired of this life. I hope my death will lead to some good changes. No one should gossip about anyone else. Damn hospitals shouldn't keep blaming doctors".

Some colleagues of Case 4 claimed that the young banker committed suicide due to work pressure. His colleagues stated that Case 4 was subjected to a temporary change of duty by the bank management, and although the banker repeatedly expressed his dissatisfaction with this practice, no work was done to resolve the problem. His colleagues also brought forward allegations that the banker's name was on the list of those to be dismissed.

The headmistress, whom Case 5 accused of mobbing, was dismissed to civil servant position after the suicide. The fact that everything spoken and every comment made is known by the headmistress and the headmistress raises suspicions that the headmistress receives news through the diary by saying to the staff, "You go up and sit here, you go up and sit there" and placing people close to her where she wants, and also, at every opportunity, the headmistress says, "You said so". He confirms this situation with statements such as "I am even aware of the breath you take." Even the simplest work-related mistake is called to the principal's office and warned using offensive and derogatory language. The administration is closed to all suggestions regarding the operation

and simply says "these are the rules here" or "it's my order". All the 50 staff are forced to go to the her office every morning and say "good morning" and "good evening" every evening.

Case 6 locked his six colleagues in a room, killed them with a gun, and committed suicide. At the press conference held by the Bureau Workers Union (BES) Representative, it was claimed that the manager applied mobbing to the employees, including Case 6. He claimed that arbitrary practices were carried out, such as transferring employees to a higher hospital only for union members, based on their health reports, where they were assigned based on their ethnicity, beliefs, and political opinions, rather than their tenure and success. Case 6 was subjected to mobbing, a discriminatory attitude was displayed due to his ethnic origin, he was kept on constant watch because he did not attend Friday prayers, he was not allowed to take the leaves he was legally entitled to, and he was isolated by his colleagues. Requests for appointment were not responded to. "8 investigations were opened against him in the 1.5 years he started working," he said.

Case 7 committed suicide in a hotel room. Four HSYK members of the period found Case 7 unsuccessful in the exam and did not accept him into the profession because she "wore tights and did not find her lifestyle appropriate". Case 7, who graduated from Selçuk University Faculty of Law in 2009, was given a disciplinary penalty for 'submitting documents with incomplete signatures' and 'making false statements to the administration' a week before her appointment after the judgeship exam. It was stated that Case 7 was not assigned because she was actually wearing tights and drinking alcohol. The father of Case 7 said that one HSYK member called her daughter to his room and said, "You will swear allegiance to us," but her daughter did not accept this. The message written by Case 7, in which she explains what happened to her, is as follows: "Hello, I am a judge candidate from the 12th term. I am going through the same process you are going through. When I was at the last academy, I was under investigation without my knowledge. Everything about me was investigated for months. I was searched for any missing documents. There was a deficiency in a referral paper that I submitted to the

academy in April which the doctor forgot to sign. Months later, in July, I received a disciplinary penalty for making a false statement to the administration a week before I was accepted to the profession. I was not accepted to the profession. I experienced the same things during the HSYK process, "Do you have an alcohol problem?", "Do you have a problem with your life?" questions, insults... Unproven rumours about me among my friends of my time...

Case 8 committed suicide by jumping from the eighth floor of the building where her family lived in her hometown. It is claimed that she committed suicide due to pressure from her manager at her workplace. The suicide note she left is cited as the basis for the allegations. The Museum Director asks Case 8 to register the unregistered works on display instead of the 150 lost historical artifacts. When Case 8 did not accept this, the director asked other employees of the commission to defend him.

Case 9 committed suicide by driving her car off a 250-meter cliff into the sea. Two of her friends wrote a accusation letter to YÖK about her. Doctors claimed that the Rector kicked Case 9 out of his room after she asked for his approval for a scholarship in the USA. As soon as Case 9's friend learned that she had won the scholarship, Case 9 excitedly went to the department head's office and was not given permission. She even told me that she was 'scolded'. And I said, 'Go to the dean, or if not, go to the rector.' The dean did not allow it. The Rector asked Case 9, 'What are you doing in America? He said, 'You don't need to go', and when she insisted, he kicked out Case 9, saying 'Get out of my room'. The day before she committed suicide, she told her friends that the head of the department had insulted her.

It was learned that Case 10, who committed suicide by jumping from the 6th floor of the hospital where she worked, received two warnings in the last two months. The first warning was given at Ümraniye Hospital. Case 10, who worked as an assistant in the Emergency Department, received a warning for not being at work during working hours. When Case 10, who objected to the decision, was not accepted, she was assigned to Samatya Training and Research Hospital upon her own request, where she defended himself as a routine

Table 2. Summary of Findings

Case No	Gender	Age	Marital Status	Occupation	Type of Suicide	Suicide Note	Psychiatric Medication/Treatment	Mobbing Allegation	Form of Mobbing
1	Female	25-29	Single	Teacher	Jumping from a high place	Yes	No (Family claim)	Note and family	Threatening, Physical Violence
2	Female	30-34	Married	Academic	Jumping from a high place	Yes 16 pages long letter	Yes (One week before suicide)	Family	Humiliation, Blocking Academic Promotion
3	Female	25-29	Single	Doctor (MD)	Jumping from a high place	Yes	N/A	Family	Intensive workload and worse working conditions, sarcastic remarks from lecturers and nurses, gossip
4	Male	35-40	Married	Bank Officer	Jumping into sea from bridge	No	N/A	Colleagues	Work Pressure, Change of place of duty, claim to be on the layoff list
5	Unknown	-	Married	Retired (MIT)	Jumping from a high place	Letter	Yes	Letter	Humiliation, Displacement, Threat, Not taken seriously
6	Male	30-34	Single	Sociologist	By firearm	No	Had a treatment	Family Colleagues. Union	Administrative punishment Isolation and Arbitrary Practices
7	Female	25-29	Single	Judge (Nominee)	High dose	No	N/A	Family Colleagues. Herself	Interference with Lifestyle, Allegiance, Disciplinary Punishment
8	Female	30-34	Single	Archeologist	Jumping from a high place	Yes	N/A	Herself and Family	Forced to do illegal acts, Administrative investigation
9	Female	35-40	Single	Academic (Medicine)	Driving towards cliff	No	N/A	Family and Colleagues.	Psychological pressure, scolding, insult, expulsion from the room, prevention of education abroad
10	Female	30-34	Single	Doctor (MD)	Jumping from a high place	Yes	No (Family claim)	Family	Workload, Slander, Unfair Administrative Punishment
11	Female	25-29	Divorced	Lieutenant	By firearm	No	N/A	Family Colleagues.	Interference with way of dressing and private life, Administrative Investigation and Dismissal from work
12	Male	41-45	Married	Production Manager	Jumping into sea from bridge	No	Had a treatment	Family	Insult and Giving another job before the previous one completed

practice upon the complaint of a citizen who called the Ministry of Health Communication Center (SABİM) on 22 November just walking around the Emergency Service and the Urology Service. In the complaint document, which the Ministry of Health said "No", a defence is requested from Case 10 with the signature of the chief physician. Case 10, who was on guard duty for 48 hours, commits suicide by jumping with the investigation paper in her hand. When we meet

with the complaining patient's relative, we learn that there is actually no direct complaint about her. "She passed TUS and transferred to Ümraniye Training and Research Hospital. It was hell there. The summary of the study is shown in detail in Table 2.

The associate professor did not let the children breathe. They kept a false report about her there. One night while she was on duty, she was not there between 02-05:00. Then a warning letter was

written about that. However, Case 10 said, "I was trying to get the patient to breathe in the next room." Before my sister's statement was taken, the chief physician's office wrote that statement and sent it to the governor's office. She was devastated by this article. She was either obsessed or resentful. All she said to me was, "Sister, what hurts me the most is that a colleague of mine slandered me."

"While I was in my room, there was a knock on my door, Case 11 First Lieutenant entered my room. She is a person I did not know until that day.

"Can I come in?" she said uneasily. I welcomed her. She said, 'Similar things have happened to you too, can I share something?' She said that they first summoned her for interrogation in February 2012 and started to tell about the persecutions inflicted on her. Why do you wear tight tracksuits, why do you work out in tight sweatpants at the lodging, why did you break up with your husband? They constantly mobbed the girl with expressions such as, "Why did you go to dinner with them? Are you in a relationship with that teacher?", "When she went to Izmir for a course, she met a captain, which is quite natural, "What did you do with him, where did you go, what did you do in Izmir?" I saw that she was incredibly stressed, distressed, and depressed in the same way I was. Her relationship with the Turkish Air Force was terminated, citing 'immorality and lack of discipline'.

In the statement given to the prosecutor's office by his wife, who claimed that the pressure from her boss was behind the suicide of Case 12, "My wife was very angry with her boss's words, 'You seem to work hard but you do not do any work, you are of no use'. Her boss was putting pressure on her at work. She started doing another job without completing one job." It was learned that he said, "My wife, whose psychology was damaged due to these events, even received psychiatric treatment."

Conclusion

In this study, the characteristics of the individuals who committed suicide due to mobbing and how they experienced this situation tried to be described through suicide cases. In the research, "mobbing and suicide" was written on the internet and the cases reached were evaluated by three

experts. 12 of these suicide cases were associated with mobbing by researchers. These cases were examined on features such as gender, age, profession, type of suicide, suicide note, psychiatric treatment, mobbing claim and type of mobbing. As a result of the research, female suicide rates (73%) due to mobbing are much higher than male suicide rates. This situation is thought to be related to the fact that women are more exposed to mobbing. In the study, the age groups in which mobbing-related suicides are concentrated are the 25-29 (36%) and 30-34 (36%) age groups, and this range supports the age groups in which suicides are concentrated in Turkey in general. Of the suicide cases reached in our study, 7 (58%) were single, 4 (33%) were married and 1 was divorced. In mobbing-related suicides, the suicide rate of single people is approximately twice that of married people. In the study, doctors are the professional group in which suicide cases are most frequently seen, with a rate of 25%. Research shows that healthcare workers are at greater risk of being subjected to violence than other service sector workers (Kaplan, Er Piskin, and Ayar, 2013). In our study, the most common suicide method was jumping from a height with 50%, followed by using a firearm with 16%. In our study, information was obtained that 5 out of 12 cases (42%) left suicide notes, and the notes of 3 of them were accessed. In 5 cases, women left suicide notes. According to the information we could access during the investigation, 5 of 12 cases (42%) were receiving psychiatric treatment. Claims that the 12 cases we examined committed suicide due to mobbing were reached through the family, co-workers, themselves, their union and the notes they left behind. In the research, before committing suicide, the victims were subjected to threats, physical violence, work pressure, intense working conditions, gossip, humiliation, interference with lifestyle, disregard, arbitrary practices, administrative investigations, insults, obstruction of professional promotion, change of place of duty, threats, mobbing such as isolation and slander. It has been observed that he was exposed to these practices.

Undoubtedly, all the results reported so far are limited to the cases of the research and the information obtained from newspaper news. First

of all, the research is based on the notes left by the suicide cases that occurred as a result of mobbing, their posts and the claims of their relatives reflected in the newspaper news. It is thought that a comparative study, including people who have attempted or considered suicide due to mobbing, may provide clearer results. Therefore, it would be a correct approach to take these limitations into consideration and not make generalizations when evaluating the findings. It is also believed that this study will contribute significantly to comprehensive research to be conducted in other countries. The managers and counsellors of the organisations may benefit from the evidence-based information of this research in order to conduct effective preventive practices or produce preventive policies at organisations. The results of the study may help them to find ideas about some of the common characteristics and/or experiences of the people who committed suicide due to mobbing.

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