Mental Health Risk Assessment on Workplace

- The role of stigmatization in the DACH-Region -

Master Thesis

to achieve

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Abstract

How people perceive stigmatization at work in connection with mental health problems and what role this stigmatization fulfils in the DACH-Region, means Germany-Austria-Switzerland, has so far received no greater attention from scientists. Although the stigma of mental illness has been extensively researched among the general population, little is known about its consequences of the stigma of mental health in the workplace.

This study seeks to bridge the gap in this area. As the purpose of this thesis is to illustrate the dynamics of stigmatization rather than to explain its mere quantitative relevance, I have chosen to investigate how the complex systemic interdependencies according to Forrester (1968) manifest in the reflection of the subjects.

On the background of socio-cultural aspects in the DACH-Region regarding mental health problems and forms and natures of stigma while following the question what role stigmatization plays in this German-speaking area DACH, I conducted a qualitative social research study with affected persons (employees from various German companies) to investigate this issue. Hereby I focus on people working in the industry sector.

The present thesis begins by exploring the question of intercultural and sociocultural differences in the DACH region according to Hofstede's Dimensions, as well as their possible relevance for answering the research question. Definitions and theoretical interpretations regarding the backgrounds about mental health, mental health problems and their appearance will be mentioned. Based on Goffman's (1963) research on stigma, I investigate why mental health issues have the potential to stigmatize especially at the workplace. Goffman's ideas on stigma illustrate how by providing important insights into understanding the situation of affected persons. The connection between stereotypes, stigmatization, and discriminatory behaviour according to Major & O'Brien (2005) is hereby necessary to be noticed.

Through personal interviews I explore how, what way, people at work perceive stigmatization surrounding mental health problems and how stigmas interact. The findings conducted in this study give a cue towards the systemic approach of stigmatization. That is why a new hypothesis on the ways of stigmatization in German-speaking countries is drawn up. Stigmatization is under investigation as a systemic instrument for maintaining management and group power to affect single employees and restore group identity, consciously or unconsciously. I discuss the theoretical and practical implications of these findings for management behaviour and leadership development in organizations.

Preface

Working as consultant in the fields of organizational development and change management I am analysing the culture of companies and institutions. In doing so, I examine the existing values and the resulting use of linguistic interaction and organisational behaviour between the employees, the managers, and the managers and employees. I use a questionnaire to identify health risks, especially psychological risks at work.

I use an official validated questionnaire to identify health risks, especially mental health risks at work. Identification takes place by querying the observable behaviour and changes in the employees themselves, in their direct colleague environment and in relation to their superiors.

With the help of this "risk assessment for mental health at work" I identify and analyse obstacles and problems within the organization and develop intervention concepts to prevent and improve the inhibiting circumstances.

The goal is to maintain health and ensure the well-being of employees. Because without this, the willingness and performance of the employees cannot be maintained. Which in turn are indispensable basic requirements for a positive company result. Associated with this is the improvement of the personal resilience of the employees, the management, and the entire company and therefore in the focus of the efforts of organizational development.

Health is not just the absence of illness or ailment, but a constant process to achieve the greatest possible physical, mental, and social well-being. A temporary situation that needs to be preserved and maintained. Without constant effort, it quickly disappears. (c.f. Antonovsky 1979)

Thus, I am very much interested in the systemic mechanisms and dynamics (c.f. Vester 2002) of stigma in the surrounding of mental health problems at the workplace.

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List of Abbreviations

DACH-Region	Germany-Austria-Suisse-Region
WHO	World Health Organisation
MHP	Mental Health Problems

1. Introduction

1.1. Motivation and Background

As formulated in my preface, my motivation for this master thesis and my studies on the role of stigmatization in the DACH-Region in context with mental health risks and threats, is deeply rooted in my daily work as business engineer and organizational development consultant in national and international companies.

It is estimated that more than 32 billion EUR direct and 75 billion EUR as indirect costs arise only in Germany's enterprises in average every year caused by long term diseases.(c.f. reserved n. y.) This means enormous damage to national economy and it is still growing. The quantity of long-term sicknesses brought about psychological problems of the employees is continuously uprising in all branches and professions. Psychological problems, mental health problems have a wide range in their appearance. All direct problems like for example schizophrenia, post-traumatic stress disorder, anorexia, bulimia, depression, burnout, anxiety disorder, panic attacks, obsessive-compulsive disorder, borderline syndrome etc. and all psychosomatic disorders for example sleeplessness, ear noises, back bone hurts related to muscular tension, headache, gastrointestinal disorders, chronic fatigue and further more are counted in. (cf. reserved n. y.).

By law, the "German Institution for Statutory Accident Insurance and Prevention" must expend all these costs caused by the sick listed personnel on workplace. This needs to be done as a compensation to all the enterprises due to their definition as general insurance, responsible for those cases, and its status as German statutory accident insurance (ibid).

Based on these facts the European Union as main stakeholder of the European country specific Institutions for Statutory Accident Insurance and Prevention decided in 2013/2014 to send the problem back to its suspected sender the employer. Means, by taking political action the European Union revised the labour prevention act and added in addition to the risks of physical harms a new threat, namely the exposure to mental and psychological risks which may harm. All employers are now obliged to identify, prevent and avert all these risks and threats. (cf. 'Rechtliche Grundlage' n. y.) ('§ 4 ArbSchG - Einzelnorm' n. y.) ('§ 5 ArbSchG - Einzelnorm' n. y.)

In September 2013, the Federal Council approved the "Law on the Reorganization of Federal Accident Insurance Funds", triggered by the steadily increasing number of long-term mental

illnesses and thus the sharp rise in costs for the statutory accident insurance. This law laying process was accompanied by an amendment to the Occupational Health and Safety Act, which clearly stipulates the consideration of mental stress.

Thus, it is now written in § 4 No. 1 of the Occupational Health and Safety Act in the following: "The work should be designed in a way so that a risk to life and physical and mental health will be avoided as much as possible and the remaining risk must be minimized". At the same time, § 5, No.3 will appear now edited as No. 6 as follows: "mental stress at work" is hereby added. (c.f. 'Arbeitsschutz – Verordnung zur arbeitsmedizinischen Vorsorge (ArbMedVV) 2019' n. y.)

In §5 No.6, of the Occupational Health and Safety Act psychological, mental stress and strains caused by noise, air conditions, heat, ergonomic circumstances, workload and leadership behaviour is now well described. Even "Mobbing" shows up as a stress factor. The term is largely used to address aggressive actions and psychological attacks by work colleagues against a colleague or other colleagues. It appears as behaviour related to discrimination and stigmatization (cf. Sheehan n. y.)

Worth considering is the fact that perceived stigmatization and its events stereotyping and discriminating behaviour is missing and not taken in consideration as a psychological stress & strain-factor (c.f. 'Stigma and Discrimination' n. y.).

Stigmatization in its narrow sense originates as "stigma" in the Greece history meaning to brand s.th. or someone to make sure that everybody is able to see that the branded belongs to a certain group and in another way is so far able to be identified as marginalized and excluded from a group of so called "Normal". (Goffman 1963) (c.f. Flowerdew 2008b)

In his book "*Stigma – Notes on the management of spoiled identity"* Goffman in 1963 describes three further types of stigma in a modern sense.

First the body physical deformations related stigma, second the stigma of individual character and its blemishes like for example addictions, alcoholism, unemployment, mental disorders and third the stigma of ethnic, race, nation, and religion (Goffman 1963).

1.2. Objectives

In Anglo-American literature the stigmatization of mental illness like depression, burnout and other disorders are well described, as well all effects and results of it. It is an open discussed and very well explored topic.

Thus, it is assumed that within these countries and societies, owned to the high prevalence of mental disorders in daily life discussions and handlings of mental problems is even picked out as a topic in business and work situations as a common thing to talk about. (c.f. Wang; Berglund; Kessler 2000)

Hence foreign international companies and investors that want to expand their business into the DACH-region may assume that they will find the same openminded treatment and dealing with the mental health issues there as well.

Instead it is more likely that in DACH-countries this nimble-footed way to handle psychiatric problems and topics will not be as easy as expected. There is a slight indication that especially employees fear stigmatization when they talk openly about these topics of mental health, at the workplace.

Therefore, another objective of this work is to create awareness for this topic. Companies that want to enter the DACH-region should take in consideration that there are possible stigmatizations on e.g. sick leave that are caused by mental problems at workplace. Exploration on the role of stigmatization in the DACH-Region with special focus on perceived stigmatization on workplace surrounding mental health problems is obligate.

In this way we create role models that we should follow. In the example the sense is when, the Africans can do it, then we, too, please! Hereby stigmatization becomes a demanding size which should strengthen the self-esteem, the own size.(c.f. Major; O'Brien 2005)

Consequently, another objective of this work is to generate more knowledge about probable socio-cultural aspects and stigma. Aspects could be, according to Lohr (2013) the empirical fact that humans define themselves about work and labour (Lohr 2013). It is needed as nutriture for one's necessity to feed self-esteem. This may guide us to the deduction that who does not work, or has no work, or is not at work (for any reason, especially psycho related problems) appears to be weak and worthless to the society. Does this person perceive himself a useless or is in fear of stigmatization and possible consequences like discriminative behaviour by others, or even losing his job?

1.3. Problem Formulation

Yet there is no real indication about what kind of role stigmatization on mental health problems in DACH-Region plays, what it is used for.(c.f. Angermeyer; Matschinger; Schomerus 2013) Thus, the main objective in this work is to explore and understand the role of stigmatization in the DACH-Region. This is what I will explore into deep.

To understand the role of stigmatization in the DACH-Region it is necessary at first to find out if there are potentials for mental health problems to be or become a stigma and how it is perceived. Thus, I explore possible socio-cultural difference in the region to get better understandings on the role of stigmatization.

To brighten this topic, I ask a research question that probably gives an answer: “How do people at work perceive stigmatization surrounding mental health problems in the DACH-region?”

1.4. Structure

The structure of the actual paper follows these steps: At first, I am reviewing all the necessary literature beginning with intercultural and sociocultural aspects reflecting on the DACH-Region importance of culture, language and identity and its relevance to the paper and the study in the direction of the interviewees. A deep exploration of possible socio-cultural differences and its impacts on stigmatization using “Hofstedes’ Dimensions” (c.f. Hofstede n. y.) elucidate the relevance on this paper.

Then review on literature considering definitions and theories regarding backgrounds about mental health and mental health problems and the role of stigmatization. Hence, exploring the theoretical models and concepts of stigma and stigmatization – social identity personal identity where are the links to mental health problems, stereotypes and discriminating behaviour. Then I take a closer look to the topics of mental health problems and stigma potentials and the stigmas themselves and their impacts on social- and group-identities. (c.f. Sartorius 2007)

After regarding all the theoretical backgrounds I conduct a qualitative representative sociological study in the empirical part of this work to explore the role of stigmatization in the DACH-Region by asking interviewing industry employees from Germany, how they perceive stigmatization surrounding mental health problems at their workplace.

I lead semi-structured interviews with affected persons, direct affected persons, and witnesses about perceived stigmatization on workplace. With the use of coaching methods, like circular

and open questions and active listening technique, good results and quality in the interview situation is ensured.

The collected data are categorized, coded, and analysed with representative statistic instruments and methods. I then conclude the findings and build a new hypothesis about the role of stigmatization in the DACH-Region following the grounded theory methodology.

Finally, I discuss these outcomes and formulate recommendations for possible contributions towards science and practical use in management and leadership.

2. Theoretical Backgrounds

2.1. Stigmatization of terms - Stigma and Stigmatization – Concepts

Stigmatization in its narrow sense originates as "stigma" in the Greece history meaning to brand s.th. or someone to make sure that everybody is able to see that the branded belongs to a certain group and in another way is so far able to be identified as marginalized and excluded from a group of so called "Normal". (Goffman 1963) (c.f. Flowerdew 2008b)

Historically branding was used for example on slaves and criminals. Nowadays extensively used in the metaphorical sense without using a branding iron or a cutter in business contexts like human resource management e.g. employer branding (c.f. Schuhmacher; Geschwill 2009) and marketing and sales e.g. brand-building a management (c.f. Lindgreen; Beverland; Farrelly 2010).

2.1.1. Goffmans' Concept - Social Identity- Personal Identity

In his book "*Stigma – Notes on the management of spoiled identity"* Goffman in 1963 describes three basic types of stigma in a modern sense. First the body physical deformations related stigma e.g. cripple, blindness, hart of hearing. Second the stigma of individual character and its blemishes like for example addictions, prostitution, alcoholism, unemployment, mental disorders and third the stigma of ethnic, race, nation, and religion (Goffman 1963).

Goffman summarized these signs, means stigmata like body deformation, individual character and ethnicity, gender, age, sexual orientation, nationality, and religion and summarized it as a social identity that is hereby shaped. People routinely categorize themselves into social categories. Social identity describes belonging to such a category (e.g. student, disabled person,

drug addict). If the family members are identified by an undesirable characteristic, this can be a hanger for stigmatization. (c.f. Cloerkes n. y.) (c.f. Goffman 1986)

Personal identity in this concept is described as the uniqueness of each person, which is directly connected to their unique biography. Central to this is the aspect of identifying a specific person, as is done, for example, with an identity card. What is not meant by personal identity is the "innermost of being" of a person (ibid., 74). It is therefore an external category of locating an individual in the social environment.

Goffman Concept includes his characterizations of stigma and his suggestions for the management of stigma and for how stigmatization may be resisted.

Goffmans' explained that stigmata are used to literally stamp, categorize and catalogue one or more others. Stigmata are used to distance yourself and others (group) from others (individual and or group), to show differences. Prejudices and stereotypes play an important role in this process of stigmatization. The concept of stigmatization follows the idea that an applied stigma leads to a new social identity of the stigmatized. The stigmatized then faces the others, the "normal". The so-called 'wise men' can show that they are experienced in dealing with stigmatized people, although they face the risk that the stigma can pass to them through contact. The stigmatized also develops strategies and tactics to be like the others, Goffman calls it "passing". This is one way how he, the stigmatized tries to get rid of his stigma, to fight it, as far as he is aware of his stigma or in another way the stigmatized is looking for ways to hide his personal identity and therefore controls all information that he or others could spread about him. The same applies to the behaviour of stigmatized groups. Because some come to terms with their stigma and look for equally stigmatized people and form new groups or are accepted by groups. This is where group formation comes into play. And the stigmatized or the group can decide whether he/they are in the group or outside the group.(c.f. Goffman 1986)

This concept has been widely discussed and criticized in the past decades. Ultimately, it seems scientists did return to the original ideas of the concept.

2.1.2. Further concepts and aspects

Sociology and psychology

Link & Phelan (2001) state that in response to these criticisms in which the stigma concept has been criticized as being too vaguely defined and individually focused, that stigma is defined in different ways by different investigators. We define stigma as the co-occurrence of its

components labelling, stereotyping, separation, status loss, and discrimination (Link; Phelan 2001a, p. 363)

Thus, Stigma in the social-scientific sense refers to the connection of a certain characteristic ("Maghreb") of a person with a negative social stereotype or prejudice ("is fundamentally crooked") (Link; Phelan 2001b).

Example 2: Stereotype, stigma and discrimination in addition: "About 83% of Austrians are Roman Catholic, while in Germany this is only about 28%. Not least because of the Catholic character of the population, this is politically more conservative than the German population". ('Österreich - Religionszugehörigkeit 2019' n. y.) ('Religionen in Deutschland' 2020)

At the same time, a stigmatized person's status is lost, whereby the concept of stigma stands out from the (broader) concept of stereotype. Due to their stigma, those affected are structurally or directly disadvantaged or devalued, i.e. discriminated against. (c.f. Neeley 2013) (c.f. Flowerdew 2008a)

Various aspects contribute to the development of stigma and discrimination, whereby processes of cognitive economy (category formation) and socio-psychological comparison processes (regulation of self-esteem, orientation towards social norms) play an important role, but also economic ones (competition for limited resources) and concepts of evolution theory (competition for food and reproductive partners) (c.f. Haghighat 2001).

Link & Phelan (2001) propose a return to the stigma concept from a distinctly sociological perspective and as a critical analytic lens in constructing a revised conceptualization (Link; Phelan 2001a, p. 364)

Kleinmann, Hall-Clifford (2009) analysis that Goffman included both psychological and social elements, but his ideas have primarily been used in the analysis of psychological impact of stigma on individuals. He criticizes that this use has created a focus on the processes by which stigma is internalized and shapes individual behaviour, based on the social construction of identity. Persons who become associated with a stigmatized condition thus pass from a "normal" to a "discredited" or "discreditable" social status. Sociology has contributed to this discussion by creating a broader understanding of stigma that identifies social processes that occur within the sociocultural environment whose effects can be observed within the individual.(Kleinman; Hall-Clifford 2009, p. 1f.)

Other authors even so have adapted Goffmanns' concept very successfully in their own considerations in search of answers to their questions (Flowerdew 2008) (Neely 2013).

About the aspects of culture, moral, self-esteem and stigma

"Once the cultural stereotype is in place, it can affect labelled persons in important ways that do not involve obvious forms of discriminatory behaviour on the part of people in the immediate presence of the stigmatized person".(Link; Phelan 2001a, p. 373)

It is hypothesized that family members' fears of social contamination and possible losing face will motivate relatives to stigmatize (and sometimes abandon) their own family members.
With moral-emotional processes, social values are concurrently linked with an individual's experience of emotions. Symbolic forms of stigma, such as language and cultural images, connect the social world of values to the inner world of feelings. In this context the loss of social standing and weakening of social ties resulting from stigma become inseparable from feelings of over-whelming shame, humiliation and despair. (c.f. Yang et al. 2007)

About self-esteem and stigma, King et al. (2007) found out that most past studies were speculative in nature because there has not been a straightforward way to test the relationship between self-esteem and stigma. They could not confirm their hypothesis that there is a negative relationship between high self-esteem and high levels of perceived stigma.(King et al. 2007, p. 253)

2.1.3. How does stigmatization arise: Negative Stereotypes, Stigma and Discrimination

Stigma is the outcome of a negative stereotype and discrimination is the behaviour that results from this negative stereotype. The standard way of conceptualizing the connection between stigmatising, stereotyping, and discrimination in the stigma literature follows this relatively simplistic formulation. E.g. rejecting a job application because of being a woman, refusing to rent an apartment because lack of employment, and so on. (Link; Phelan 2001a, p. 372)

Marjorie Baldwin (2016) explains five possible components that may be leading to the persistent and institutionalized problem of stigma:

Responsibility - When people believe that an individual has a choice in this matter - that they are in control of their mental illness, they are then blamed for their symptoms. When this happens, they receive little sympathy and more stigma.

Uncertainty - If a person's condition is uncertain (as in it is unlikely to be improved), they are more likely to be stigmatized and avoided by friends and family. The more hopeless the situation seems, the more it is viewed as a waste of time.

Unpredictability - While uncertainty focuses on the long-term outcomes of someone living with a mental health condition, unpredictability focuses on short-term outcomes. Those who experience symptoms are sometimes perceived as unpredictable and erratic on a day-to-day basis. Unjust social distance may occur because of this.

Incompetence - Unfortunately, people view those living with mental health conditions as unable (or too incompetent) to make rational decisions. This is what leads to stigmatizing laws and practices that prohibit individuals living with mental illness from having the same rights and opportunities as other people—such as the right to hold office, the right to vote, the right to serve on a jury, etc.

Dangerousness - Dangerousness is when unpredictability manifests into fear. People often avoid those with mental illness because they are afraid of random acts of violence. (Baldwin 2016, p. 20f.) (c.f. Jacobsson; Arboleda-Flórez n. y.)

Stigma directly affects the stigmatized via mechanisms of discrimination and automatic stereotype activation, and indirectly via threats to personal and social identity, the identity threat model of stigma.(c.f. Goffman 2009) (c.f. Major; O'Brien 2005)

Subjectively perceived threat without the existence of a real threat is often the reason for initially inexplicable action towards alleged threats. e.g. The manager's fear of his employees often ends up in unfair behaviour like discrimination.

Flowerdew (2008) worked on the stigmatization of scholarly writers who use English as an additional language because they are imposed to do so when they want to publish their works to the scientific world. The stigma they received was about the restricted writing quality of not being a native English writer.(c.f. Flowerdew 2008a)

Neeley (2013) conducted a qualitative study of a French high-tech company that had instituted English as a lingua franca, or common language, as a context for examining the question of perceived status loss. Results indicate that non-native English-speaking employees experienced status loss regardless of their English fluency level. Yet variability in their self-assessed fluency - an achieved status marker - was associated with differences in language performance anxiety and job insecurity in a nonlinear fashion: those who believed they had medium-level fluency

were the most anxious compared with their low- and high-fluency co-workers. (c.f. Neeley 2013)

In addition to Neeleys' (2013) findings Link & Phelan (2001) already pointed out that an almost immediate consequence of successful negative labelling and stereotyping is a general downward placement of a person in a status hierarchy […] "and further indicate that for stigmatization to occur, power must be exercised" (Link; Phelan 2001a, p. 363)

Status loss as a source of discrimination. In keeping with observations about the role of stigma in the loss of status, it is important to note that lower placement in a status hierarchy can begin to have effects of its own on a person's life chances.(Link; Phelan 2001a, p. 373) The person is then connected to undesirable characteristics that reduce his or her status in the eyes of the stigmatizing person.(Link; Phelan 2001a, p. 371)

Another reason for arising stigma is the societal aspect of worthiness for a group. E.g. the social stigma of unemployment or absenteeism. According to Lohr (2013) it is an empirical fact that humans define themselves about work and labour (c.f. Lohr 2013). It is needed as nutriture for one's necessity to feed self-esteem. This may guide us to the deduction that who does not work means is not on workplace means is absent for any reason, (sick leave, especially psycho related problems) appears to be weak and worthless to the society.

Being a dropout, unemployed and the loss of status may then become an accelerator for new efforts - new ways - new goals - new adjustments. In terms of the connection between stereotypes, stigmatization, and discriminatory behaviour according to Major & O'Brien (2005), their accelerative negative and positive effects on the perceived own stigma and well-being.

Hereto two examples for arising positive stigma effects. First the stigmatizing of others to create and maintain the own group identity. We Bavarians you Swabian, well known at the Fanclubs in socker leagues (Major; O'Brien 2005).

Second a stigma due to failure or low origin. There is dissatisfaction due to a gap in the way - goal achievement. This means that it does not run as requested or planned. So, there are two ways of countering this. Either you drown the stigma of the low performer or person from lower backgrounds in alcohol or other drugs, alternatively maybe you compensate and suppress it with substitute measures (hobby etc.). Or you can use your stigma as a positive useful impulse to overcome your current situation and remove the old stigma. This can be achieved by

obtaining degrees in vocational education and training or with academic degrees.(c.f. Major; O'Brien 2005)

A further example to the Major, O'Brien approach is a self-observed situation about the achievement of academic goals after social stigmatization. Person X, already stigmatized as a teenager, because officially described as a difficult teen who has great problems to learn. As a result, strong inferiority complexes that manifests in the person staying in the background. Attended a special school for school kids with a learning handicap (Montessori-School). Next stigma as "Montessorian". Graduated from this school with poor reputation. In follow difficulties to get a place at university. No recognition of the schools' final certificate as a full high school diploma (next stigma). But X really wants to study at the university. Therefore, X starts an additional course of study, which then grants a full school-leaving certificate when successfully completes the degree (e.g. Bachelor). Then X could study at the university. This "detour" took years, but it earned X the desired education and took the former stigmas away into to the background.

2.2. Cultural analysis of the DACH-region

2.2.1. The DACH-Region

DACH is a modern acronym that is formed from the nationality marks of three countries D (for Germany), A (for Austria, Latin Austria) and CH (for Switzerland, Latin Confoederatio Helvetica). It is very popular in the geopolitical context and describes the language and economic area in which standard German is the DACH language. The English equivalent is GAS for Germany-Austria-Switzerland.

It is home to round about 100.6 million inhabitants with a purchasing power per inhabitant in 2019 of EUR 30,000 in average, which is probably an economically interesting figure. ('DACH-Länder - Bevölkerung 2019' n. y.)

Note: Due to the history and the native language German, Liechtenstein and South Tyrol are included in the consideration.

2.2.2. Socio Cultural Aspects

The concept of culture. To work on the central question of socio-cultural aspects, a precise understanding of the term culture is required.

There are numerous definitions for this. The Swiss cultural scientist Frank Herbrand defines culture as: "[…] System of collective values and norms […] which, within the framework of

socialization, are consciously or unconsciously learned and internalized by the members of a social group by every generation.” (Herbrand 2002, p. 15) Oskar Weggel a Hamburg ethnologist adds up the "totality of the learned behaviours" and as well general knowledge as part of the culture. Culture is therefore a factor in how the individual acts and thus: "Both expression and structure of conditions for the behaviour of members of a particular society." (Weggel 1989, p. 22) Hofstede draws an analogy to computers and calls culture "mental software" (Hofstede 2001, p. 2ff) Culture is therefore not innate, but learned and in this view: "Collective programming of the mind that distinguishes the members of one group or category of people from another” (Hofstede 2001, p. 4)

Another idea say that culture is the mirror of society and their history and language causes identity and donates home. “Swiss, Austrians and Germans share the German language and a closely interwoven history, but it also separates some things that are important for national identity formation”. The sociological, political and cultural background of the complicated relationship of “Friendly Neighbours” It is about national sensitivities and the narcissism of the small differences between neighbouring countries, which connects a lot culturally, linguistically and historically and which separates many things that helps people to self-define their national mentality and way of life ”(cit. Rack 2015)

Hereto Ammon posits, a language community includes all individuals of the same native language, more precisely the native speakers of all varieties of the same language, e.g. all German speakers. German Standard German, Austrian Standard German, Swiss Standard German (Schweizer Hochdeutsch) (Ammon 1995, p. p.32)

Linke (1998) formulates: The basic hypothesis of the relationship between language and society, which can be peeled out of all the contexts mentioned, is - briefly, strikingly, and appropriately simplified - the following: Language is shaped by society. In the broadest sense, this imprint is meant when Humboldt sees in the diversity of languages not a diversity of "bowls and signs, but a diversity of worldviews themselves" (Humboldt 1820) or Wierzbicka (Wierzbicka 1992, p. 373) tries the picture of "language as a mirror of culture" (Linke 1998, p. 136)

Boric and Wollinger (2008) worked about language and identity in the DACH-Region. They give the following insights:

Language and identity in Switzerland: German is the most spoken language with 63.7%, 17 of the 26 cantons are German speaking. In the 20th century and especially after the Second World War, German identity was unacceptable to the Swiss. Today the German-speaking Swiss identify with the multilingual pan-Swiss nation, which is state-oriented. But they also see their German-Swiss identity, which is more cantonal and based on the use of the "Schwyzertütsch-Dialect".

Language and identity in Austria: German is the official language and the mother tongue of about 95% of the population in Austria. Austria only began to emphasize its independence and to show the differences to Germany after the Second World War. Austrians do not see their identity threatened by EU accession, but rather by the fact that the (linguistic)

Influence from Germany (above all through the consumption of German television stations) takes over and therefore children use typical domestic German expressions.

Language and identity in Germany: Martin Luther's translation of the Bible made a significant contribution to the development of German as a single written language during the Reformation in the early 16th century. In Germany, the German language had a short-term special development of GDR German and German. A variety of influences have existed in united Germany since 1990. Many believe that language is the most important characteristic of German identity, while others emphasize modern German rationality in the narrowest sense. In any case, it is assumed that Germany is a cultural nation and that without the German language, the country would not exist in its current form.(c.f. Borčić; Wollinger 2008)

From the previous considerations on culture, society, language, and identity in the DACH region, it can be concluded that the DACH population has more connecting than separating.

2.2.3. Hofstede's Dimensions on socio-cultural aspects

As described, there are possibly more similarities than differences in socio-cultural aspects that may have influence on the answer to the question about the role of stigmatization in this region. To secure this knowledge I elaborate these results by using Hofstede's Dimensions (c.f. Hofstede; Bond 1984). A method developed by Geert Hofstede to compare different socio-cultural and intercultural aspects and behaviours in different countries.

Hofstede who, in the early sixties of the 20th century did huge international marketing research and studies about the influence of cultural aspects towards customers behaviour and relationship

(c.f. Hofstede; Bond 1984). Hofstede formulated six dimensions of influence in which he describes the influencing factors as there are:

1. Dimension: PDI - Power distance index: The power distance index is defined as “the extent to which the less powerful members of organizations and institutions accept and expect that power is distributed unequally.” The higher the degree of the index is the more hierarchy is clearly established, without doubt or reason. Obedience is common.

2. Dimension: IDV - Individualism vs. collectivism: This index explores the “degree to which people in a society are integrated into groups.” Means the “I” versus the “we.” Collectivism describes a society in which tightly integrated relationships bind people into tribes. This people are loyal and support each other when a conflict arises with another tribe.

3. Dimension: UAI - Uncertainty avoidance: The uncertainty avoidance index is defined as “a society's tolerance for ambiguity.” Societies that score a high degree in this index prefer stiff codes of behaviour, guidelines and laws. They rely on absolute truth, or the belief that there is only one truth. A lower degree in this index shows more open mindedness more free-flowing thoughts.

4. Dimension: MAS - Masculinity vs. femininity: Masculinity is defined as “a preference in society for achievement, heroism, assertiveness and material rewards for success.” Femininity represents “a preference for cooperation, modesty, caring for the weak and quality of life.” This dimension is frequently viewed as taboo in highly masculine societies. A high score (Masculine) on this dimension indicates that the society will be driven by competition, achievement and success, with success being defined by the winner / best in field – a value system that starts in school and continues throughout organisational life. A low score (Feminine) on the dimension means that the dominant values in society are caring for others and quality of life. A Feminine society is one where quality of life is the sign of success and standing out from the crowd is not admirable. *The fundamental issue here is what motivates people, wanting to be the best (Masculine) or liking what you do (Feminine).*

5. Dimension: LTO - Long-term orientation vs. short-term orientation. A lower degree of this index (short-term) indicates that traditions are honoured and kept, while dedication is appreciated. Societies with a high degree in this index (long-term) view adaptation and pragmatic problem-solving as a necessity.

6. Dimension: IND - Indulgence vs. restraint: This dimension refers to the degree of freedom that society gives to their members in fulfilling their desires. Indulgence is defined as "a society that allows relatively free gratification of basic and natural human desires related to enjoying life and having fun." Its counterpart is defined as "a society that controls gratification of needs and regulates it by means of strict social norms."

2.2.4. DACH-socio cultural aspects in comparison

Comparing Germany – Austria and Switzerland with the 6-D Model©, we get the following results for culture - aspects in these countries ('Country Comparison' n. y.):

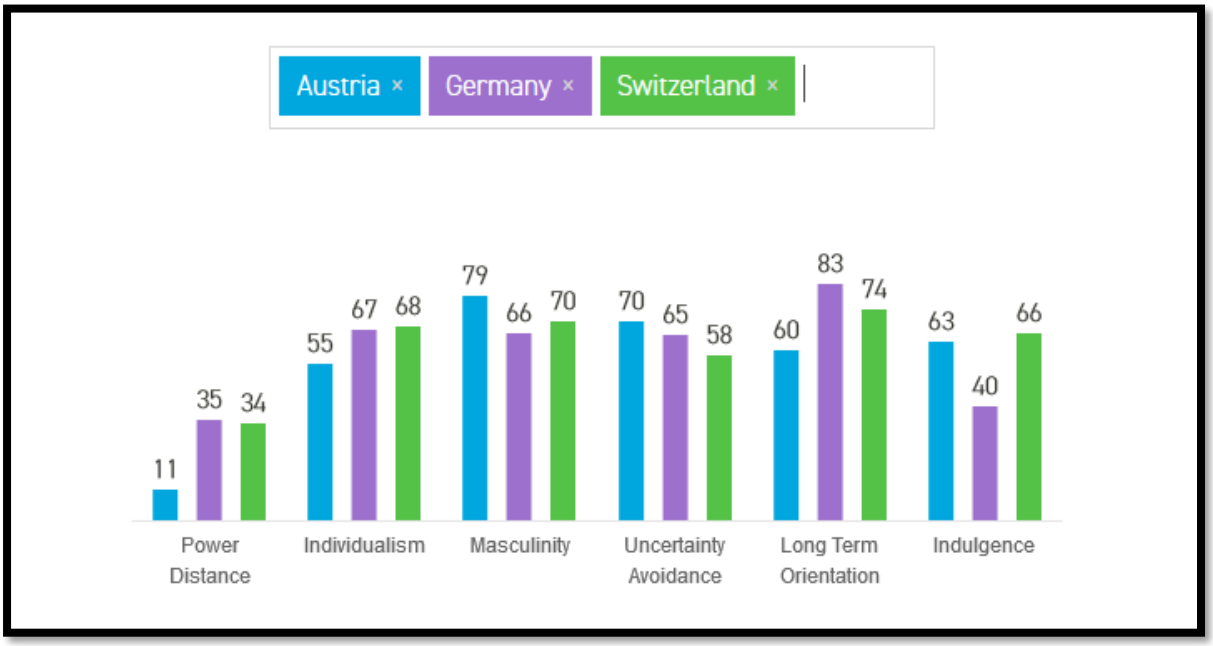

Fig. 1 - Country Comparison DACH, 6-D Model©, by Hofstede

If we compare the Austrian – German – Suisse culture through the lens of the 6-D Model©, we can get a good overview of the deep drivers of the cultures relative to the other cultures. It is important to note that the French and German parts of Switzerland can have widely different scores, as can the Italian canton.

D1. Power Distance Index

Austria scores very low on this dimension (score of 11) which means that the following characterises the Austrian style: Being independent, hierarchy for convenience only, equal rights, superiors accessible, coaching leader, management facilitates and empowers. Power is decentralized and managers count on the experience of their team members. Employees expect to be consulted. Control is disliked. Communication is direct and participative.

Highly decentralised and supported by a strong middle class, Germany is not surprisingly among the lower power distant countries (score 35). Co-determination rights are comparatively extensive and must be considered by the management. A direct and participative communication and meeting style is common, control is disliked, and leadership is challenged to show expertise and best accepted when it is based on it.

At 34, Switzerland sits in the lower rankings of PDI – i.e. a society that believes that inequalities amongst people should be minimized. This means that the following characterizes the German Swiss style: Being independent, hierarchy for convenience only, equal rights, superiors accessible, coaching leader, management facilitates and empowers. Power is decentralized and managers count on the experience of their team members. Employees expect to be consulted. Control is disliked and attitude towards managers are informal and on first name basis. Communication is direct and participative.

On this dimension, there is a vast difference with the French speaking part of Switzerland, which scores higher in PDI (very similar to France), which means that people accept a hierarchical order in which everybody has a place and which needs no further justification. Hierarchy in an organisation is seen as reflecting inherent inequalities, centralization is popular, subordinates expect to be told what to do and the ideal boss is a benevolent autocrat. Challenges to the leadership are not well-received.

Conclusion on D1: Even though Austria has the lowest index in this comparison all three cultures prefer a similar or equal style of independence with lower level of hierarchy - for advantage only - combined with a decentralized approach of power.

D2. Individualism vs. collectivism

Austria, with a score of 55 is an Individualist society. This means there is a high preference for a loosely knit social framework in which individuals are expected to take care of themselves and their immediate families only. In Individualist societies offence causes guilt and a loss of self-esteem, the employer/employee relationship is a contract based on mutual advantage, hiring and promotion decisions are supposed to be based on merit only, management is the management of individuals.

The German society is a truly individualist one (67). Small families with a focus on the parent-children relationship rather than aunts and uncles are most common. There is a strong belief in

the ideal of self-actualization. Loyalty is based on personal preferences for people as well as a sense of duty and responsibility. This is defined by the contract between the employer and the employee. Communication is among the most direct in the world following the ideal to be "honest, even if it hurts" – and by this giving the counterpart a fair chance to learn from mistakes.

Both German and French speaking Switzerland score relatively high on this dimension, giving Switzerland a score of 68, and it is therefore considered an Individualist society. This means there is a high preference for a loosely knit social framework in which individuals are expected to take care of themselves and their immediate families only. In Individualist societies offence causes guilt and a loss of self-esteem, the employer/employee relationship is a contract based on mutual advantage, hiring and promotion decisions are supposed to be based on merit only, management is the management of individuals.

Conclusion on D2: All three country societies show a strong inclination towards individualism, means people should take care of themselves. Loyalty, responsibility, and duty are predominant attitudes so that offence – societal not acceptable behaviour – causes feelings of guilt, shame, and lead to a loss of status and self-esteem.

D3. Masculinity vs. femininity

At 79, Austria is a Masculine society – highly success oriented and driven. In Masculine countries, people "live in order to work", managers are expected to be decisive, the emphasis is on equity, competition and performance. Conflicts are resolved by fighting them out. A clear example of this dimension is seen around election time, with ferocious, no-holds barred battles between candidates.

With a score of 66 Germany is considered a Masculine society. Performance is highly valued and early required as the school system separates children into different types of schools at the age of ten. People rather "live in order to work" and draw a lot of self-esteem from their tasks. Managers are expected to be decisive and assertive. Status is often shown, especially by cars, watches, and technical devices.

Switzerland scores 70 in this dimension, with both rankings for German speaking Switzerland and the French speaking of the country indicating a Masculine society – highly success oriented and driven, albeit that in the German speaking part the impact is much more noticeable. In

Masculine countries, people “live in order to work”, managers are expected to be decisive, and the emphasis is on equity, competition, and performance. Conflicts are resolved by fighting them out.

Conclusion on D3: Living masculinity - means people live in order to work, are highly performance and success driven, therefore expect management to be decisive – is the way of life in all three societies. Status has a high meaning.

D4. Uncertainty Avoidance

Austria scores 70 on this dimension and thus prefers avoiding uncertainty. Countries exhibiting high uncertainty avoidance maintain rigid codes of belief and behaviour and are intolerant of unorthodox behaviour and ideas. In these cultures there is an emotional need for rules (even if the rules never seem to work) time is money, people have an inner urge to be busy and work hard, precision and punctuality are the norm, innovation may be resisted, security is an important element in individual motivation. Decisions are taken after careful analysis of all available information. The usage of academic titles as part of people’s names reflects Austria’s high score on the Uncertainty Avoidance Index.

Germany is among the uncertainty avoidant countries (65); the score is on the high end, so there is a slight preference for uncertainty avoidance. In line with the philosophical heritage of Kant, Hegel and Fichte there is a strong preference for deductive rather than inductive approaches, be it in thinking, presenting or planning: the systematic overview has to be given in order to proceed. This is also reflected by the law system. Details are equally important to create certainty that a certain topic or project is well-thought-out. In combination with their low power distance, where the certainty for own decisions is not covered by the larger responsibility of the boss, Germans prefer to compensate for their higher uncertainty by strongly relying on expertise.

Switzerland scores 58 in UAI, perhaps reflecting the difference between the French and German parts. French speaking Switzerland has a strong preference for avoiding uncertainty while German speaking Switzerland scores lower. Countries exhibiting high uncertainty avoidance maintain rigid codes of belief and behaviour and are intolerant of unorthodox behaviour and ideas. In these cultures there is an emotional need for rules (even if the rules never seem to work) time is money, people have an inner urge to be busy and work hard, precision and

punctuality are the norm, innovation may be resisted, security is an important element in individual motivation. Decisions are taken after careful analysis of all available information.

Conclusion on D4: Risk awareness seem to be common sense in all three countries cultures. Everything must be analysed in deep in before a decision is made. And when decided the implementation has to follow clear rules. Precision and security are enormous elements. Innovative and unorthodox thinking and acting are not really welcome, it has to be proven first means they rely more on pure expertise.

D5. Long-term orientation vs. short-term orientation

The Austrians score 60, making it a pragmatic culture. In societies with a pragmatic orientation, people believe that truth depends very much on the situation, context, and time. They show an ability easily to adapt traditions to changed conditions, a strong propensity to save and invest, thriftiness and perseverance in achieving results.

Germany's high score of 83 indicates that it is a pragmatic country. In societies with a pragmatic orientation, people believe that truth depends very much on situation, context, and time. They show an ability to adapt traditions easily to changed conditions, a strong propensity to save and invest, thriftiness, and perseverance in achieving results.

With a high score of 74, Swiss culture is pragmatic. In societies with a pragmatic orientation, people believe that truth depends very much on situation, context, and time. They show an ability to adapt traditions easily to changed conditions, a strong propensity to save and invest. thriftiness and perseverance in achieving results.

Conclusion on D5: Pragmatism is key in all three societies. Developing values by making them adaptable to changed conditions is a special feature. Although there is a strong affection to economize with tenacity, people believe that truth depends very much on situation, context, and time and thus very much flexible

D6. Indulgence vs. restraint

Austria is an indulgent country with a high score of 63. People in societies classified by a high score on indulgence generally exhibit a willingness to realise their impulses and desires about enjoying life and having fun. They possess a positive attitude and have a tendency towards optimism. In addition, they place a higher degree of importance on leisure time, act as they please and spend money as they wish.

The low score of 40 on this dimension indicates that the German culture is restrained in nature. Societies with a low score in this dimension tend to cynicism and pessimism. Also, in contrast to indulgent societies, restrained societies do not put much emphasis on leisure time and control the gratification of their desires. People with this orientation have the perception that their actions are restrained by social norms and feel that indulging themselves is somewhat wrong.

Switzerland scores high in this dimension, its score of 66 indicates that the culture is one of indulgence. People in societies classified by a high score in indulgence generally exhibit a willingness to realise their impulses and desires about enjoying life and having fun. They possess a positive attitude and have a tendency towards optimism. In addition, they place a higher degree of importance on leisure time, act as they please and spend money as they wish.

Conclusion on D6: Only in this dimension a gap is to be found between German and Austrian/Suisse cultures. Switzerland and Austria are much the same, people are used to have fun, freedom and enjoy life a lot. Optimism is a mainstream in these societies. The Germans tend to be pessimistic; they are more into self-mortification while living in a box of norms, rules and laws.

General conclusion: Over all the results of Hofstede's 6-D Model©, show that there are no significant differences in the socio-cultural characteristics of the DACH countries. It can therefore be assumed that in all three countries there is a similar, if not almost the same culture in how people interact with one another. Language creates, causes socio-culture. It is assumed that same language means same or similar socio-culture (see 2.2.2.) Stigma in its social dimension is triggered by negative stereotypes (Goffman 2009). These stereotypes are individually in different socio-cultures.

Thus, the conclusion, same socio-culture, same way of stereotyping, same stigmatizations is allowed. Regarding the findings in 2.2.2. about the common cultural background in connection with these findings from Hofstede's Dimensions imply that the role of Stigmatization in the DACH-Region is the overall the same in all DACH-Countries.

No individual consideration of the role of stigmatization from country to country is required.

However, if one takes a further look at the individual results of the individual dimensions with regard to their possible significance for the systemic role of stigma in the DACH-region, one finds the first hints and therefore may draw conclusions and gain knowledge about the system

of stigmatization in the DACH-region. This might then be used to make assumptions about stigmatization in the workplace.

Hints occur while analysing in the comparison results of Hofstedes' dimensions in terms of their meaning and their ability to enable stigmatization. The following interpretations can be drawn from this:

D1. It is assumed that a high Power-Distance-Index creates conditions for stigmatization because of a high acceptance of unequal power distribution which is then expressed in strong hierarchies. Because of low indices there are no cues for this assumption because all three cultures are into a similar or equal style of independence with lower level of hierarchy, means there is no reason for stigmatization to be found in this dimension.

D2. All investigated societies have a strong inclination towards individualism, means loyalty, responsibility, and duty are predominant attitudes here, so that feelings of guilt, shame and a loss of status and self-esteem occur in here. This might indicate that stigmatization of people who do not behave in the interests of society do not comply with the rules of society is a punitive measure which is threatened and applied. This in turn leads to the loss of social prestige (social identity) and exclusion from the "group of the normal" (society).(c.f. Goffman 1986) By internalizing this process, self-esteem will be damaged..(c.f. Satir 1975) (c.f. Rosenberg; Rosenberg; McCord 1978)

D3: A very masculine society is a tremendous driver for fear of stigma. Since status is of high social importance, the loss of it is all the more threatening. Thus, all societies tend to have a high degree of anxiety towards getting stigmatized. Social behaviour will be adapted by the threatened.(c.f. Goffman 1986)

D4: Threat of status loss through stigmatization (D2+D3) has a great impact in these three societies culture. Even so risk awareness seems to be a driver for fear and the need for getting everything done right. No risky behaviour is required. You better act in the way the group does otherwise you are pulled out.(c.f. Forsyth 1983) (c.f. Branscombe et al. 1993)

D5: Because of people from this societies believe that truth depends very much on situation, context, and time and thus very much flexible the need of stereotypes is given. Stereotypes are required to make quick decisions adapted to changes. Therefore, a tendency to stigmatize (negative stereotype) can occur.(c.f. Phelan; Link; Dovidio 2008)

D6: No direct correlation to stigmatization could be found, more of a stereotype and prejudice that could be derived from it: the pessimistic Germans.

2.3. Stigmatization and mental health in the workplace:

2.3.1. Mental Health

Antonovsky (1979) posits that health is not just the absence of illness or ailment, but a constant process to achieve the greatest possible physical, mental, and social well-being. A temporary situation that needs to be preserved and maintained. Without constant effort, it quickly disappears. (c.f. Antonovsky 1979)

Thus, it may be adoptable that mental health is not only the absence of a mental disorder and even so needs maintenance and care.

The World Health Organisation defines mental health as " […] a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community." And referring to Antonovsky (1979) they state, by emphasizing that mental health is "more than just the absence of mental disorders or disabilities." The highest level of mental health is not just about avoiding negative conditions, but also about maintaining well-being and happiness. They also stress that preserving and restoring mental health is crucial on an individual basis, as well as throughout different communities and societies the world over. (c.f. WHO 2018)

Felman (2020) extends this definition by concluding that mental health refers to cognitive, behavioural, and emotional well-being. It is all about how people think, feel, and behave. People sometimes use the term "mental health" to mean the absence of a mental disorder. He points out that mental health can affect daily living, relationships, and physical health. However, this link also works in the other direction. Towards health, no health without mental health (Prince et al. 2007, p. 1)

2.3.2. Mental Health Problems

Factors in people's lives, interpersonal connections, and physical factors can all contribute to mental health disruptions. Conditions such as chronic stress, depression, and anxiety can all affect mental health and disrupt a person's routine. (c.f. Felman 2020)

Although the term mental health is in common use, many conditions that sometimes are perceived as "psychological disorders" have the same physical causes as other health issues. Such as environmental aspects like "Noise, Air- Quality, Temperature, Light and Ergonomics"

at the workplace. (c.f. ‘Arbeitsschutz – Verordnung zur arbeitsmedizinischen Vorsorge (ArbMedVV) 2019’ n. y.)

Cottini & Lucifora investigated recent mental health patterns at the workplace across 15 European countries. Therefore, they were using three waves of the European Working Conditions Survey. The study shows that adverse working conditions, defined in terms of job demands and job hazards, are strongly associated with workers' mental health problems, and it also finds a causal effect of job quality on workers' mental health. (c.f. Cottini; Lucifora 2013)

Mental health problems have a wide range in their appearance, e.g. schizophrenia, post-traumatic stress disorder, anorexia, bulimia, depression, burnout, anxiety disorder, panic attacks, obsessive-compulsive disorder, borderline syndrome and somatic disorders. In addition, subclinical symptoms like poor sleep quality, ear noises, back ache related to muscular tension, headache, gastrointestinal symptoms and further more are counted in. (cf. reserved n. y.).

The European Study of the Epidemiology of Mental Disorders (ESEMeD) project found that fourteen per cent reported of the probands had a lifetime history of any mood disorder, 13.6% any anxiety disorder and 5.2% a lifetime history of any alcohol disorder. More than 6% reported any anxiety disorder, 4.2% any mood disorder, and 1.0% any alcohol disorder in the last year. Major depression and specific phobia were the most common single mental disorders. Women were twice as likely to suffer 12-month mood and anxiety disorders as men, while men were more likely to suffer alcohol abuse disorders. (c.f. ‘The ESEMeDMHEDEA 2000 Investigators et al. - 2004 - Prevalence of mental disorders in Europe results .pdf’ n. y.)

The WHO listed categories of mental health problems in the list of so-called “F-Diagnosis”. This list is used internationally by doctors to classify diagnosed mental health problems.

WHO classification of mental and behavioural disorders

1.1 (F00–F09) Organic, including symptomatic, mental disorders (dementia, delirium, and brain injury)
1.2 (F10–F19) Mental and behavioural disorders due to use of psychoactive substances (alcohol-use and substance-use syndromes, including harmful use, dependence, and withdrawal)
1.3 (F20–F29) Schizophrenia, and schizotypal and delusional disorders
1.4 (F30–F39) Mood (affective) disorders (mania, hypomania, bipolar affective disorder, and depressive episodes)
1.5 (F40–F48) Neurotic, stress-related, and somatoform disorders (phobic anxiety disorder, panic disorder, generalised anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder, adjustment disorder, dissociative disorder, and somatisation disorder)
1.6 (F50–F59) Behavioural syndromes associated with physiological disturbances and physical factors (eating disorders, sleep disorders, sexual dysfunction)
1.7 (F60–F69) Disorders of adult personality and behaviour
1.8 (F70–F79) Mental retardation
1.9 (F80–F89) Disorders of psychological development
1.10 (F90–F98) Behavioural and emotional disorders with onset usually in childhood and adolescence (hyperkinetic disorders, emotional disorders, and conduct disorders)
1.11 (F99) Unspecified mental disorders
Note: The term 'common mental disorder' (CMD) refers to the most prevalent conditions classified under depressive episode, neurotic, stress-related, and somatoform disorders. The term also recognises that mental disorders in the community are frequently characterised by comorbidity between these groups and shifting patterns of symptoms that resist precise classification.

Fig. 2 – WHO list of F-Diagnoses (2020)

These mental health problems and diseases lead mostly to the long-term diseases mentioned in the introductory part of this work. The chapter on mental health and mental health problems is intended to shed light on the mental problems mentioned in the research question "How people perceive stigmatization in the workplace in connection with mental problems".

Deliberately I am not looking at psychological aspects of mental health, and mental health problems towards their physiological background like affected hormonal reflexes and triggered reactions on perceived stress / unfairness like depressive mood, burn out, absenteeism rates. It is taken as proven that environmental aspects (c.f. Cottini; Lucifora 2013) have an impact and even so taken as proven that stress and strain like leadership (c.f. Pundt et al. n. y.) behaviour (perceived unfair treatment, workload, time pressure, lack of appreciation, recognition, praise) colleague behaviour, private problems have impact on mental health.

And that the strength of the impact relates to the personal resilience evolved from self - esteem of the affected person. Resilience is demonstrated to promote individuals' self-esteem. Self-esteem serves an important adaptive function in psychological adjustment. There is ample

evidence to suggest that self-esteem is among the strongest predictors of life satisfaction ('Liu et al. - 2014 - Affect and self-esteem as mediators between trait .pdf' n. y., p. 2).

In the next chapter I then additionally look on stigma-potency of mental health disease and the impact on mental health through stigma.

2.3.3. Mental Health Problems & Stigma

a) General stigmatization as a socio-cultural risk factor in company organization

Stigma can be understood as a negative stereotype. It differs from discrimination, as this can be described as unfair treatment due to a person's identity, which includes race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability, including mental disorder. Acts of discrimination can be overt or take the form of systemic discrimination in company organizations. (c.f. 'Stigma and Discrimination' n. y.)

According to the suggestions of Phelan et al. (2008) there are three functions of stigma and prejudice: (1) exploitation/domination, as keeping people down, (2) enforcement of social norms as keeping people in and (3) avoidance of disease as keeping people away. Thus, power is necessary […] "and further indicate that for stigmatization to occur, power must be exercised" (Link; Phelan 2001a, p. 363)

Stigma is entirely dependent on social, economic or political power - it takes power to stigmatize. In some instances, the role of power is obvious. However, the role of power in stigma is frequently overlooked because in many instances power differences are so taken for granted as to seem unproblematic.(Link; Phelan 2001a, p. 375)

The social processes involved in enacting and maintaining stigma and prejudice are more alike than different once a human characteristic gets selected as a basis for stigma and prejudice. All involve categorization, labelling, stereotyping, negative emotions, interactional discomfort, social rejection and other forms of discrimination, status loss and other harmful effects on life chances of targets, as well as stigma management and coping. (c.f. Phelan; Link; Dovidio 2008)

Corrigan (2002) refers on studies which suggest that in Western Europe (DACH-region) many citizens have stigmatizing attitudes. Stereotypes are considered "social" because they represent collectively agreed upon perceptions of groups of persons. They are practicable because people can quickly generate impressions and expectations (stigmas) of individuals who belong to such

a group Stigma seems to be less evident in Asian and African countries, Notably, stigma seems almost non-existent in Islamic societies (c.f. Corrigan; Watson 2002)

The “salience” of certain aspects of workplaces has been discussed within organizational culture literature as a determinant of the degree of inclusion or exclusion of its participants Krupa et.al. (2009) states. Regarding stigma, the salient features of the employment situation affects the impact of negative assumptions. For example, an analyst suggested that productivity and competence of people with e.g. mental illness may have less impact in the public institutions because there is less focus on profits compared to the private industry. For example, being in a helping profession such as teaching might provide a more sympathetic and understanding work environment. These assumptions are held by a range of people in the work context and their specific beliefs. Krupa et.al. (2009) sees certain socio-cultural risks for example, in employers. They are responsible for ensuring that workplaces are achieving their economic goals what leads to great concerns about the productivity capacities and costs associated with employees. Employers seem to be largely responsible for ensuring that the work context meets obligations for the rights of employees and for influencing the overall culture of the workplace. Their attitudes and responses influence the development of a workplace culture that supports diversity, respect, tolerance and promotes mental health and well-being. Workplace managers and front-line managers are touched by the attitudes or their superiors and this can influence their attitudes.(Krupa et al. 2009, p. 421)

Paetzold et al. (2008) strokes out that stigmas that originate outside the organization (e.g., stigmas privately attached to company leaders) intrude upon and influence actions inside the organization. Stigmas that occur in the workplace (e.g., stigmas resulting from performance or procedures) have impact to control processes inside organizations and individuals’ activities in privacy. Although stigmatization is widely regarded as negative, Paetzold et al. (2008) suggest that the harm associated with stigmatization results from the overextension or misuse of what is basically a natural component of sensemaking. Thus, several positive consequences of stigmatization for both individuals and organizations are possible. Stigmatization of individuals, groups of individuals, or organizations can contribute to social or organizational control, the encouragement of organizationally or socially valued behaviours, the promotion of long-term organizational survival through the blaming of corporate leaders, and challenges of the stigma that can empower group participants in collective movements and/or help to construct stable and unique personal identities based on the social identity approach suggested

above, stigma by association can be seen as a way of providing sanctions for the social deviance of those ingroup members who elect to associate with members of the stigmatized outgroup, particularly when the association puts the status or integrity of the ingroup at risk.(c.f. Branscombe et al. 1993)

Similarly, stigmatization of organizations helps to maintain organizational ideals within society. Laws, regulations, rankings, or public opinion polls are used as both stigmatizing marks and standards by which a stigmatized organization is identified. Legal and regulative stigmatizing indicators help to encourage socially or organizationally valued behaviours. Within an organization, this is, the goodwill that exists among employees, as manifested in positive behaviours such as organizational citizenship behaviours, helping, trust, loyalty, and open communications. Stigmatization can promote long-term survival of organizations with their legitimacy intact". Because organizational stigma markers are often attached to part, but not all, of an organization, organizational members may be able to cleanly isolate and remove the stigmatized parts of the organization while preserving the legitimacy of the remainder of the organization. Stigmatization can lead to challenges of the validity of the stigma that can produce positive effects for individuals, groups, or organizations. For example, stigmatization of a group of people based on race, disability, or other important classifications may trigger collective movements. A stigma can be a call to action to overcome discrimination and restore justice. The risk lays in the sustaining of this valued behaviour.

The topics of stigma and stigmatization are important additions to the mainstream of organizational literature. Paetzold et al. (2008) serve a step in the direction of increasing the presence of stigma research in organizational literature by highlighting stigmas' crucial role in explicating multilevel processes in organizations. (c.f. Paetzold; Dipboye; Elsbach 2008)

b) Stigmatization of the mentally ill at workplace

Stigma is one of the most profound barriers to the full social inclusion and participation of persons with mental illness. Stigma is a powerful process of social control, denies access to important community social roles and to equity and full participation in those roles. Stigma- and discrimination-processes are complex and not easily to observe and to be interpreted. The sheer magnitude of the stigma problem poses a challenge for the development of interventions that will make a real difference to the discrimination and exclusion experienced by people with mental illness.(c.f. Krupa et al. 2009)

Angermeyer et al. (2014) conducted a study about changes in the perception of mental illness stigma in Germany over the last two decades 1990 to 2011, Angermeyers' (2014) results induced the conclusion that in the eyes (perception) of the German public discrimination, devaluation and rejection is in decline meanwhile personal attitudes against people with mental disorders stays the same or gets even worse. Looking at Angermeyers' study from another perspective it offers further conclusions to be drawn. It is much likely that the respondents' personal attitudes dispatch reactions towards the people with mental problems. The question to be asked is whether the reactions are then identified or perceived by the person concerned as stigmatization?

The lives of people with mental health conditions are often plagued by stigma as well as discrimination. It is proven that many patients out of shame do not seek medical help because of a mental illness and live with the fear of being additionally stigmatized by psychiatric-psychotherapeutic treatment. This is also because the treatment institutions are often subject to public stigma and discreditation. (c.f. Gaebel; Baumann; Zäske 2004).

The consequences of the stigmatization and discrimination of the mentally ill express themselves for those affected above all in their concrete living environment and that of their relatives. Problems often arise in the world of work and when looking for accommodation.(c.f. Link 2000) People suffering from psychosis are often considered to be generally violent above average, those suffering from depression or alcoholism are themselves responsible for their illness. (c.f. Baldwin 2016)

As a result, many people in the area distance themselves from the sick and their families. They use stigmatization as self-protection. Mental illnesses (triggered by psychological risks see Arb.Med. And Chapter 2.2) produce changes in the persons concerned. These changes can be accepted, tolerated, or rejected by the environment. Even in the event of an initially accepted or tolerated situation, rejection can occur during the event. The reasons for this are to be found in the excessive demands on the environment, i.e. the people involved in dealing with the person concerned. The rejection, i.e. the distancing, is carried out by stigmatizing the person. For self-protection only. (c.f. Gaebel; Baumann; Zäske 2004) Community-related institutions for the treatment and care of the mentally ill are also affected by the stigma, as local protests against new facilities for assisted living for the mentally ill have shown. (ibid.)

The mentally ill often respond to the stigma by internalizing the stigmatization and experiences of discrimination, which is also referred to as the "second illness" ("self-stigma" compared to the "public stigma") (c.f. Sheehan; Nieweglowski; Corrigan 2017)

As described in the modified labelling approach (c.f. Robitscher 1979) the stigma of mental illness has a negative impact on its course: In the case of a new illness, negative concepts about mental illness are related to themselves, so that the self-esteem of the person affected is impaired. (c.f. Camp; Finlay; Lyons 2002)

At the same time, the sick person develops strategies for coping with the stigma, for example, he keeps the illness secret or withdraws from his social environment with the consequence that even potentially supportive social resources can no longer be used.(c.f. Goffman 1986) Therefore persons with health problems does not seek help because of the negative perceptions attributed to mental ill-health. (c.f. Cvenkel 2020)

Walton (2003) found that employees were worried that their managers would have a negative opinion of them if they were aware of their use of mental health services and employees were reluctant to use counselling services at work if they believed it would negatively affect their career opportunities (c.f. Walton; Cohen 2003) Negative attitudes or prejudice refer to negative thoughts and emotions, such as anxiety or disgust, a majority group holds against a minority group. This may include public beliefs concerning mental illness, which often revolves around dangerousness and incompetence, expectations of poor prognosis, and a desire for social distance (c.f. Baldwin; Marcus 2006) For example, one study reported that 47% of the public would not be willing to work closely with people diagnosed with depression, and 30% would be unwilling to socialise with them. (c.f. Pescoslido et al. 2010)

Description of mutual, multi-layered effects:

The impact of stigma is twofold, as outlined in the table below. Public stigma is the reaction that the general population has to people with mental illness. Self-stigma is the prejudice which people with mental illness turn against themselves. Both public and self-stigma may be understood in terms of three components: stereotypes, prejudice, and discrimination.(c.f. Corrigan; Watson 2002)

Comparing and contrasting the definitions of public stigma and self-stigma
Public stigma
Stereotype Negative belief about a group (e.g., dangerousness, incompetence, character weakness)
Prejudice Agreement with belief and/or negative emotional reaction (e.g., anger, fear)
Discrimination Behaviour response to prejudice (e.g., avoidance, withhold employment and housing opportunities, withhold help)
Self-stigma
Stereotype Negative belief about the self (e.g., character weakness, incompetence)
Prejudice Agreement with belief, negative emotional reaction (e.g., low self-esteem, low self-efficacy)
Discrimination Behaviour response to prejudice (e.g., fails to pursue work and housing opportunities)

Tab.1- Comparing and contrasting the definitions of public stigma and self-stigma (Corrigan; Watson 2002)

Stigma is the negative stereotype and discrimination is the behaviour that results from this negative stereotype. Living with discrimination can have a negative impact on mental health. Stigma is a reality for many people with a mental illness, and they report that how others judge them is one of their greatest barriers to a complete and satisfying life. Often, individuals with a mental illness are faced with multiple, intersecting layers of discrimination because of their mental illness and their identity. For example, a woman with a mental illness may experience discrimination due to sexism as well as her illness, and a racialized individual may experience discrimination due to racism in addition to their mental illness. (c.f. 'Stigma and Discrimination' n. y.)

According to his findings of Phelan et al. (2008) put a third layer to the multi-layer effects.

1. Stigma of the self
2. Social stigma
3. Structural Stigma

1. Stigma and the self-image of those affected

Exploitation/domination, as keeping people down (c.f. Phelan et al. 2008) According to a modified labelling theory about the effects of stigma on people with mental illnesses (Link 1982, Link et al 1989), people develop conceptions of mental illness early in life as part of socialization into our culture. Once in place, people's conceptions become a lay theory about what it means to have a mental illness (Link; Phelan 2001a, p. 373).

The theory of Yang et al. (2007) also emphasizes that stigma is moral-somatic. Although other stigma theories imply that physical processes within the stigmatized individual occur through affect or involuntary stress responses (c.f. Major & O'Brien, 2005), Yangs' et al. theory also identifies that stigma may be felt and sensed in the individual's bodily state yet not consciously acknowledged. (c.f. Yang et al. 2007)

Brohan et al. (2012) reviewed and investigated various studies about the topic of self-stigmatization. First, they found that "expectations and experiences of discrimination" was a super-ordinate theme that was represented in 14 studies. This theme contained six constituent sub-themes: 1) wouldn't be hired if disclosed represents the belief that a person would be treated unfavourably in finding work, if their mental health problem was known about 2) unfair treatment in the workplace 3) would lose credibility in eyes of others' describes beliefs or experiences of feeling devalued or undermined in the workplace as a result of others knowing about a mental health problem. With this loss of credibility comes a lowering of expectations about one's capacity to perform well in the job 4) anti-discrimination legislation does not provide protection; 5) gossip represents beliefs or experiences that the person would become a target for gossip, if their illness was known and 6) rejection. Within four studies isolation from co-workers and breakdown of relationships were given as reasons for non-disclosure. Other reasons for non-disclosure was represented in eight of the included papers as super-ordinate theme with four constituent sub-themes: 1) passing; 2) illness as private; 3) job with natural adjustments; and 4) others don't want to know.

Passing refers to the processes of keeping a stigmatised identity successfully concealed. (Goffman 1963) Passing can allow an individual to be treated the same as anyone else in the workplace. This sub-theme was represented in four studies. 'Illness as private' refers to the belief that information about mental illness is deeply personal and has be kept secret. It was perceived as too intimate to share with individuals in a workplace setting. This was coded in four studies. The final subtheme 'others don't want to know' represents the belief that people

do not want to talk about mental illness and that telling others is a source of burden to the that person. Hence ‘stress of concealing’ a mental health problem in the workplace was experienced as a stressful The experience of constructing a ‘cover story’ to explain unusual behaviour is described as a source of shame and an energy draining activity. (c.f. Brohan et al. 2012)

Ahmedani (2011) indicates that Corrigan (2004) finds the continued impact of social/ public stigma can influence an individual to feel guilty and inadequate about his or her condition (e.g. we sick, not capable, disabled, need secrecy) (c.f. Corrigan 2004). In addition, the collective representations of meaning in society – including shared values, beliefs, and ideologies – can act in place of direct public/social stigma in these situations.(c.f. Crocker 1999) Therefore, in self-stigma, the knowledge that stigma is present within society, can have an impact on an individual even if that person has not been directly stigmatized. This impact can have a deleterious effect on a person’s self-esteem and self-efficacy, which may lead to altered behavioural presentation (c.f. Corrigan, 2007) Nonetheless, Crocker (1999) highlights that individuals are able to internalize stigma differently based on their given situations. This suggests that personal self-esteem may or may not be as affected by stigma depending on individual coping mechanisms.(c.f. Crocker; Major 1989)
Similarly, other theories have provided insight into the idea of self-stigma. In modified labelling theory, the expectations of becoming stigmatized, in addition to being stigmatized, are factors that influence psychosocial well-being. In this context, it is primarily the fear of being labelled that causes the individual to feel stigmatized. Similarly, Weiner (1995) proposed that stigmatized beliefs evoke an emotional response. This can be interpreted from the standpoint of the tainted individual, in a way that the person may feel stigmatized and respond emotionally with embarrassment, isolation, or anger.(c.f. Weiner 1995)(c.f. Ahmedani 2011)

2. Stigma and the identity of groups

Enforcement of social norms as keeping people in and avoidance of disease as keeping people away (c.f. Phelan et al. 2008) Mental illness is not a legitimate illness and working is not healthy for people with mental illness.(c.f. Krupa et al. 2009)

Stigma used to protect the group for the purpose of maintenance of the group through stigmatization of the other group (we healthy, you sick). As described in Major and O’Brien (2005), delimitation through stigmatization strengthens the group identity and the feeling of belonging to the group. Key words here: group building, group coherence, group identity,

management stigmatizing “sick” persons, being inside the group line (insiders) vs. outside the group line (outsiders), exclusion, the others, vs we. Discrimination: intentional or involuntary.

Krupa (2009) posits that questions and insinuations from the group about the legitimacy of mental illness raise concerns about the extent to which colleagues will use the label of mental illness to place themselves at an advantage in the workplace. The label of mental illness can be viewed as license for elude responsibilities or for receiving special privileges. Factors that support this concern include the “invisibility” of mental illness compared to physical illness and disability and the commonness of the stress experience at work. There are concerns that stress in the contemporary workplace will be labelled as a mental illness and ramps up disability claims. Allowing the question about the legitimacy of mental illness, shows a tendency to explain similar related work problems as evidence of moral shortcomings or weaknesses in personal character. Thus, the employment context provides a real-life situation where the tendency for employees and leaders to distinguish between “us and them” we healthy, you sick) considered a fundamental social-cognitive stigma process.(c.f. Krupa et al. 2009)
And furthermore Krupa (2009) stresses that features of the contemporary workplace are considered increasingly stressful, and that this stress is related to poor physical and mental health of the colleague. Stress is considered particularly problematic for those with mental illness who are perceived as less able to adaptively cope with demanding roles such as employment and are thus vulnerable to mental illness (you sick) in response to stressful conditions.

3. Stigma and structural manifestations: Mentally ill people are disadvantaged institutionally

Exploitation/domination, as keeping people down and avoidance of disease as keeping people away (c.f. Phelan et al. 2008)

According to Hanisch et al. (2016), discrimination forms the behavioural dimension of stigma and refers to any acts to the disadvantage of people who are stigmatized.(c.f. Hanisch et al. 2016) Research has shown that stigma has a deleterious impact on obtaining good jobs and leasing safe housing (Corrigan; Watson 2002, p. 2) Brohan et al. (2012) found in their review (see above) that unfair treatment in the workplace refers to beliefs or experiences of receiving less favourable treatment. This included a lack of benefits and reduced promotion prospects. ‘Rejection’ describes beliefs or experiences of being rejected or ostracised in the workplace because of one’s mental health problem. Employees with psychiatric disabilities also continue

to experience fewer opportunities for promotion and training, since employers tend to focus on their disabilities rather than their capabilities. (Krupa et al. 2009)

And Krupa et al. (2009) point out that stigma has the potential to marginalize individuals with mental illness from full work integration. In addition to placing the individual with mental illness at higher risk for unemployment, stigma can lead to underemployment, and precarious employment, which is characterized by low security and employer protection, and fewer opportunities for responsibility, advancement and personal and financial growth. One key informant described how underemployment has become a problem with vocational service delivery, referring to the stereotypical entry level positions often offered clients with long-term mental illness: food service, gardening, laundry or clerical work, and janitorial services.
In the workplace, stigma compromises the potential for the individual to be involved in supportive social interactions and events that foster good working relations. Stigma can also produce social conditions that undermine individual efforts to meet work requirements while maintaining personal health and integrity. Business in knowledge-based economy experiences staggering economic and productivity costs because of mental illness and poor mental health in the workforce, yet problems of poor mental health and mental illness is purposely hidden. The workplace in this knowledge economy is believed to demonstrate characteristics that provoke and sustain mental distress and are associated with an increase in mental illness in
the population (c.f. Krupa et al. 2009) despite looking at management and company culture.

When the label of "mental illness" is placed, several consequences follow. Some of these consequences are beneficent. Those who have been labelled mentally ill are given special protections and supply. They have the advantage - so far it is perceived as an advantage - of stays of unlimited duration at hospitals and of disability income provided by the state. The individuals receive social work programs for their care and rehabilitation; and they have such special legal benefits and protection against disadvantageous contracts. Many more of these consequences of the label are not beneficent. The mentally ill are kept from some jobs, and if they have been hired, they can be separated from the jobs after an evaluation of their competency. They are also kept out of some professions. Attempts are made to screen out the mentally disabled from graduate and professional education and from professions and jobs that require licensure. Those who have been licensed may be subject to revocation of the license. At the extreme end of the loss-of-equality.(c.f. Robitscher 1979)
Social stigma is structural in society says Ahmedani (2011) and can create barriers for persons with a mental or behavioural disorder. Structural means that stigma is a belief held by a large

portion of society in which persons with the stigmatized condition are less equal or are part of an inferior group. In this context, stigma is embedded in the social framework to create inferiority. This belief system may result in unequal access to employment and tasks on the job (c.f. Ahmedani 2011)

This labelling and stereotyping processes gives rise to separation. People do not want to be associated with unattractive characteristics. Once these categories develop, the groups who have the most undesirable characteristics may become victims of status loss and discrimination. The entire process is accompanied by significant embarrassment by the individuals themselves and by those associated with them (Link & Phelan, 2001). For instance, this may occur as a way for society to identify and label individuals with mental and behavioural illnesses as unequal. Persons with mental and behavioural disorders are often in lower socio-economic groups, they are inferior.(c.f. Link; Phelan 2001a) From the perspective of the identity model, the focus is on the impact of stigma within the lived experience of each person. Stigma may impact persons with mental illnesses through their social network, including how it exists in the structures of lived experiences such as employment, relationships, and status. Further, the impact of stigma is a response to threat, which may be a natural or tactical self-preservation strategy even so in company organisations. (c.f. Ahmedani 2011)

3. Empirical investigation on perceived stigmatization

In short, discriminative behaviour makes stigma perceivable. (c.f. Phelan; Link; Dovidio 2008) How do then – the people at work in the German language region - perceive stigmatization surrounding mental health problems? Therefore, I examine the taken interviews for experiences, keywords and terms that have arisen in connection with these perceptions. The investigation is carried out using the scientific method of coding the transcribed interview text line by line. Although the stigma of mental illness has been extensively researched among the general population, little is known about its consequences of the stigma of mental health in the workplace. This inductive qualitative social research study seeks to bridge the gap in this area. As the purpose of this thesis is to illustrate the dynamics of stigmatization rather than to explain its mere quantitative relevance, I have chosen to investigate how the complex systemic interdependencies according to Forrester (1968) manifest in the reflection of the subjects.

3.1. Corona Situation - Relevance on study

Facing the problem caused by the corona pandemic, there was a lack of interview partners from Switzerland and Austria. There was no chance to get contact to those interviewees due to the fact of lockdown, shutdown of companies and closed borders. The question about what role stigmatization plays in the DACH region regarding sociocultural intercultural differences seemed to stay unanswered.

Hence, the question came up in how far German language leaded interviews and its influence towards the relevance of the interview-based research results with only German interview partners are representative and valid to explore the problem and find the answer to what role stigmatization plays in the DACH-Region.

The investigation concerning the DACH-Region in chapter 2.4.f. with regard to the question, whether there are any socio-graphical, socio-cultural differences in connection with the question of the role of stigmatization in the DACH area, in concrete: “Is German culture and society in relation to Austrian culture and society, Austrian culture and society in relation to Swiss culture and society and finally the Swiss culture and society in turn to German culture and society so different that this necessarily leads to a demand for individual consideration of the societal circumstances in connection with the role of stigmatization?”

This question was answered by research regarding socio-cultural traits caused by language, history and the use of Hofstedes’ Dimensions country comparison. Viewing the results of these exploration allows the following conclusion. There is no significant difference within the German-speaking cultures. Meaning for this research work, the examination of German-speaking interviews conducted with only German interview partners is representative and vicarious for the DACH region.

As shown in chapter 2.4.f. there are no significant differences in the socio-cultural characteristics of the DACH countries. It can therefore be assumed that in all three countries there is a similar, if not the same, culture in how people interact with one another.

Conclusion, all over in the DACH-Region there is the same dealing in using negative stereotypes, stigmatization and discriminatory behaviour.

This understanding has direct impact on the selection of the interview partners. There was therefore no need for a selection of x-Swiss-, y-Austrian- and z-German-interview partners regarding a representative sample despite the fact of impossibility due to corona pandemic.

After reflecting the Hofstede results, the common language area is decisive here. Here the Germanic language area. Thus, the selection, also due to the corona pandemic is permitted for only German test subjects and will not have a negative impact on the results of the interview evaluation. The representativity of the analysis is so far given.

3.2. Design, Method & Concept

This research was conducted using grounded theory methodology to develop a systemic theoretical understanding of the principles, systematics, and main drivers around perceived stigmatization on workplace in connection with mental health issues. The scope of the research question and design enables to address several sub-questions and aspects focusing on specific stigma issues and challenges. The research question for the present study was: “How do people at work perceive stigmatization surrounding mental health problems in the DACH-region?”

The inductive qualitative social research study focuses on the understanding of stigmatization that occurs with industrial workers in German-speaking countries. I therefore lead interviews with affected persons in the German industry. Qualitative methods focus on interpretive request that is concerned with how the social world is experienced and understand by informants (c.f. Saunders; Lewis; Thornhill 2009). The social world is seldom straightforward and far too complex for what the scientific approach presupposes as people attaches different meanings and lifeworld experiences to their interpretation and meanings given to their understandings of facts and events. (c.f. Miles; Huberman 1994)

An interpretative description is uniquely suited to explore sensitive issues, such as mental health in the workplace and its stigmatization. The interpretative descriptive approach stays grounded in an interpretative orientation that acknowledges the constructed and contextual nature of much of social science research, similar to mental health illness experience and other related experiences like stigmatization that also allow for shared realities (perceptions) (Thorne; Kirkham; MacDonald-Emes 1997, p. 172) Therefore, from the perspective of the person concerned, the experience of mental health problems and their stigmatization in the workplace can have profound effects on everyone and thus on the organization.

3.3. Data Collection

Data collection

Following Saunders et al. interviews are the method of choice to collect valid and reliable data.(Saunders; Lewis; Thornhill 2009, p. 320–322) Hence, data for this study was collected through semi-structured, occasionally unstructured interviews with a total of 10 interview partners. The originally requirements were as follows (Pre-Corona): Sample size should be 8 to 10 interviewees of all nations (DACH) and all gender (m/f). Affected persons if possible, from companies in different branches and with different performance operating in the DACH-region. Fixed appointments on neutral ground with good atmosphere (Café or similar). Relationship work, trust building and mindfulness are necessary then.

Interviews during the Corona pandemic

Industry contact persons assisted in the selection of the interview partners. E-mails were sent with the request for additional work in the search for interview partners for the research question. The email was self-explanatory, containing the research question the reason for the interview, so it could be forwarded to potential interview partners for their preparation on the interview. The contacts - I call them connectors - are held in responsible, sensitive positions within German industry. The advantage of this approach was that the existing relationship of trust between the connectors and the possible subjects made it possible to establish a good basis of trust with the interview partners prior to the interviews and the interview host. The pool of respondents thus created included a wide range of employees from production, HR department, works council, middle management, team management, project management and administration. (see tab. 3) All employees were in responsible positions.

The only requirement for being selected as an interview partner was that the respondents could contribute experiences and / or observations regarding the research question. With regard to the research question: "How do employees experience stigma in the workplace in connection with mental health problems?", there are different possible orientations and positions of the interviewees. On the one hand, the observers, I call them “witnesses”, and on the other hand, those directly affected, which are referred to as “stakeholders”. The sample of 5 women and 5 men of different ages and social backgrounds were interviewed (see tab. 3).

The interviewees of the “witness” group had observed how colleagues and superiors and the affected (stakeholders) themselves dealt with stakeholders with mental health problems and how they dealt with themselves. For this purpose, they were asked about their own perception

of the stigmatization of their colleagues and, if they were given in discussions with colleagues, what the perception of the "stakeholders" was regarding their stigmatization and their situation.

The "stakeholders" interview group was asked about their own perception of their stigmatization and situation. All "stakeholders" were ill with mental health problems. Disease forms and courses ranging from depression, anxiety and panic attacks to burnout had been diagnosed. The scale of illness-related absenteeism at work went from 2-4 weeks (sometimes several times) and reached up to 2.5 years. For reasons of clarity and easiness in communication and to avoid misunderstandings, the interview partners were all interviewed in German (mother tongue).

Data was generated by interviews hold on the one-to-one basis. Depending on the course, the interviews lasted between 55 and 70 minutes. One interview was conducted shortly before the Corona shutdown in the physical presence of the interviewee. Nine interviews were conducted online via Teams, Zoom, Skype or whats-app. 3 of the 10 interviews were recorded as mp4-files on computer for later transcription.

The interviewees had great concerns and worries about confidentiality. 4 of 5 affected Interviewees were more interested in not to disclosure the name of the company that they are working for than to keep the own name secret. This behaviour was another indicator of a suspected stigmatization.

Due to problems with the permission to record the interviews, 7 interviews were protocolized, as assembled transcript. The problem of subjectivity when logging the interviews due to the subjective listening - while the statements are written down and summarized when writing down - and the resulting blurring in the analysis of these interviews is known and consciously acknowledged. But have a subordinate meaning in the systemic analysis of stigmatization.

Interview-setting

All interviews were conducted in a coaching style - method, using classic coaching questioning techniques (w-questions, circular-, paradoxical- and provocative-questions) in connection with the methodology of active listening (c.f. Hofert 2017)(c.f. Wildemuth 2016) This is because people like to tell stories, especially when they think these experiences are important. Using coaching technique brings up very sensitive and hidden secrets to which the interview partner is usually not willing to reveal.

That is why those interviews start with trust building (small talk) to establish a good relationship the so-called “working alliance”. (c.f. Fischer-Epe 2015) Then build up empathy towards the

respondent and use active listening technique to fixate rapport (ibid.) Relationship work, trust building and mindfulness are necessary then. Confidentiality must be assured.

Active listening is a non-therapeutic technique of conversation based on Rogers' (1942) “client-centered conversation” technique. Active listening serves to encourage the conversation partner to talk, to build trust and to open up emotionally by building emotional closeness (empathy + rapport)(c.f. Rogers 1975)(c.f. Hofert 2017)(c.f. Fischer-Epe 2015) During the process, the interviewer holds back verbally (max. 10% of the conversation) and only indicates that he is listening in a focused manner by using humming speech.(ibid.) This achieves two goals. First, the interviewer receives important and essential statements about the emotional state and the resulting life situation of the conversation partner in interaction with coaching questioning techniques, it can be worked out how the interlocutor perceives himself and his environment. (c.f. Fischer-Epe 2015) Second, the conversation partner feels good "picked up" and looked after. This enables him to open up further, to let everything out and to take the noticeable pressure off his soul. As a result, the conversation partner feels relieved and mentally better.

All interview sessions had this effect, which allowed to get deep insights into the mental world and the levels of perception of the respondents.

Possible Interview Questions (select spontaneously during the course) for these sessions are:
What did you perceive? Can you talk about it?
What happened, how comes?
What did it to you?
What happened after sick leave, what after return?
What was the role of family / partner, how did they react, behave?
What was the role of friends / society, how did they react, behave?
What was the role of colleagues / leaders, how did they react, behave?
See also Interview template – Fig. 2

INTERVIEW – unstructured - coaching style conversation
with directly affected persons and witnesses related to the Research Question on Master Thesis A. Pfeil, taken in German language.

Research Question: "How do people at work perceive stigmatization surrounding mental health problems in the DACH-region?"
Interviewfrage: Wie nehmen Sie Stigmatisierungen im Zusammenhang mit psychischen Gesundheitsproblemen bei der Arbeit wahr?

Following Interview Questions must be asked to all interviewees

Am I allowed to tape/record this interview? Commitment to confidentiality!

How do you feel right in the moment?

What is your role are you witness or direct affected?

What is your actual situation, age, state of relationship, kids, work-position?

What did you perceive? Can you talk about it?

What happened, how comes? How do/did you perceive stigmatization at work?

What did it to you?

What happened after sick leave, what after return?

What was the role of family / partner, how did they react, behave?

What was the role of friends / society, how did they react, behave?

What was the role of colleagues / leaders, how did they react, behave?

Fig 3. - Template for interview-preparation (own)

The following table gives an overview about the person interviewed, chronologically.

	sex	Age	profession position	Status actual	children	marital status	Witness/ affected
R1	f	mid 40	Senior HR-Manager	unemployed	2	married	Affected
R2	m	end of 40	Project-Manager	Sick leave	0	fixed relation	Affected
R3	m	58	R&D Team-Leader	Sick leave	0	friendship +	Affected
R4	m	end of 50	R&D Team-Leader	employed	3	fixed relation	Witness
R5	m	56	HR-Referent	Sick leave	1	married	Affected
R6	m	59	Busn. Unit Manager	Freelancer	2	married	Affected
R7	f	26	Project-Manager	employed	0	fixed relation	Affected
R8	f	mid 30	HR-Team-Leader	employed	0	fixed relation	Witness
R9	f	47	R&D PM	employed	0	fixed relation	Witness
R10	f	62	Workcouncelor IT-Systemsengineer	employed	0	No relation	Affected

Tab. 2 – Overview of Interview Partners (Respondents R) chronologically (own)

Original Setting:
Fixed appointments on neutral ground with good atmosphere (Café or similar) Relationship work, trust building and mindfulness are necessary then. Therefore, introduction of my person and background, what is the interview used for.

Update to Setting:
Most of the interviews after March 15th were held online via video chat due to the fact of Corona-Crisis. Thus, confidentiality and data protection became a more and more relevant topic. Due to that interview partner had high levels of concern. To get live cuts became very difficult.

3.4. Data Analysis

For the reason of interviews taken in German language (native) the data analysis of the interviews was also carried out in German language to get better analysis results. The data analysis process for the recorded and transcript interviews followed the constant comparative method central to grounded theory (c.f. Vollstedt; Rezat 2019) and Charmaz's (c.f. Charmaz 2006) constructivist approach to grounded theory. The analysis began with line-by-line coding of the transcript interviews. Next the data from these codes were compared to identify focused key-findings. The data within these focused findings were examined of how they can give an understanding of perceived stigmatization in relation to the multi layered effects of received stigmatization. Furthermore, the analysis focused on how the interviewees' focus statements about the perception of the stigmas associated with mental illness at the workplace can be interpreted. The statements in connection with perceived stigmatization, as well as effects that are closely related to stigmatization (discrimination, disclosure, rejection, social behaviour etc.) were interpretatively assigned to the multilayers (see 2.3.3.b Nr.1-3) of the stigma. Even so parts of the key findings from the logged interviews regarding the blur of subjectivity (see above).

4. Summary of empirical results

4.1. Respondents perception of stigmatization

Let us make the mechanism aware again, mental health problems stigmatize those affected by negative stereotypes and prejudices and often result in discriminatory behaviour on the part of the "stigmatizer". In this context I look for experiences and experienced behaviour that the stigmatized person has perceived. This perceived behaviour and the personal reaction of the affected in connection with these perceptions, can in turn be used to draw conclusions about the stigma obtained and the nature of the stigma. I assume that if I know the nature of the stigma and its reason, then its systemic role can be derived from it, i.e. the role of stigma and stigmatization. Therefore, I examine the interviews for experiences, keywords and terms that have arisen in connection with this mechanism and sort them to the categories of the multilayer effects described in 2.3.3.b Nr.1-3 according to Phelan et al. (2008).

The key findings are highlighted with original quotes from the interview partners. For the reason authenticity the quotes are kept in German language and are not translated.

Shared Perceptions, Experiences, Attitudes

Based on experiences with burn out, other MHPs, coming-out by themselves, coming-out (disclosure) by superior or others and perceptions on attitudes like e.g. changes in behaviour of colleagues, supervisor; changes in behaviour of family, partner; changes in behaviour of friends the following sorted key findings occur in a perceived frame of further categories like Victim, Anxiety, Fear, Power demonstration, Dominance, Fairness, Justice, Exclusion.

In the "stigma-perception-matrix" below, are shared perceptions and experiences made by the interviewed persons assigned to the multi-layer categories "Self", "Social" and "Structural".

Key Findings (Perceptions) from the interviews in German language because of authenticity and better results in analysis.

	a) Self	b) Social	c) Structural
1. Before the disease	Stress nahm zu Angst, Dinge nicht mehr zu schaffen, Gefühl der Überlastung Angst die Aufgaben nicht richtig zu erledigen Gefühl der Herabwürdigungen und	Druck der Kollegen, erwarteten schnellere Erledigung Meinungsverschiedenheiten nahmen zu Wurde als Marionette bezeichnet	Bloß keinen Burnout, diese Leute gelten bei uns als „Psychos" Anti-Diskriminierungs-leitbild vorhanden aber nicht gelebt Es herrscht Alltags-Rassismus

	Verletzungen gewannen an Bedeutung Anerkennung fehlte Vorwurf unfähig zu sein macht Angst Fühlte mich nicht ernst genommen Keine Zeit mehr zur Erholung – Angst vor Erschöpfung Schwierigkeiten die Dinge einzusortieren (dummer Spruch / Übergrifflichkeit)	Druck des Managements, bekam immer mehr Aufgaben Missachtung der Privaten Zeit Sehr belastende Drucksituationen Kollegen haben unterstützt Wurde wie ein Schuljunge behandelt Bevormundung durch Kollegen nahm zu	Integrität wird groß geschrieben und von der Unternehmensleitung immer wieder betont
2. Beginning illness	Keine Hilfe gesucht, hatte Angst vor Entdeckung Weg zu Arbeit fiel immer schwerer Verunsicherung, Infragestellung meiner Person Machte mich klein und hielt mich klein Angst vor Zurückweisung und Ausschluss Ich habe mich gut versteckt und verstellt Probleme als Schwäche empfunden Alte Stigmas, wie uneheliches Kind, immer noch keinen Mann, kommen wieder hoch Körperliche Symptome nahmen zu Flucht und Rückzug als Reaktion	Fragen der Kollegen, was mit mir los ist – Angst, offen darüber zu sprechen Anmerkungen des Freundeskreises und der Familie, dass nichts mit mir anzufangen ist, man kann dich nicht mehr mitnehmen Die meisten haben nichts gemerkt, wollte auch nicht dass die Kollegen etwas mitbekommen Befürchtete eine Verschlechterung meiner Situation wenn etwas bemerkt wird Rollen gespielt wie im Theater	Habe Hilfe gesucht aber keine Hilfe erhalten, weder Ärzte noch Unternehmen Kultur des Diskriminierens erfahren
3. acute phase	Einsamkeit, allein gelassen Stecke fest, will raus und kann nicht Leide an Schlaflosigkeit, Erbrechen und Zittern	Es ist durchgesickert, dass ich einen Burnout hatte Vorgesetzte heucheln Interesse Vorgesetzte wirken hilflos und überfordert	Wurde aus dem Projekt herausgenommen Vorgesetzter weiß sich nicht zu helfen, wirkt überfordert

	Fühle mich wertlos ich habe Suizidgedanken Scham und Schuldgedanken Denke man sieht mir meine Probleme an, kann deshalb keine neuen Kontakte knüpfen, mich bewerben Habe Verständnis für die Aktionen des Vorgesetzten, ich entschuldige sein Verhalten mir gegenüber Angst ein Stockholm-Syndrom* zu entwickeln	Kollegin hat andere Stelle besorgt Familie und Partner haben unterstützt Kollegen haben Lanze gebrochen Fehlende Akzeptanz für diese Krankheit Kollegen halten Abstand Keine Loyalität mehr	Konnte die Stelle wechseln, neues Team neuer Vorgesetzter
4. return	Habe mir nichts mehr zugetraut Gefühl der Hilflosigkeit Erlebte Demütigungen Stolz wieder etwas geleistet zu haben Fühlte mich hintergangen nachdem ich meinen Job nicht mehr machen durfte Misstrauen und Skepsis gegenüber den Kollegen und dem Vorgesetzten, wollen die mich los werden? Ständige Sorge um den Erhalt des Arbeitsplatzes Habe von einem Stigma nichts bemerkt Ergreife auch keine verantwortliche Arbeit mehr, Angst vor einem Rückfall Zukunft ist unklar, habe Zukunftsangst Gespräche halfen mir Fühlte mich unterfordert, gehe nur noch zum Gelverdienen hin War wieder Stütze im Team	Wurde behandelt wie ein Behinderter Leistungsfähigkeit wurde bezweifelt Arbeit wurde vorsortiert Kollegen waren außergewöhnlich nett Ehemaliger Vorgesetzter hat mich ignoriert Mitgefühl für meine Krebserkrankung war größer als für meinen Burn-Out Bin als Krebskranker akzeptiert… Betriebsrat kümmerte sich um mich Neues Team hat mich gut aufgenommen Neuer Teamleiter war sehr empathisch Freunde und Partner boten Gespräche an Wurde wieder als Kollege behandelt	Durfte nicht mehr denselben Job machen, ich war raus, musste weniger Gehalt hinnehmen war jetzt ein „Psycho“ Job war weg, an einen Kollegen vergeben worden Stelle wurde gestrichen Wiedereingliederung** wurde missbraucht – mehr Abarbeiten von Vergangenem als Wiedereinstieg Haben eine Fallplattform auf der die „Rückkehrer“ besprochen werden Krankheit und Problem werden nicht ernst genommen Abermalige Wiedereingliederung wurde von mir abgelehnt

	Kann über meinen Burnout sprechen, fühle mich stark genug		

Tab. 3 – Stigma-Perception- Matrix (own)

*Stockholm syndrome was named after the hostages' observations and experiences made at the 1973 Bank-hostage-taking and defines a psychological phenomenon in which hostage-taking victims develop a positive emotional relationship with their kidnappers. The person concerned emotionally approaches the discriminator, forgives, and understands his action and excuses the persons' behaviour.(Adorjan et al. 2012, p. 454–474)

**After return from sick leave the employee has a claim for reintegration measures. The measure stipulates that the workload is gradually ramped up week by week after the employees' return. Beginning with 2 hours a day, then 3 hours, then 4 hours and so on. The whole process usually takes 4-6 weeks. Payment in this time is made via statutory health insurance.(c.f. Gawlick 2017)

Some original statement for highlighting the samples in the categories in original language because of authenticity:

…"Nach Rücksprache und Ansage durch meinen Vorgesetzten wurde ich aus dem Projekt rausgenommen. Das war eine echte Befreiung. Der Druck hat dann schrittweise abgenommen"…

…"Ich hab mich deshalb noch mehr und mehr angestrengt, wollte unbedingt soviel wie möglich richtig machen bzw. es ihm recht machen"…

…"Es brauchte 40 bis 50 Anläufe bis zu einem Termin bei Psychologen. Das war ein ständig schneller werdender Wechsel zwischen Arbeit-Krankheit-Arbeit-Krankheit usw. Ich bekam Zitteranfälle und Suizidgedanken"…

…""da ich ja nicht mehr so könne wie früher, könne ich auch das ehemalige Gehalt nicht mehr bekommen und mich mit weniger abfinden". Da hab ich mich zum ersten Mal richtig minderwertig gefühlt"…

…"Bei psychischen Erkrankungen sind die Reaktionen härter, da ist die Angst der Führungskräfte unglaublich hoch etwas damit zu tun zu haben. Verständnis für die Situation wird nur geheuchelt"…

…"ich konnte nicht, ich war in meinem Selbstwertgefühl so weit unten, dass ich es nicht gewagt habe mich irgendwo zu bewerben. Ich habe gedacht alle meine schlechten Ecken alle meine schlechten Eigenschaften die sieht man mir sofort an"…

…""Behinderte" werden sofort als mit nur recht wenig Leistungsfähigkeit taxiert. Die Abteilungsleiter haben dann Angst, dass der Mitarbeiter ausfällt"…

…“ Ich war schon mal 5 Monate krank. Das war ein herber Absturz als ich zurückkam. Mein Job war plötzlich weg, ohne dass ich eine Info bekam wurde er auf einen Kollegen übertragen“…

…“wurde ich bei der Wiedereingliederung unter völlige Überlastung gestellt. Ich wurde Vollzeit beschäftigt und musste Liegengebliebenes zusätzlich abarbeiten. Am Ende kam ich auf über 300 Überstunden! Die Wiedereingliederung wurde missbraucht“…

…“Die Kollegen sind heute froh, wenn ich Arbeiten übernehme. (Anm. nach der Rückkehr aus dem Burnout) Sie haben viel Verständnis für mich seit der Krebsdiagnose. Sehe das skeptisch, kann das nicht richtig einsortieren“...

…“Mein Chef beachtete auch die Samstag- und Sonntag-Privatsphäre nicht. Er nahm Kontakt auf wie er wollte. Anfangs hatte ich dafür Verständnis, fühlte mich sogar wichtig“…

…“Die Führungskräfte untereinander lästern in der „Integrationsrunde“ über die Mitarbeiter ab“…

…“der E3 meinte nur, „da ich ja nicht mehr so könne wie früher, könne ich auch das ehemalige Gehalt nicht mehr bekommen und mich mit weniger abfinden“. Da habe ich mich zum ersten Mal richtig minderwertig gefühlt“…

…“Ich habe keine Stigmatisierung wahrgenommen. Die Kollegen waren netter. Die haben mich in meiner Arbeit unterstützt“…

…“Einfach zu sagen „ich kann nicht“ war für mich eine echte Bedrohungslage, das wäre einem Outing gleichgekommen. Das hat mich sehr belastet. Ich wollte ja raus aus meinem Handicap und konnte nicht“…

It is assumed that all interview partners were not in exceptional living conditions, are of average age and live in fixed circumstances, so that no external influence on the course of the disease and the stigma suffered is evident.

Summary of findings from stigma-perception-matrix:

1a) Results: Those affected report increasing psychological stress (anxiety), increasing fears and concerns regarding their own performance and self-esteem. At the same time, the decline in cognitive skills and the lack of recovery time are noticed. Decreasing recognition is also reported as the number of degrading statements and actions increases.

1b) Results: Those affected report high pressure of expectations from the group with regard to the timely completion of tasks. Disagreements in the execution of the tasks are reported and the negative way of dealing with each other is noted. Those affected report increasing attempts by the group to control others, right down to the private sector. Positive collegial gestures are rarely reported.

1c) Results: Those affected report internal company values, attitudes and attitudes to dealing with the topic of mental health problems and the employees who may be affected.

2a) Results: Those affected report fear of discovering their difficulties, fear of distancing and rejection by the group. So, they do not seek help. Physical reactions and changes in personal behaviour are reported. Those affected also report a further decrease in self-esteem and tendencies towards self-isolation. Attention must be avoided for fear of discovery.

2b) Results: Those affected report reactions of the group of colleagues and friends to the changed behaviour and the attempt to keep the changes hidden for fear of an outing and as a result deterioration of their own situation

2c) Results: Those affected report of the unsuccessful search for help in the company and the culture of discrimination against their incipient illness

3a) Results: Those affected report increasing to final isolation and loneliness. They report helplessness towards their own condition. The physical symptoms are said to be uncontrollable; loss of control and feelings of shame about this situation are reported. Reports of further declining self-esteem and feelings of guilt regarding one's own responsibility for one's own situation are reported. In this context, affected people report suicidal thoughts and behaviour that resembles Stockholm syndrome. An imperceptible emotional approach to the perpetrator (s), understanding and debt relief are reported.

3b) Results: Those affected report a lack of loyalty and a lack of acceptance for their illness. The indifferent behaviour of the superiors is also reported. Support from individual colleagues and primarily from family members, friends and life partners is also reported.

3c) Results: Those affected report helplessness in dealing with their illness, but also about actions, scope of the organization with a positive impact on their own situation.

4a) Results: Those affected report feelings of helplessness that are paired with a feeling of lack of confidence in themselves. Feelings like pride in regained performance are also reported. Mistrust and feelings such as fraud are also reported, but also fear of the future. Sufferers report that they did not notice their stigma. They report that they feel underwhelmed, but also do not want to take on any more responsible work for fear of relapsing into excessive demands. And they report regained self-esteem and self-confidence, they can talk about their illness without being afraid.

4b) Results: Those affected report degrading treatment in the distribution of tasks and the assessment of performance. Collegial treatment in a team or support from a group of friends was reported as well as the different levels of acceptance of the individual diseases cancer and mental illness. There were also different reports on the behaviour of the old and new superiors.

4c) Results: Those affected report that the job has been taken away, that tasks have been reassigned or that the job has even been cancelled. Legally questionable handling of reintegration and the refusal on the part of the person concerned to cope with this reintegration were also reported. Those affected report concern about their job because of their former illness. They also report on case discussion platforms and dealing with the topic of mental illness.
Final note about the respondents and the findings:
- thoughts of suicide (4 out of 7 persons affected)
- burnout (4 out of 7 with long-term illness up to 2.5 years)

4.2. Interpretation - Discussion - Hypothesis - Theory

On closer inspection of the results, it appears likely that there are correlations, systemic interrelationships, and circular reinforcements between the levels (self-social-structural).
As follows:

1. Between 1a and 1c: The feeling of getting less done leads to a worsening of the situation with a fear of outing as a low performer, burn out candidate - and thus strengthens the self-perception that nothing more can be done. The awareness of everyday racism and the non-life of the anti-discrimination picture also exacerbates fears of failure.

2. Between 1a and 1b: pressure of expectation and degrading treatment (schoolboy, paternalism) from the group of superiors and colleagues leads to increased self-doubt, deterioration of self-esteem.

3. Between 1b and 1c: The corporate culture (everyday racism) in dealing with mental illness favours the negative actions of the social level on the “self”.

4. Between 2a and 2b: Comments from friends, family and colleagues deepen the fear of discovery and lead to avoidance and cover-up behaviour (hiding and role-playing, cognitive dissonance). Already existing old stigmata emerge again and disturb the self-image (questioning, insecurity).

5. Between 2a and 2c: Even if the step of asking for help goes against all fears of discovery, then it is all the more fatal if no help is offered on the part of the company (I would have better not asked). Because now the information about the disease is seeping through (culture of discrimination)

6. Between 2b and 2c: as in 1b, c culture enables action.

7. Between 3a and 3b: Driven by the lack of acceptance and "legitimacy" of the disease, the unsolidaristic behaviour of the group, the exclusion and the avoidance behaviour of the group arise and plunge the affected person ever deeper into the disease process. The effects on the self are spiralling faster and more violently up to the absolute standstill of the "self" = “depression”.

8. Between 3a and 3c: emergency programs of individual responsible persons and empathic helpers avoid worse (possibly suicide).

9. Between 3b and 3c: Major incompetence in dealing with the illness by the company is reflected in the way the colleague and superiors deal with the illness and vice versa.

10. Between 4a and 4b: Signals from those affected (I have no confidence in me anymore, do not take on any responsibilities) strengthen the point of view of colleagues and superiors (they can no longer be trusted, work will be pre-sorted). This behaviours in turn leads to distrust of the person concerned about the true intentions of the colleagues (they probably want to get rid of me). The lack of acceptance and legitimacy of the disease can also be seen here, as the group has more sympathy for the additional cancer that has occurred in the meantime than for the mental illness (the possible connection between mental illness and the development of cancer in the sense of a disease is not yet discussed here (favourable predisposition) Nevertheless, there are also moments of pride and satisfaction about the work done for the group when the group treats the person concerned as colleagues again.

11. Between 4a and 4c: Prejudiced attitudes and views in the corporate culture lead to the removal, deletion or reorganization of the position because it is assumed that the patient does not meet the requirement in this position. This greatly reduces the motivation to work for those affected (feel underwhelmed, just go to earn money). Lack of rules and seriousness in the organizational area of the company (reintegration) lead to fears about the future in

the company and constant concern about the job. The presence of a case platform is not yet an indication of problem awareness and the serious handling of the disease in the company.

12. Between 4b and 4c: Unclear but restrictive treatment of the person concerned by the company organization leads to unclear reactions in the group. A broad framework spans everything from treatment as a disabled person with pre-sorting of work through ignorance by the former supervisor to accepting and re-entering as a colleague and full team member favoured by an empathetic team leader.

It is to assume that the perceived Stigmatization on mental health problems counts in on the self-stigma “self” the most even if there are findings of positive nature. All negative findings have a disturbing and destructive character.

Perception is very individual and very complex. The superiors - due to their exposed position - and the group of colleagues (collectively group - called "social") seem to have a very decisive influence on the course of events.

All actions and expressions of the group are internalized in the person concerned in the "Self" and have an effect there towards the self-esteem of the person concerned.(c.f. Crocker; Major 1989) On the one hand increasing effect in praise, recognition and success. On the other hand, reducing, debilitating effects in the case of discrimination, degradation and negative stereotypes, stigmatization such as withdrawal of recognition, loss of status (ibid). (See a-b relationships)

Added to this is the influence of the company's (structural) organizational level, which generates attitudes and beliefs among employees through values, culture, guidelines and models, which then have a positive effect on the group's actions towards the person concerned as legitimizing, accelerating, reinforcing and exacerbating (see b -c relationships) but also when internalizing the effects of structural on self (see a-c relationships)

The legitimacy of the mental illness, i.e. its acceptance in society, therefore, also plays a major role. An alibi or placebo background is regularly assumed for the disease and thus for the patient. Mental illnesses have no visible signs (bandages, plaster, crutches) and are therefore difficult to identify, i.e. legitimize. This can also be seen in the descriptions of those affected. Compassion for the mental illness could not be reported. Rather, stereotypes are assumed which represent the mental illness as an explanatory pretext for reluctance to work. Absence from

work for reasons of mental illness will not be accepted by the group and the structure until the sick leave has lasted for weeks, and even then, the signals will be misinterpreted and stigmatized. Indeed, the desire to work has disappeared, but not due to laziness as suspected by social and structure, but rather due to depressive moods or then severe depression.

This can also be an answer to the question why there is no solidarity with mental illnesses? Mental illnesses are not "group illnesses" as in the sense of the stigmatized groups (we Germans or the Germans) which has solidarity effects. The stigma of mental illness applies to the individual. Mental illnesses are not knee injuries that would allow us to say: it just does not work! I am not able at the moment! Knee injury is clearly visible, not mental illness, which in turn affects the perceived legitimacy of the condition.

Perceived stigmatization can be seen in the descriptions and observations of the respondents through the reaction of others (social, structure).

Stigma potential is given by the “self” due to the nature of the disease - many cases of mental illness are accompanied by a loss of status and self-esteem, depression, guilt, self-doubts and inferiority.

Based on the evaluation and analysis, it can be concluded that perception of stigmatization is a systemic cycle that builds up on the “self”. By their very nature, mental illnesses are beneficial because they work through and on the self -level.

This creates a stigma - perception loop (see Fig. 3). This loop can be accelerated, intensified, relaxed and slowed down.

Procedure:

1. It usually begins with increased demands, volume of tasks on the part of colleagues and / or the manager (social). The own sense of duty, the loyalty and the fears (self) about the preservation of the job mostly do not allow a defence reaction against the increasing stress. A no stop for always new tasks is not expressed. The burden of the tasks increases continuously until overload. The now diffuse overwhelming has a negative impact on your own work management, stress arises, the fear of your own failure grows and is further intensified by the fear of possible stigmatization as a bad performer. As a result, one's own impression increases, the self-perception that nothing can be done, achieved or worked through.

2. + 3. There are first negative reactions from colleagues and the manager (social), the pressure of expectations increases. Now the affected person is stigmatized. The stigma is perceivable for those affected by the negative reactions, such as derogatory terms and discrimination such as patronizing in front of an audience, measurements in the circle of colleagues, or those affected not taken seriously, ridiculing them.

4. This has serious consequences for the self-esteem of the person concerned. The perceived self-worth of the person affected suffers damage. As a result, the fear of not being able to do things properly increases. The person concerned tries to do everything possible to counteract the stigma of the bad performer by doing more work, even more performance by "doing better" and getting rid of it.

5. The external stigma is internalized and leads to self-stigmatization. The guilt of not being able to do it is suspected in itself. The affected is now stuck in a self-stigmatization trap like quicksand. The more he tries to get out, the more he sinks. As we know, an exhausting process. I.e. the perceived overload is growing. The self-esteem, which is constantly being reduced, does not allow those affected to rest.

6. This creates changes in the behaviour of the person concerned. These changes in the person of the person concerned are perceived by their environment, the others (social).

The circle is now closed and takes its course. Further social reactions follow, e.g. Asking colleagues what is going on etc. This in turn triggers new additional fears (the old fears of getting nothing done are still there). E.g. Fear of being discovered as a person with incipient mental illness, which would lead to further stigmatization (psycho) and thus further deterioration of one's own situation, etc.

This stigma perception loop can take a tremendous drive and develop very negative forces, particularly on the self-esteem of the person concerned. The result is severe depression. The stigma perception loop therefore only ends when the mental illness has manifested itself and is being treated.

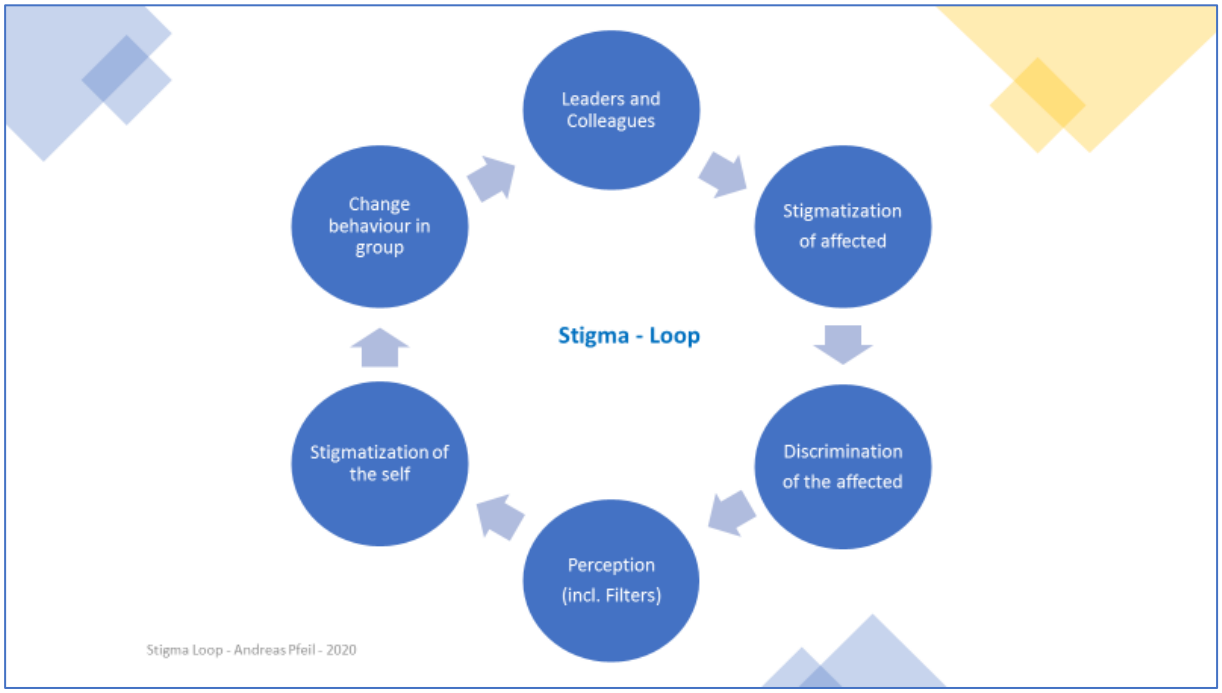

Fig. 4 – Stigma-Loop own illustration (own)

There is a risk that if the person concerned returns to everyday business life, an unfavourable reintegration measure (see matrix, misuse of the measure) will start the cycle again for the person concerned.

The question arises how can this cycle be interrupted? A possible answer lies in the information on reintegration. Here, a resumption of the cycle can be prevented through targeted training of the managers - who have an exposed position - on targeted intervention planning when the person concerned returns.

Another way to stop the cycle is to speak openly about it and not to talk about it stigmatized. Is to verbally avoid prejudice, stereotypes and stigmata. One approach to this is non-violent communication according to Rosenberg (2001).

Further considerations:

Since in the Germanic-Alemannic culture and language area (see 2.2.3.) there is an inclination towards the group and leadership (hierarchy), it is in the expectation of the attributors (group members) that a manager is like a leader in the archaic sense - protection of the group, ensuring survival by defending resources and preserving reproductive opportunities - behaves. Likewise, the group expects its members to work for the group and the executive and to make the expected contribution to maintaining the group and leadership system. If the member (element of the system) does not (see Lohr - stigma of unemployment) then this element loses its value (status and recognition) and becomes proverbially worthless. This in turn leads to self-stigmatization as a worthless element of the system. As a result, the affected person's self-esteem system is severely impaired, the mental health problems are intensified in a kind of downward spiral. This usually does not go unnoticed - sick times etc. - despite the person's imaginative hide-and-seek games. This in turn is reflected in the group. Uncertainty with other system elements, i.e. group members could spread. Repairs are followed by stigmatization to preserve the group, to preserve the power of the leader. The cycle has started, the loop is open.

This is also supported by observations - perceptions of the stigmatized - (see box) in connection with the fear and excessive demands of the management regarding dealing with mentally ill people, as well as the denial of any responsibility or even culpable behaviour towards the sick person. Now we know that this form of getting sick is not a process of hours or days. Rather a process that takes a long time in its course. That should be noted, in spite of all the acting skills of the stigmatized, especially since the “stigmatizer” himself acts and, on closer inspection, can also assess his actions. This in turn speaks for an unconscious prehistoric biogenetic process in

which the agent (usually the supervisor) is not the conscious master of what is happening. (see box) However, stigmata that are used deliberately are also possible (see tab. 4).

What is often overlooked is the enormous damage in business and economic terms. Stigma in the workplace demotivates employees in two ways. Efficiency declines significantly in the long term - after a short period of rearing up (see tab. 4). As a result, the group suffers from it, the other members have to compensate for the lost performance and compensate, which leads to more work to be done with all the consequences (exhaustion, reluctance, excessive demands) but also to anger on the one hand about the sick (weak) colleague who leaves the extra work during his sick leave, on the other hand to the superior as the cause of the illness of the colleague. In addition, fear and uncertainty can be felt, you could be the next on the stigma list. If the group and the supervisor identify yourself as a bad performer, low performer or for other reasons no longer suitable, then you are.

5. Conclusion, Reflections, and recommendations

There is much to suggest that the answer to the question of how people perceive stigmatization in the workplace in connection with mental illnesses lies in the nature of the illness itself. The exposed position of executives and colleagues certainly plays a decisive role here. Through their own behavior, they can accelerate, reinforce, aggravate, but also slow down, weaken and stop the stigma perception cycle. Since the mental illness always affects the "self", the illness also influences the very personal, individual and complex perception of stigmatization. For the stigmatized, stigmatization can only be perceived by the actions and reactions of the others, as can be deduced from the descriptions of the observations of the interview participants.

5.1. Theoretical contributions

1. The understanding of systemic stigma-perception loop processes is basic towards HR-related issues like motivational factors in the employees' daily routine as it is to work medicine and psychology and all schools and scholars in leadership. Impact to the post corona digital didactic world with video-communication and loss of body language hypothesis.
2. Mental risk assessment on workplace (Evaluation) – Improvement on factors
3. Leadership Theories – Mental Health and Stigma on Workplace - Mindful Leadership

5.2. Implications on practice

1. Costs on absenteeism s. Introduction
2. Impacts on economy – Mental Health on Workplace
3. Management Interventions – Workshops and Seminars – Self reflecting
4. Management Planning - Healthy lead approach

Given the high prevalence of mental health problems in the general and working population, the workplace is increasingly being recognised as an important target of mental health promotion, prevention, and interventions (Walton 2003). It is integral for organisations to support mental ill-health and its stigma by promoting a supportive work environment, and therefore, effective strategies to reduce the stigma of mental illness and to increase help-seeking behaviour at the workplace are needed by all organisations (Hanisch et al. 2016). Anti-stigma reduction programmes can be implemented in organisations(i.e. workplace counselling and EAP; knowledge of mental disorders and their treatment and recognition of signs/symptoms of mental illness; attitudes towards people with mental health problems; and supportive behaviours among colleagues (e.g. reduced discriminatory or increased affirmative behaviours, help-seeking, etc.) (Hanisch et al. 2016). However, without a generally necessary social discourse - as an initial - this topic will hardly change stigmatization behaviour - especially in companies. Here the state as an educational institution and politics as a driver are required to draw attention to this topic already in kindergartens and schools in German-speaking countries to raise awareness among the population. However, I am afraid that due to the size of the task to be accomplished, the project cannot be achieved.

5.3. Risks & Limitations

There are risks and limitations due to the complexity of the issue. Everybody is different thus a clear reproduceable result is not given. The field of psychology is far to broad for just one answer. Furthermore, there is a risk in unstructured interview technique. Big differences in results may occur through a weak structure in the interview guide. Questions should just help to memorize (c.f. ‘Lenz - Methoden der empirischen Sozialforschung.pdf’ n. y.).

Even while using coaching technique in questioning and active listening that should exclude bias because of the objectivity that is brought into the process there is still a slight possibility that the questions will be biased through the connotation of the tone of the voice and therefore biased results and outcomes driven by own experiences in my daily work with management and affected persons can occur.

5.4. Research Gap and Outlook

Are the stigmatizing managers themselves being stigmatized? Do they even so have self-esteem problem? A new research study with the focus on this group should bring answers to question. Necessity for this research is the development of anti-stigma processes and programs. Thus, we must know what happens with the perception of stigmatization in the management and leader positions. Another unresearched issue is the question that occurs through the achieved results. Is this way of perceiving stigmatization with or through mental health problems a sociocultural European, Western Hemisphere result or a human character related result? More research about this on a global scale might be interesting for communicative, organisational, intercultural, international conflict resolution issues.

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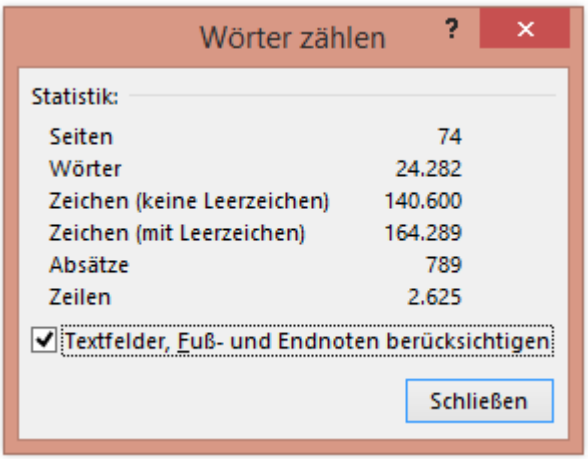

Statutory Declaration

I hereby declare on oath that I have prepared this master´s thesis independently and without the use of other than the specified aids. The positions taken directly or indirectly from external sources are identified as such. The work has not yet been submitted in the same way or a similar form to another examination authority and has not yet been published.

Andreas Pfeil
Stuttgart, 28 July 2020

Appendix

- Interview Transcriptions

Appendix

Interview 8

30.06.2020; 15:00-15:45Uhr; Online - Aufzeichnung

Interview Partnerin: weiblich, Mitte 30, HR-Teamleiterin, beschäftigt, keine Kinder, feste Beziehung, hetero

Zeuge.

Beziehungsaufbau, Eingangsfragen, Vertraulichkeit und Themenklärung….

Die Idee, die Sie haben hat was damit zu tun mit Beobachtungen die Sie im Kreise von Kollegen in der Firma wie auch immer gemacht haben im Zusammenhang mit Auswirkungen von Stigmas auf die Mitarbeiter oder wie würden Sie es selber sagen.

Ähm ja, genau also die psychischen Folgen die ähm die eine Andersbehandlung jeglicher Form ähm auf Grund des Geschlechts haben kann im Berufsleben das war jetzt so meine Vorstellung dass es …hm ja,

ja hm die Untersuchungsfrage ist ja tatsächlich wie Menschen am Arbeitsplatz Stigmatisierung im Zusammenhang mit mentalen Problemen also durchaus mit depressiven Verstimmungen bis hin zum Burnout also alles was mit mental Health zu tun hat, wie da letzten Endes die Stigmatisierung wahrgenommen wird, oder als was es wahrgenommen wird.

Sie haben es ja gerade schon gesagt, in der Regel ist es die Diskriminierung, also dann die Herabwürdigung, oder die Beeinträchtigung der Person in Folge des bereits verteilten Stigmas also der Stereotype die zu einem Stigma führen und mich interessieren die Beobachtung die es dazu gibt also die Frage einfach so auch in Griff zu kriegen aber darf ich zunächst persönlich noch einmal nachfragen..

Frage: wie geht es Ihnen im Moment?

Gut, (sie lacht) ich habe gerade Pause, im Homeoffice (sie lacht) in Zeiten von Corona arbeiten wir alle von zuhause

gut, dann schildern Sie mir doch einfach frei raus die Beobachtungen, die Sie so gemacht haben, wie die Menschen die vermutlich stigmatisiert sind wie die das wahrnehmen.. Was ist Ihnen da so aufgefallen?

Ja, als wir neulich schon kurz gesprochen haben hatte ich schon gesagt, dass ich in der schönen Situation bin, dass mir selber noch nichts dergleichen passiert ist zumindest nichts was ich mir gemerkt hätte also in irgendeiner Form für mich traumatisch oder wie auch immer gewesen wäre. Ich habe durch meine Funktion, ich bin jetzt seit ca. 10 Jahren im Personalbereich und habe das eine oder andere gesehen, und allerdings auch keine, ähm aber auch nicht immer die volle Situation, also Beispiel, wenn jetzt eine Bewerbersituation ist und es bewirbt sich eine Frau und es bewerben sich auch diverse Männer und die Frau ist im gebärfähigen Alter beispielsweise und hinterher wird dann über die Kandidaten gesprochen dann gibt es durchaus Führungskräfte die es direkt äußern andere die sich wahrscheinlich denken die Frau war zwar gut aber die nehme ich lieber nicht, weil die kriegt bestimmt direkt ein Kind. Und die wissen zwar das sie diese Fragen nicht stellen dürfen (hä) aber in den Köpfen ist es sicherlich aber das ist sicherlich etwas was die Bewerberin im Augenblick nicht mitkriegt was die sich höchstens hinterher denkt wenn sie immer wieder Absagen kriegt, von

da her kann es sicherlich auch irgendwelche Konsequenzen haben und irgendwelche Auswirkungen haben, aber nicht also hoffe denke ich nicht auf der Basis direkten Feedbacks durch die Führungskraft das wäre der Worst Case. Ähm das wäre so die Light Variante bis hin zum Beispiel zu Situationen in der Produktion in der es sehr männerlastiges Umfeld ist in der Frauen eher die Ausnahme sind in der es dann auch bis hin zur sexuellen Belästigung kommen kann was dann extrem schwer ist und zu langzeit Erkrankungen geführt hat.

Das sind die Dinge die mich am meisten interessieren……

Wie gehen die Kollegen, wie geht die Geschäftsführung, wie gehen die direkten Vorgesetzten mit so etwas um?

Hm, also ich kann eine relativ konkrete Situation jetzt schildern in der auch der Vorwurf der sexuellen Belästigung da war und in der die Führungskräfte das Thema sehr ernst genommen haben und auch sehr schockiert waren ähm gegradet haben auch Klartext mit dem Mitarbeiter geredet haben das das absolut nicht toleriert wird ähm und ähm die das Umfeld also in dem Fall sind die die Zeugen und die auch dann befragt wurden ähm auch sehr viel Mitgefühl hatten. ja es war einfach auch ne Situation in der klar war wer ist die Betroffene sonst wird das natürlich auch in solchen Gesprächen nicht offen gelegt ähm und das waren auch hauptsächlich andere Frauen die sich gemeldet hatten und gesagt haben das das ihnen auch passiert ist und die dann die Kollegin unterstützen wollten. Ähm ja nichtsdestotrotz ist es weiterhin ein Thema das in unserem Unternehmen dann sanktioniert wird aber was dann eben damit auch abgeschlossen ist. Nä also was dann auch nicht kommuniziert wird in irgendeiner Form logischerweise wegen Datenschutz beiden gegenüber gegenüber der Betroffenen und auch gegenüber dem ähm Beschuldigten.

Ist in diesen Fällen jemand erkrankt oder hat jemand mentale Probleme bekommen wie depressive Verstimmungen, Angstzustände oder keine Lust mehr in die Arbeit zu gehen, ist so etwas aufgefallen?

Also in dem Fall tatsächlich nicht also es waren zwei Frauen ähm die auch im Gespräch waren ähm die unterschiedlich damit umgegangen sind, also die eine war ne sehr taffe die demjenigen auch immer mal wieder gesagt hat, lass mich in Ruhe ähm das gehört sich nicht und ähm da auch stark wirkte und sich da auch nicht hat einschüchtern lassen und die andere die durchaus verunsicherter wirkte ja aber auch sagte sie will jetzt nicht, dass ihm da jetzt gekündigt wird, sie will halt nur das er damit aufhört. Ich hatte nicht den Eindruck ähm dass sie sich dann nicht mehr in die Arbeit traut dass sie Sorge hat mit ihm in den Aufzug zu steigen ähm die sind beide sehr gut damit umgegangen. Es gab wie gesagt den anderen Fall den ich eingangs kurz geschildert hab bei der die Dame dann auch wirklich Monate zu Hause krankgeschrieben war.

Das ist ein Archetypfall der mich besonders interessiert. Wie waren denn da die Reaktionen seitens Kollegen, Geschäftsführung / Führungskräfte war. Wie ist es ans Tageslicht gekommen, wussten die warum sie krankgeschrieben war?

Hm das nicht, ans Tageslicht gekommen ist es weil sie sich gemeldet hat und mir dem Personalbereich, und dann auch dem Betriebsrat und dann sind beide zu mir gekommen sind geschildert hat was passiert ist und die hatte auch Beweise, SMSe und konnte damit beweisen was ihr passiert war und darauf hin hat er es dann auch zugegeben aber auch halt immer behauptet das es beidseitig gewesen sei und die Führungskräfte in dem Moment ich glaub am

Anfang waren die sich nicht sicher wem sie glauben sollen, ja da war auch erst mal der Verdacht da sie könnte ihn irgendwie reinreiten wollen ähm nachdem sie dann aber die SMS hatte äh ist es ziemlich klar geworden sie sagt da die Wahrheit. In der Vergangenheit gab es sicher auch Fälle wo Frauen so etwas gemacht haben in dem die sich rächen wollten bei Männern und bei sowas ist es sicher auch in Ordnung wenn dann erstmal einen Mann schützt und erstmal nicht alles glaubt aber in dem Fall nachdem es so offensichtlich war waren die Führungskräfte durchaus dann auch entsprechend schockiert weil der Mann ganz klassisch verheiratet mit Kindern und so also das war wirklich ein Parade Beispiel kann man sich vorstellen und in der Produktion und seine Mitarbeiterinnen dann auch ein Stück weit ausgeliefert waren, ähm ja unglücklich. Genau und wir haben grundsätzlich im Unternehmen auch ganz offiziell von der Unternehmensleitung Zero Tolerance Policy und dass sexuelle Belästigung in jeder Form gar nicht toleriert wird und auch sehr hart sanktioniert wird und auch sehr schnell. Es braucht auch gar nicht so viel handfeste Beweise, sondern wenn da wirklich ein glaubwürdiges Opfer vor einem sitzt, dann reicht fast schon von mir als Personalerin die Einschätzung aus das ich ihr glaube was natürlich auch schwierig ist also so viel Verantwortung in diesem Moment, ähm genau.

Gegenseitiges Einverständnis, wer hat das behauptet? Sie oder..

Der Mann hat dies behauptet.

Okay, sie wurde dann krankgeschrieben. War sie beim Psychologen oder beim Betriebsarzt?

Sie ist dann privat zum weiß nicht zum Hausarzt oder Psychologen aber privat und sie wurde dann krankgeschrieben und das über ne längere Zeit und dann sind wir als Unternehmen verpflichtet ein Gespräch zur Wiedereingliederung anzubieten und haben ihr dazu eine Einladung geschickt und In dem Kontext ist sie dann zum Betriebsrat und hat gefragt was soll ich tun? Und der hat ihr geraten den Personalbereich da mit einzubinden und dagegen vor zu gehen was ihr passiert ist und dann war das aber schon sehr lange also die ganze Situation hatte sich schon monatelang hin gezogen bis dazu das er zu ihr nach Hause gefahren und also

Der Beschuldigte ist zu ihr nach Hause gefahren?

Ja also nicht nur auf dem Firmengelände sozusagen ist er aufdringlich gewesen sondern ist auch zu ihr nach Hause und hat da geklingelt, und ja also bis zu dem Punkt wo sie gemerkt hat, da ich kann nicht mehr.

Sie ist also im klassischen Sinn gestalkt worden? Könnte man das so sagen?

Ja, Ja, es ist natürlich da immer unheimlich schwer das von außen so zu beurteilen, wars vielleicht am anfang tatsächlich beidseitig und irgendwann ist es gekippt und sie wollte nicht mehr und er hats nicht verstanden oder wars von anfang an nicht so das ist natürlich als Außenstehender wahnsinnig schwierig da gibt es immer zwei Seiten, da gibt es von ihm eine andere Geschichte und die Wahrheit liegt sicher irgendwo in der Mitte aber nichtsdestotrotz hat sie sich sehr belästigt gefühlt und das ist ja das subjektive empfinden im moment und wenn sie es geäußert hat und er hat es nicht abgestellt.

Da gibt es den schönen Spruch, Ein Nein ist ein Nein

Genau

Wie lang war dann die Kollegin krankgeschrieben?

Ähm also in der Zeit wo ich sie betreut habe über ein Jahr, ähm ich weiß nicht, weil ich dann meine Funktion gewechselt hab wie lang es dann noch weiter ging

Okay, ist irgendwann die Diagnose bekannt geworden, zufällig?

Nee, muss sie ja nicht sagen ist ja nicht verpflichtet

Kein Thema….. es war trotzdem ihr Ding die Umstände zu veröffentlichen indem sie zum BR ging und sich gegen die BEM gestemmt hat, weil sie noch nicht so weit war oder was war da der Grund?

Sie hat eben im Rahmen dieses Gesprächs äh gesagt ähm was ihr widerfahren ist und das äh sie auf gar keinen Fall zu ihm zurück will, weil er ja die direkte Führungskraft war

Okay

Ähm, genau und in dem Fall sozusagen neben dem betrieblichen Wiedereingliederungs-prozess der ja eben einen Fürsorgeaspekt hat dann der disziplinar Prozess losgegangen das ist ja dann ein separates Thema, da war sie dann eben Zeugin, sozusagen und im ganzen Kontext der Wiedereingliederung wurde dann eben geguckt ähm was ist für sie ähm zumutbar, weil in so ner Fabrikhalle läuft man sich ja dann trotzdem übern weg also selbst wenn sie jetzt nicht mehr direkt für ihn arbeitet ähm ist es schwer sich da aus dem weg zu gehen und wirft es auch Fragen auf wenn jemand da nicht also kommt zurück aber nicht ins gleiche Team sondern woanders hin dann fragen sich Kollegen hä was ist denn der Grund, also das hat ja so einen Rattenschwanz

Das ist wonach ich suche, wie es dann letztlich rauskam. Das ist ja sehr pikant das er der Vorgesetzte war. Dazu Frage 1: Wie haben die direkten Kollegen darauf reagiert, dass sie offensichtlich mit psychischen Problemen längere Zeit krankgeschrieben war? Wie ist es bei denen aufgenommen worden? Frage 2 ist die Kollegin wieder im Betrieb oder ist sie noch außerhalb?

Ähm also Frage 1, wie hat das Umfeld reagiert, ähm das ist halt der Klassiker sie ist ne blonde Frau wo äh im Produktionsbereich zwischen vielen Männern gewesen sie dann eben krank geworden ist und da wurde natürlich geredet und da gabs natürlich irgendwelche Gerüchte und ähm der Verdacht dass sie krank macht und da was weiß ich auch immer ähm ich hab allerdings mit ihrem direkten Umfeld nicht gesprochen und also ich hab da ähm niemanden zusätzlich als Zeuge vernommen weil das natürlich auch immer die Gefahr birgt dass sich da dann noch mehr Gerüchte verbreiten ähm wenn man selbst wenn man da am anfang die Verschwiegenheit versichert bekommt ähm und deswegen hab ich darauf verzichtet weil in dem Moment es mir eigentlich gereicht hat äh was sie gesagt hat und ich da niemanden zusätzlich als Zeugen befragen musste ähm ich hab aber natürlich mitbekommen auch über den Teamleiter ähm mit dem ich dann ähm sozusagen als oberster Vorgesetzter war Meister sozusagen der Beschuldigte und dessen Vorgesetzter der Teamleiter war, mit dem hab ich dann auch gesprochen und der sagte schon das es Fragen gibt also im Team weil die Leute schon immer wieder fragen warum kommt sie nicht wieder und was ist los mit ihr und da gabs auch die einen oder anderen Anzüglichen Bemerkungen. Das mag in nem Männerumfeld bis zu nem gewissen ähm Grad also mir wurde mal gesagt dass ist halt so weil die halt dumme Sprüche das ham die auch nicht in ihrer Anwesenheit gemacht also wenn sie nicht dabei war das ist schon passiert ja

Hm, da beginnt das Stigma, da kommen die Vorurteile…. Ist irgendetwas durchgedrungen über den Funk über die privaten Verhältnisse der Damen – verheiratet Kinder oder so etwas?

Erinner ich mich nicht mehr, weiß ich nicht, also ich würde fast sagen nein.

Mich hätte an der Stelle noch der Einfluss des privaten Umfelds der Frau auf sie interessiert

Das weiß ich nicht, ich weiß von ihm das irgendwann die Ehefrau das mitbekommen hat aber ähm bei ihr ich glaube sie war nicht verheirate hatte keine Kinder aber wie das Umfeld reagiert hat weiß ich nicht.

Wenn wir es gerade schon thematisiert haben, wie at denn die Ehefrau vom Beschuldigten reagiert?

Also es gab irgendwann ein Schreiben das ihm zugestellt wurde was sie dann wohlgeöffnet hat, darüber hat sie es mitbekommen und äh ich hab ihre Reaktion selber auch nicht miterlebt weil sie nicht Mitarbeiter in unserem Unternehmen war das war nur dann eben gehört dass er heftige Ehekrise hatte daraufhin ja … nicht verwunderlich

Nicht wirklich verwunderlich

Die zweite Frage war ja ob sie wieder arbeitet, hab dann die Funktion gewechselt und mein Nachfolger hat dann das Thema übernommen und meines Wissens wir ham dann nur dann am Rande darüber gesprochen sie wurde wohl wieder reintegriert aber sie war dann wohl ganz weit weg, wir haben ja viele Arbeitsplätze und viele Möglichkeiten und dann hat man dann sozusagen den entferntest möglichen gesucht um sie wieder zurückzuholen dass da auch erst mal kein Kontakt da ist und sie sich sicher fühlt

Also weit distanziert räumlich zumindest

Ja das war auf ihren Wunsch hin, das war ihr expliziter Wunsch sie möchte sozusagen so weit weg wie möglich ähm eingesetzt werden. Wir haben da auch eine Sozialberatung im Unternehmen die da unterstützt, es wurde ihr auch angeboten dass sie das in Anspruch nehmen kann ob sie das gemacht hat weiß ich allerdings nicht

Okay, si kam dann in ein neues Team, wie ist sie da aufgenommen worden? Wissen sie da etwas darüber?

Nee, es ist ja immer die Befürchtung in solchen Fällen dass es sich halt dann doch rumspricht und das neue Team dann halt doch was weiß und da evt. auch tuschelt und tratscht ob das da aber der Fall war weiß ich nicht. Ich weiß nur dass man einen Teamleiter ausgesucht hat der da auch sehr empathisch ist, also es gibt da ja auch solche und solche und das war auf jeden Fall jemand der da auch eher ein Gespür dafür hat halt sensibel ist und auch mitkriegt wenns ihr schlecht geht um dann schnell wieder reagieren zu können das war das Ziel

War der eingeweiht und wenn ja wie?

Ähm der war eingeweiht dass sie krankheitsbedingt längere Zeit abwesend war und einen Arbeitsplatz braucht und evt. auch etwas Fürsorge aber nicht die ganze Geschichte

Waren ihm die psychischen Hintergründe bekannt?

Nee aus psychischen Gründen nicht auch das war nicht erlaubt aus Datenschutzgründen es ging nur über, wir haben da eine Plattform auf der Fälle besprochen werden, das sie in einem

anderen Team eingesetzt werden soll, gibt es irgendwo Möglichkeiten. Da müssen die Mitarbeiter auch zustimmen, dass sie da besprochen werden dürfen sozusagen aber wenn die das nicht machen dann macht es es eben deutlich schwieriger etwas zu finden weil der andere Teamleiter sagen muss ja ich nehm sie sozusagen darf aber von der Krankheitshistorie gar nichts kommuniziert werden sondern nur das es eben jemand ist der evt. am anfang auch ein bisschen feingefühl sozusagen benötigt

Denke, dass jeder halbwegs empathische Mensch an der Stelle 1+1 zusammenzählen kann..

Kann schon sein ja alles andere bleibt dann aber ihr überlassen ob sie sich da anvertraut oder nicht

Reaktionen des neuen Umfelds?

Grundsätzlich weiß ich jetzt nicht wie es bei ihr dann der Fall war weil ich das Thema ja abgegeben hab. Grundsätzlich war es aber schon so dass die Führungskräfte sehr verhalten waren also keine Lust hatten sich darauf einzulassen und sich damit zu beschäftigen weil es immer irgendwie schwierig war und die wenigsten haben gesagt ja ich nehm mir das an und die haben ein Recht auf nen Neustart, ich geh da unvoreingenommen ran. Die meisten waren dann schon im Hinterkopf ohje das wird eh nichts oder das wird schwierig oder wie auch immer

Zu viel Arbeit

Genau zu viel Arbeit und das auch alle eher – sorry das sind halt Männer und auch Ingenieure und die sind ja jetzt auch nicht unbedingt dafür bekannt das sie (lacht) eine wahnsinnig hohe sozialkompetenz haben und ähm da musste man halt diejenigen finden die da noch (lacht) das beste damit gemacht haben (kichert)

Stimme zu auch wenn ich ein Mann bin

(Kichert heftig)

Wie ging es dann dem Beschuldigten was ist mit dem passiert? Wie ging er mit der Sache, wie ging sein Team damit um?

Ähm also sein Ansehen hat sehr gelitten bei denen die Bescheid, wussten das waren aber nicht viele das war sozusagen nur seine direkte Führungslinie andere Menschen dürfen auch nicht involviert werden auch wieder Datenschutzthema

Das ist die offizielle Seite..

Was inoffiziell kommuniziert wurde weiß ich wieder nicht da bin ich als Personalerin auch nicht nah genug dran … Hab dann nur mitbekommen dass er privat sehr große Probleme bekommen hat auch mit seiner Frau… auch bei seinem Vorgesetzten der bislang sehr viel von ihm hielt hat es dazu geführt dass der sehr schockiert war und dann sicherlich auch ein stärkeres Auge drauf hatte was er da so den ganzen Tag treibt

Welche Konsequenzen wurden gezogen?

Es gab eine Personalmaßnahme am Ende es gab keine Kündigung, stand aber im Raum… die SMS waren handfest und unter der Gürtellinie aber nicht kündigungswürdig also auch wenn

so Äußerungen wie morgens mit „Hallo Zuckerpuppe“ aähm die SMS begonnen und das geht nicht. Aber es ist eben auch was bei dem es schwer ist zu kündigen

Schwieriges Thema den sie Frage was ist Common Sense schwebt im Raum…Aber wenn ich Sie richtig verstehe dann ist die Kultur im Unternehmen schon sehr ethisch ausgerichtet und eine gewisse Grundwertepolitik betrieben wird oder wie nehmen Sie es wahr? Makulatur – Vorleben?

Ähm es wird schon in großen Teilen gelebt, Integrität ist ein ganz wichtiger Bestandteil es gibt auch regelmäßig Schulungen, ist immer auf der Agenda, etwas was vom Topmanagement her immer wieder betont wird und was unsere Juristen entsprechend in ihren Empfehlungen auch stark sanktionieren also ähm wenn einer Frau an den Po gegrabscht wird, dann kann gekündigt werden. Bei der SMS „Zuckerpuppe“ war die Empfehlung nicht zu kündigen wegen fraglichem Rechtsausgang sondern eine Abmahnung auszusprechen. Das ganze Thema Stalking wurde behauptet und abgestritten also Aussage gegen Aussage und deswegen wurde von der Kündigung abgesehen. Sie hat das ganze extrem mitgenommen.

Wie haben seine Kollegen reagiert, haben Sie ihn als „sexuellen Übergriffler“ stigmatisiert, was haben Sie erlebt?

Also ähm ja nur wenn ich ihn gesehen habe erlebt dass er sehr beschämt war das er voll weggeguckt hat und mir nicht in die Augen gucken konnte ähm ich weiß nicht in seinem direkten Kollegenkreis wer es dann auch alles wusste, seine Vorgesetzten wussten es im Idealfall seine Kollegen nicht. Die wussten das sie krankgeschrieben und dann woanders wieder angefangen hat, da konnte sich auch jeder seinen Teil denken. Da werden sicherlich Fragen gestellt worden sein er aber sicherlich nicht die Wahrheit gesagt haben. Es war ja von beiden Seiten gewollt und er kann gar nichts dafür…Sie hat die Wahrheit verdreht, ja..

Klima im Unternehmen?

Grundsätzlich gut, nur in der Produktion etwas rauer, äh schon sehr direkt da ist schon auch Druck kann man sagen da müssen die Stückzahlen halt stimmen, das ist im Verwaltungsbereich anders, da ist ne andere Führungskultur und ne andere Art der Zusammenarbeit also das ist in der Produktion manchmal schon rau..

Denke beide sind in diesem Fall stigmatisiert worden

Ja, Frau blond hübsch und Chef macht ne Bemerkung die man erstmal so hin nimmt und nichts dagegen sagt, ist ja auch der Chef und Chef denk sich dann das er das wohl machen darf. Hatte auch den Eindruck er ist gar kein böser Mensch aber eer hat alle Zeichen wohl völlig falsch interpretiert nicht richtig zugehört und war nicht bei ihr und dann nahmen die Dinge so ihren lauf und evt. hat er sich dann halt irgendwie auch Dinge eingebildet und vielleicht war er ja auch irgendwie weiß nicht…, nur weil kein Nein gesagt wird… Sie hat wohl in sein Beuteschema gepasst…Man möchte ja auch immer möglichst nahe an die Wahrheit kommen in solchen Gesprächen… und das Maß finden…

Danksagung, Reflektion und Verabschiedung

Interview 9

01.07.2020; 09:15-10:15Uhr; Online - Aufzeichnung

Interview Partnerin: weiblich, 62J., IT-Systemplanerin und Betriebsrätin, beschäftigt, keine Kinder, keine feste Beziehung, hetero

Betroffene

Beziehungsaufbau, Eingangsfragen, Vertraulichkeit und Themenklärung….

Was mich interessiert ist, wie Mitarbeiter am Arbeitsplatz Stigmatisierung im Zusammenhang mit psychischer Erkrankung. Wenn sie wollen dann legen sie einfach los oder erzählen sie mir was sie wahrgenommen haben bei sich oder auch anderen

Dann fang ich mal bei mir an, ich arbeite bei der (…) schon seit langem in eine, Männer dominierten Beruf. Bin seit 1982 im Unternehmen da gab es mehr Männer als IT-sachbearbeiter als Frauen. Frauen waren in der Regel ahm niedriger dotiert, sie haben einfachere, in Anführungsstrichen einfachere Tätigkeiten gemacht und es waren Sekretärinnen also Kaffee kochen, Besuche begrüßen, Telefon annehmen, Termine machen. Ernst zu nehmende Tätigkeiten, ja es war bis zu ner gewissen Hierarchieebene gab es wenig Führungskräfte wenige Gruppenleiterinnen und wenn‘s die dann gab, gab es die in den Frauen dominierten Bereichen, HR-Bereich also alles was mit Personal zu tun hat. Ahm also ich war in der Personalplanung und war nur umgeben zu 90% umgeben von Männern und da kam dann halt schon die Frage sie sind jetzt Mitte 20 warum sind sie den noch nicht verheiratet, bis hin zu wo ich dann gesagt hab Leute entweder es passiert oder es passiert nicht dann so unterschwellige Kuppelversuche wo ich dann schon gedacht hab ist das jetzt ein Stigma oder ist es schon Sexual Herassement ähm des geht manchmal dicht beieinander und läßt sich vom Betroffenen nur schwer unterscheiden. Oder ich hab manche Dinge, ich hab nicht studiert, hab aber trotzdem eine große Bandbreite an Wissen hab auch bestimmte Dinge ja bestimmte Dinge auch gelernt ohne halt auf der Uni zu sein äh gewesen zu sein und grad im Planungsbereich unter Betriebswirten hab ich halt manche Dinge auch hinterfragt, ich hab keine dummen Fragen gestellt, wobei es dumme Fragen sowieso nicht gibt, ich hab bestimmte Dinge hinterfragt und dann kam halt auch schon so der Spruch, äh so hinten rum wer als Krab geboren ist kann als Nachtigall nicht sterben und dann hab ich dann schon gemerkt, hoppla Du wirst einfach nicht für voll genommen. Dann, ich hab mich nie im Büro, also (…) ist ein großer Tiergarten manche Mädels laufen da rum da frag ich mich schon also ich geh hier zur Arbeit und nicht auf ne Party ähm und man braucht sich auch nicht wundern, man braucht sich wirklich nicht wundern wenn Männer praktisch ihre Hände nicht bei sich behalten können wenn die als Rock halt einen etwas breiteren Gürtel nehmen. Aber leider Gottes ists so (grinst hörbar, kichert) und äh ich, aber da wurde dann auch ich schon gefragt ja wenn sie sich ein bisschen schminken besser schminken würden, würde man sie auch für voll nehmen, ja das hat mich dann schon etwas sag mer mal damals verwundert und bin so ein bisschen in Opposition gegangen. Also das konnte ich fast nicht, das ähm die ja also ich hab oft gemerkt über die Jahre hinweg, äh als Frau werden bestimmte Aussagen erstmal hinterfragt von Männern äh da war das Geschlecht so quasi so quasi das Stigma äh dann gabs Kollegen Kolleginnen die ich auch sehr nett fand mit denen ich sehr gerne zusammen gearbeitet habe, sie aber sportlich sehr aktiv sind. Jetzt hab ich aber eine genetische Stoffwechselstörung so, ich hab, ich produziere zu viel Insulin und wer zu viel Insulin produziert hat nicht unbeding

Germanys next Topmodel – Maße. Ich bin nicht, sag mer mal übermäßig dick aber auch nicht sag mer mal ich bin auch nicht schlank. Und einem dann zu sagen ja du solltest mehr Sport treiben und wenn du, wenn du weniger essen würdest, würdest du auch abnehmen, also das wird dann schon, wird dann schon obsessiv wurde es mir dann nahe gelegt, vor allem von den Sportfanatikern. Ähm das sind so die Dinge, das wurde natürlich schon offen gesprochen und ja oder dieses her ziehen über andere und da es den Leuten scheißegal ob ich dabei war oder nicht ähm – sie gehörten zur Gruppe – ja, guck mal wie die rum läuft, das kann die sich nicht leisten und das hat man halt vorzugsweise, ja hört sich jetzt irgendwie blöd an, komm mir vor wie Alice Schwarzer ähm aber es wurde vorzugsweise bei Frauen gemacht, bei Männern ich hab dann gefragt macht ihr das bei Männern auch? Äh und dann war dann halt irgendwie Ruhe

Ja hier wird eine Gruppe manifestiert indem man andere stigmatisiert und sie gehörten zu dieser Gruppe. Man grenzt sich ab…. In diesem Zusammenhang gab es irgendwann einen Punkt wo sie sich dadurch belastet gefühlt haben?

Ja, es gab diesen Zeitpunkt. Steter Tropfen höhlt den Stein, äh am Anfang ich hab gut in meinem Umfeld hatte ich immer gute Leute die mich aufgebaut haben aber auf die Dauer äh diese Dauerbeschallung äh hat schon dazu geführt dass ich mich unsicher gefühlt hab dass ich mich zurückgezogen hab ähm das hat auch an meiner Leistung ein bisschen gekratzt ähm weil so nach dem Motto, egal wie ich mich anstrenge es wird eh nicht anerkannt und eh nicht honoriert, ähm auch wenn ich was, wenn ich ne Frage beantwortet hab bei einer Besprechung, kam immer ein Mann herangeeilt und hat dann bestätigt die Frau (…) hat Recht. Das hat mich dann schon, schon verletzt und diese stetige Verletzung hat mich innerlich verunsichert. Also mein Selbstbewusstsein war schon lange, schon eine gewisse Zeit angekratzt und hat mich dann nach ungefähr zehn Jahren, ja doch es waren ungefähr zehn Jahre mich dann Ende der 90er in ne schwere Krise gestürzt hat. Ähm also da hat meine Mutter dann schon Angst gehabt, weil ich hatte damals kein Auto bin mit der S-Bahn gefahren, da hat meine Mutter schon Angst gehabt, ähm das ich ja äh das ich mich vor den Zug lege und des war nicht ganz weit weg. Also ich war, ich also das hat mich schon sehr runter gezogen. Ich hab dann allerdings ne Kollegin getroffen und zwar des war ne Zugbekanntschaft weil ich regelmäßig S-Bahn gefahren bin und die hat mir, die hatte ihre Stelle aufgegeben die ist nach Spanien gewechselt und ähm die hat mir ihre Stelle angeboten als dezentrale Controllerin in der Entwicklung im Fahrzeugbauentwicklung und ähm das hab ich angenommen und äh da hab ich zum ersten mal auch Anerkennung erfahren von überall aber die Entwicklungsabteilung beim (…) da hab ich auch gemerkt Entwicklungsingenieure sind eine Spezies die sind so Technik verliebt ähm ja die gucken schon auch aber die haben einen anderen Fokus als im Verwaltungs also im reinen Verwaltungsbereich die sind politisch anders unterwegs die sind da nicht so, da war ich nicht so die direkte Konkurrenz da war ich eher der Support ähm

Konkurrenz in welcher Hinsicht?

Konkurrenz in beruflicher Hinsicht, In der Verwaltung im Planungsbereich, ich hab mich ja hoch gearbeitet, Sachbearbeiter-Tätigkeit gemacht und da gings dann schon da drum wer arbeitet wie gut wie sind die Fehler, Fehlerkultur war damals schon beim (…) relativ schwierig ähm denkt jemand mit und ich war immer jemand der mitgedacht hat der auch Fragen gestellt hat haben andere halt nicht gemacht ähm in manchen Dingen bin ich vorwärts gekommen und so ein bisschen Kariere gemacht und die anderen fühlten sich von mir schon

bedroht. So nach dem Motto ich hab studiert und die macht den gleichen Job als ich aber die macht das billiger weil Frau das hat man mir schon gesagt. Du wirst nie soviel verdienen weil du bist ne Frau und du hast nicht studiert. Und zu mir hat mal ne Führungskraft direkt gesagt Frau (…) beim (…) fängt man mit einem Hochschulstudium an.

Harter Tobak…

Äh ja da war ich also das sind so die Dinge, oder wenn er mir eine Aufgabe gegeben hat es dann erklärt hat dann kam „wissen sie Frau (…) da braucht man Hirnschmalz“ und das sind immer so kleine, kleine Nadelstiche und die werden auch nicht bös gesagt, immer mit einem Lächeln, das hab ich doch nur als Spaß gesagt und so weiter…aber in jedem Spaß liegt auch ein Fünkchen Wahrheit und das war bei der Entwicklung viel weniger, die hatten ihren Aufgabenbereich da war ich nicht Konkurrenz weil ich bin kein Entwicklungsingenieur ich bin gelernter Übersetzer mit Schwerpunkt Wirtschaft und Politik ich werde auch nie Entwicklungsingenieur werden also war ich für sie nie Konkurrenz, ich war Controllerin hab Budget besorgt ich hab meine Personalplanung gemacht ähm ich hab ich bin dann auch sag mer mal von der Eingruppierung her nach oben gekommen ähm das hat sich hinterher dann noch gebessert als dann – ich hab nebenher noch IT gemacht – da gab es beim (…) nicht so eine IT, die war immer etwas defragmentiert und ich hab das so ein bisschen im Nebenjob gemacht war so ein bisschen mein Hobby und hat Spaß gemacht und ähm ja dann ähm ich als Controllerin auch die PCs besorgt da haben wir uns dann zusammengerottet und haben halb anarchistisch die Rechner beschafft daraus wurde dann eine IT Abteilung gegründet und in die bin ich dann rein so bin ich zur IT gekommen.

Nochmal zurück zu dem Geschehen wo sie sagten dass ihre Mutter Sorge hatte dass sie sich vor den Zug legen werden, waren sie mit der depressiven Verstimmung beim Arzt?

Nein, das hat vielleicht auch damit zu tun, dass meine Mutter mit Psychiatern Psychologen sehr schlechte Erfahrungen gemacht hat und ich das natürlich auch miterlebt hab. Also das andere Stigma meiner Mutter sie ist ein uneheliches Kind und hat auch noch ein uneheliches Kind. Also ich bin unehelich geboren und zur damaligen Zeit war das ganz schlecht. Das war ein echte NoGo und das Stigma hat bei mir schon in der Schule angefangen, „liebe M aus dir wird nichts dir fehlt die harte Hand eines Vaters“ das hat mich schwer verfolgt.

Ja das waren die 60er…

Das ging aber bis in die 70er das hat sich dann mit den wilden 68igern etwas gelöst aber heute ist es besser ähm ja in manchen Kreisen immer noch verpönt

Die Akzeptanz alleinerziehender ist unvergleichbar höher als noch vor über 50Jahren?

Ja das auf jeden Fall, da hat sich viel getan. Meine Mutter hatte auch noch während einer OP eine Hirnembolie und war dadurch auch immer leicht gehandicapt Außenstehende haben das kaum mitbekommen sie hat das mehr mitbekommen, das Kurzzeitgedächtnis war manchmal weg, war nicht mehr so gut wie früher und meine Mutter war daher relativ früh erwerbsunfähig und somit hatte ich die Erfahrung was Psychiater und Psychologen alles anrichten können also war es für mich ein NoGo da hin zu gehen.

Sie haben dann die Versorgung übernommen, wenn ich sie richtig verstehe?

So ein bisschen, jaa meine Mutter war schon eigenständig, sie war selbstständig sie hat nebenher auch ein bisschen gearbeitet, wie gesagt erwerbsunfähig für den Beruf ging es ihr nicht gut genug aber für die Pflege ging es ihr wiederum zu gut also hat sie nebenher etwas gearbeitet

Haben ihre Kollegen eigentlich mitbekommen, wie es Ihnen so ging? Ist es irgendwie bekannt geworden?

Nein, ich hab mich aber auch gut verstellt, ich wollte nicht das sie es mitbekommen ich hab das als Schwäche empfunden und ich hatte die Befürchtung dass ich damit meine Situation noch verschlimmere. Das hat sich mit dem Wechsel in die Entwicklung gebessert ich hab allerdings dann – ich habs im Vorgespräch anklingen lassen – angefangen mit Tai Chi, Chi Gong ich hab angefangen viel zu lesen, Carlos Castanieda, Paul Watzlawik, ja äh ich hab Seminare besucht auf privater Basis ähm ich hab mir in der Weiterbildung Seminare ausgesucht zur Persönlichkeitsentwicklung und hab mich damit eigentlich so über einen langen Weg selber therapiert aber ich hab gemerkt Anerkennung uneingeschränkte Anerkennung ist Balsam für die Seele.

Die Kollegin, die sie vorhin erwähnt hatten die sie letztlich aus dieser Situation geholt hat, hat die von ihren Problemen gewusst oder empathisch geahnt und wenn ja wie hat sie reagiert?

Die hat es geahnt ja, ich hab nicht offen darüber geredet aber sie hat gesagt sie hat schon gemerkt dass es mir nicht gut geht wo ich sitze und das ich darunter leide. Und sie hat dann gesagt ich hol dich da raus, ich mach das. Aber es war schwierig es war ein schwieriger Prozess, weil mich dieses Stigma dahingehend verfolgt hat in meinem damaligen Fachbereich, weil mein damaliger Teamleiter das nicht nur mit mir gemacht hat sondern mit allen weiblichen Kolleginnen und die Mitarbeiterinnen hat er relativ schlecht gemacht bei anderen

Damit ich es richtig verstehe sie sprechen jetzt von der Situation, in der sie festgesteckt waren?

Ja genau, als der mit bekommen hat dass da eine Stelle im Planungsbereich frei geworden ist und er spitz bekommen hat dass das neu besetzt werden soll, dann fiel auch mal mein Name und dann hat er gleich gesagt also Frau (…) sie kriegen diese Stelle nicht, diese Stelle werde ich streichen äh und da war das für mich schon äh ja (hm schmunzelt) das war Fegefeuer pur.

Was hat das mit Ihnen gemacht?

Ähm ich war da äh ich kam mir vor wie in einer Waschmaschine im Schleudergang…

Hat er das auch mit anderen gemacht, was haben sie da erlebt?

Ja, ja vorwiegend mit weiblichen Mitarbeiterinnen, er hatte ein Problem mit weiblichen Mitarbeiterinnen die ähnlich qualifiziert waren wie er und mit Mitarbeitern, die nicht ganz so gut qualifiziert waren wie er. Er war an der Universität hat studiert und war sehr stolz darauf das hat er fast wie ein Plakat vor sich hergetragen und wenn Kollegen nur einen Fachhochschulabschluss hatten die hat er das spüren lassen, sein ja nur ein FH-Abschluss, das hat er mit den männlichen Kollegen gemacht. Bei den weiblichen Kollegen kam dann immer sein Standardspruch „wissen sie dazu braucht man Hirnschmalz, um die Zusammenhänge zu verstehen“ Eine Kollegin hat dann mal gesagt ich bin zwar blond, aber nicht blöd.

Unterstützung hab ich dann erfahren durch einen Assistenten der Geschäftsleitung des Vorstandes oder kurz darunter E1-Leiter der Leiter vom Nutzfahrzeugbereich der mich kannte der wusste wie ich arbeite und der mit mir zusammen in einem Zimmer gesessen hat und aber auch er hat sich relativ leicht beeinflussen lassen von diesem Gerede ähm und war verunsichert und als er mit mir dann nochmal gesprochen hat hat er gesagt also gut wir probieren es und in der Entwicklung konnte ich mich dann relativ schnell durchsetzen. Es war tatsächlich so das dieser Perspektivwechsel dieser Tapetenwechsel der hat viel gebracht.

Damit ich es richtig verstehe das war dann die Stelle die ihre Kollegin frei gemacht hat, die nach Spanien gegangen war..

Ja die ist nach Spanien und ich habe die Stelle übernommen und da hat sich dann was verändert, da war ich praktisch in einem völlig anderen Umfeld

Noch eine Verständnisfrage die Führungskraft die sie bisher auch immer etwas von der Seite her angegangen hat das war auch der der Ihnen die Stelle nicht gegönnt hat…

Ja, der hätte die Stelle selber gerne gehabt das war eine ganz verzwickte Konstellation die Stelle war frei und die hätte mein ehemaliger Chef gerne genommen aber er konnte sich nicht durchsetzen man hat ihn nicht gewollt. Der E1 hat mich dann unterstützt das ich die Stelle bekommen habe, er kannte mich da war er noch kein E1 aber wir saßen fast ein Jahr zusammen wusste wie ich arbeite unsere Aufgabengebiete haben sich nicht tangiert, er saß nur aus Platzgründen mit mir in einem Büro

Was denken Sie hatte er auch eine Ahnung wie es Ihnen geht?

Nein ich denke nicht, dazu war er emotional auch zu weit entfernt. Aber er hat dann relativ schnell mitbekommen ich war ja im dezentralen Controlling ich musste ihm auch die Zahlen liefern da hat er unmittelbar mitbekommen wie performant also welche Leistungssteigerung bei mir plötzlich da war und da meinte er nur Frau (…) warum haben sie sich denn nicht schon früher beworben? Oder wo anders hin beworben? Wir hatten lange Zeit später? „Ich konnte nicht, ich war in meinem Selbstwertgefühl so weit unten dass ich es nicht gewagt habe mich irgendwo zu bewerben. Ich hab gedacht alle meine schlechten Ecken alle meine schlechten Eigenschaften die sieht man mir sofort an und das ist glaub ich auch der Grund warum viele denen es ähnlich geht sich nicht weg bewegen sie trauen sich nicht, das Selbstwertgefühl hat nen Sprung

Man spricht hier von einem Selbstwerttopf und der hat ein Leck

Und ich hab mir dann einen neuen Topf besorgt das hat sehr lange gebraucht. Heute gehe ich mit Betroffenen anders um ich weiß es hat mich stärker gemacht, ich weiß es hat mich auch empathischer gemacht ich geh heute auch anders damit um. Ess gibt Kollegen die sagen ich muss da dringend weg, dann sag ich Ihnen Nicht den Friedhof wechseln! Hört sich etwas esoterisch an aber die Energie die in einem drin hängt wenn ich den Knoten nicht löse dann wechsle ich nur den Friedhof. D.h. ich komm vom Regen in die Traufe ich sag dann suchen sie sich eine andere Perspektive suchen sie sich eine Stelle die sie reizt die für sie eine Herausforderung darstellt, die was ganz was anderes ist. Wenn die Leute was verändern wollen müssen sie es grundlegend bei sich. Und nicht nur Fliehen weil die Flucht nur unnötige Energie kostet. Ich empfehle dann immer einen Perspektivwechsel.

Wiederholt sich jetzt!!!

Da steck ich dann in einem Kreislauf fest in einer Echobox (In der Tat Anm.)

Nochmal zurück zu Ihren Kollegen wie haben die reagiert was haben die wahrgenommen?

Die haben mir später mal gesagt wie schlecht mein Ex-Chef immer über andere redet. Ansonsten waren die geschockt weil mein Wechsel ganz abrupt statt fand. Das Projekt (das neue) steckte in einer Krise und ich wechselte binnen drei Tagen. Hab mein Equipment mitgenommen. Mein alter Teamleiter war im Urlaub und als er zurück kam war ich weg und meine Stelle war – wie er es initiiert hat – dann auch gestrichen. Ich hab die Stelle quasi mitgenommen und er hatte keinen Mitarbeiter mehr. Sie werden diese Stelle garantiert nicht bekommen. Mein Abteilungsleiter hat mir diese Stelle sozusagen mitgegeben. Ich bin natürlich mit einem breiten Grinsen gegangen. Das haben die Kollegen gesehen und einer meinte: ich hab noch nie jemand so leichtfüßig gehen sehen. Manche Kollegen waren auch geschockt weil sie Angst hatten dass sie evt. auch schlagartig gehen müssen also ersetzt werde. Die wussten ja nicht dass ich freiwillig da raus bin. Die hatten Sorge auch schnell versetzt zu werden. Die musste ich dann aufklären. Manche Kollegen war mein weggehen egal, andere die auch gelitten haben unter dem Teamleiter haben sich riesig gefreut und meine Kollegin der es auch so ging wie mir bekam zwei Tage später auch die Zusage auf eine andere Stelle. Dem Teamleiter wich darauf die Gesichtsfarbe da seine E4-Position in Frage gestellt wurde, er hatte ja quasi kein Team mehr. Er hatte drei Leute verloren, eine wegen Schwangerschaft und uns. Das sagt eben etwas aus und ähm tja, heute ist er nicht mehr im Unternehmen.

Welche Rolle spielte ihre Mutter in der Sache?

Sie war meine wichtigste Bezugsperson, hat mir den Rücken gestärkt – ich muss erwähnen dass ich meine Mutter in den wichtigsten Jahren nicht zu Verfügung hatte die war sehr viel in Krankenhäusern, da war ich eher bei meiner Großmutter – aber meine Mutter hat mir den Rücken gestärkt aus ihrer eigenen Geschichte heraus. Ja also ähm dieses Stigma Unehelichkeit in der damaligen Zeit, meine Mutter hat noch den Krieg erlebt und manche Frauen haben geheiratet nur damit das Kind einen Vater hat das hat meine Mutter halt nie gemacht. Meine Mutter hat mir auch beigebracht die innere Unabhängigkeit zu behalten, das ist mir nicht immer leicht gefallen also da wäre manchmal der Weg des geringsten Widerstands leichter gewesen aber sie hat mir beigebracht das es nicht unbedingt die beste Lösung ist.

Welche Rolle spielten mögliche Freunde?

Ich hatte auch Freunde die mir den Rücken stärkten es gab aber auch welche die sagten mit dir kann man ja nichts mehr anfangen. Die haben auf meine Belastung mit eigener Belastung reagiert. Man kann dich ja nicht mehr mitnehmen. Ich konnte ja nicht mehr auf die Partys und wollte keine Besuche ich konnt‘s einfach nicht mehr ich habe mich zurückgezogen hab dann gesagt mir geht es nicht so und ich hab zuviel arbeit ich benutze das als ausrede, es gab auch Freunde die fragten hey marina was ist los, die sagten komm wir machen mehr miteinander die haben mich da ein bisschen raus geholt. Ich habe viele Freunde verloren in der Zeit aber das waren auch keine Freunde. Ich hab viele Leute gekannt aber es blieb nur eine Handvoll übrig. Hat sich dann geändert als meine Mutter sagte Du schaust jetzt das du was anderes findest was was dich aufbaut. So kam ich zu den asiatischen Kampfkünsten ne Freundin und

ich. Man bekommt jetzt nicht andere Freunde anderen Freundeskreis aber einen anderen Horizont.

Wenn heute eine Mitarbeiterin kommt und von Ihren psychischen Problemen berichtet ich kann nicht mehr ich bin in Behandlung und auch nicht will das es der Vorgesetzte erfährt, dann sag ich immer das ist auch besser. Viele Führungskräfte kommen damit nicht klar, das ist auch ne Form von Stigma.

Haben sie den Eindruck das die Führungskraft damit evt. überfordert sind?

Ja ganz klar sie wissen nicht wie sie damit umgehen sollen. Ich hatte einen netten sympathischen Kollegen der plötzlich erkrankte mit einem Hirntumor. Er wollte aber nicht darüber reden und nach einem weiteren Halben Jahr meinte er er kommt nicht mehr und dann wollte er uns drei Monate später wieder besuchen und merkte an, dass er zwischenzeitlich erblindet ist da hab ich zum ersten mal gemerkt wie überfordert wir alle waren aber ganz besonders die Führungskräfte die gesagt haben oh scheiße wie geh ich jetzt damit um der ist blind der kann ja gar nichts mehr. Bis man ihm dann beigebracht hat welche technischen Hilfsmittel es gibt wir haben blinde Mitarbeiter man muss den Arbeitsplatz umgestalten und alles barrierefrei gestalten das kriegen wir hin aber da hab ich wirklich gemerkt das mehr sehende Blinde rumlaufen als

Letzte Frage, wie geht es ihnen heute?

Hab immer noch meine Stigma aber es fällt mir leichter mich so anzunehmen wie ich bin. Ich habe meine innere Unabhängigkeit. Das war übrigens früher eine gewünschte Einstellungsvorgabe im Unternehmen. Es war gewünscht das neue Mitarbeiter innerlich unabhängig sind. Das wurde ersatzlos gestrichen… Stigmata bekommt man nicht weg, im Gegenteil ich denke es wird immer schlimmer durch Facebook und Co. Stigmata sind subtiler geworden. Wie manche Mädels es hin bringen sich so zu erniedrigen…

Danksagung, Reflektion und Verabschiedung

Ich habe wie ansonsten aktives Zuhören (Brummsprache) angewendet aber nicht transkripiert. Zwischenfragen wurden von der Probandin oftmals unterdrückt, bzw. hat nicht zugehört oder nicht ausreden lassen.

Bewältigt ihr Stigma durch Ratschläge für andere. „Flieht“ selbst in die Esoterik.

Viele Aussagen kamen zum Schluss hin mehrfach identisch gedoppelt.