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Unethical and Unwell: Decrements in Well-Being and Unethical Activity at Work

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ABSTRACT. Previous research on unethical business behavior usually has focused on its impact from a financial or philosophical perspective. While such foci are important to our understanding of unethical behavior, we argue that another set of outcomes linked to individual well-being are critical as well. Using data from psychological, criminological, and epidemiological sources, we propose a model of unethical behavior and well-being. This model postulates that decrements in well-being result from stress or trauma stemming from being victimized by, engaging in, or witnessing unethical behavior, or even from being associated with individuals involved in such behavior.

KEY WORDS: well-being, ethics, workplace

Interest in ethics and social responsibility (ESR), both in society at large and in the scholarly literature, continues to grow. Within the scholarly literature, five North American (*Journal of Business Ethics, Business Ethics Quarterly, Business and Society, Business and Society Review, Journal of Corporate Citizenship*) and one European journal (*Business Ethics: A European Review*), along with the major management journals, have been at the forefront of this scholarly attention. But even with so many journals discussing ESR, to say that a scholarly interest in ethics is widespread is undoubtedly an understatement, for the study of diverse types of unethical and socially irresponsible activity transcends the rubric of work-related ESR journals.

While the focus within the ESR literature itself is on topics such as the triple bottom line (Painter-Morland, 2006), corporate codes (Schwartz, 2005), stakeholders (Harting et al., 2006), and corporate citizenship (Waddock, 2004), other disciplines have examined unethical behavior more specific to their domains. In organizational behavior, the interest in unethical behavior is reflected in research on issues such as abusive supervision (Tepper et al., 2006), theft (Greenberg, 2002), and incivility (Pearson et al., 2001). Industrial-organizational psychologists and human resource management specialists (Deckop, 2006) turn their attentions toward issues of integrity (Sacket and Wanek, 1996), unsafe working conditions (Ariss, 2003), and drug testing (Greenwood et al., 2006). Using work from social psychology, scholars in marketing (Vitell and Singhapakdi, 1993) and information technology (Winter et al., 2004) have linked domain-specific concerns to issues of moral ideology (Forsyth, 1992) and unethical actions. What binds these multidisciplinary areas together is a desire to understand, prevent or mitigate consequences of unethical and socially irresponsible activities within the work setting.

But within the ESR and management journals in particular, the focus has been intricately tied to an organization-centered worldview (Giacalone and Thompson, 2006) in which organization-specific and (primarily) financial outcomes are used to justify ESR (Paine, 2000). Yet Giacalone and Thompson (2006) point out that another approach – a human-centered one – considers ESR from the perspective of its impact on the non-financial effects on internal and external stakeholders. Within this human-centered framework, practical and scholarly foci transcend financial concerns to encompass the impact that unethical behavior has on well-being at the individual, group, and societal levels.

However, if we accept this human-centered approach, we find ourselves without a theoretical

framework with which to understand how unethical behavior may impact physiological and psychological health, for the process by which unethical behavior "gets under the skin" (Taylor et al., 1997, p. 411) has been neither fully investigated nor understood. Although some research points to a relationship between unethical actions and well-being (Agervold and Mikkelsen, 2004; Mikkelsen and Einarsen, 2001; Quine, 1999; Zapf, 1999; Zapf et al., 1996), existing work has been incomplete in three ways. First, as we shall see, research on the relationship between unethical actions and well-being has focused on discrete relationships between *particular* actions and well-being, but has failed to connect these different actions to the more general conceptual domain of unethical behavior. Second, because these discrete behaviors have not been conceptually linked, no theoretical framework or model has been developed that could explain how unethical actions might be linked to decrements in well-being. Finally, research has been disproportionately focused on how particular unethical actions have impacted individuals who have been directly victimized, largely ignoring that a wider range of individuals' well-being may be affected.

A model of unethical behavior and well-being

Figure 1 provides a model of how unethical behaviors are associated with decrements in psychological and/or physical well-being. The origin of decrements in well-being begins with one or more unethical behaviors carried out by one or more individuals in the organization. In this model, various individuals, including (but not limited to) the victim, are impacted by unethical behavior. As the model shows, this impact is mediated by three mechanisms – stress, trauma, or poor health behaviors resulting from stress or trauma – through which unethical behavior ultimately leads to decrements in well-being. Different factors may function to both moderate the relationship of unethical behavior and individual responses of stress/trauma, as well as to moderate the relationship of stress/trauma to decrements in well being.

Before proceeding, it is necessary to provide a working definition of our notion of well-being.

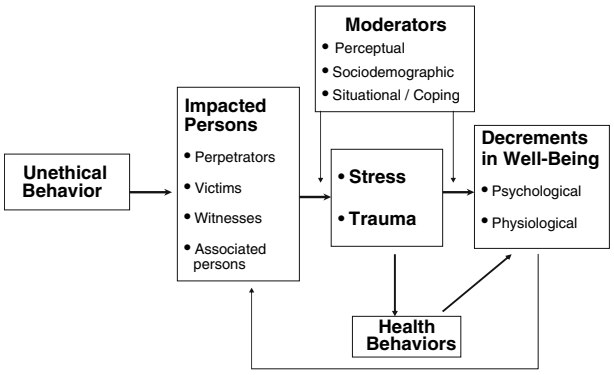

Figure 1. A model of unethical behavior and well-being.

Well-being is a complex construct that is "a function of the actual conditions of [one's] life and what an individual makes of those conditions" (Michalos, 2008, p. 349). Thus, one component of well-being is perceived happiness, a construct that has been labeled *subjective well-being* (Sandvik et al., 1993). Subjective well-being means that one is satisfied with one's life and experiences more positive rather than negative affect (Diener, 1984). The second component of well-being refers to one's actual health (both physical and psychological) and living conditions (Danna and Griffin, 1999). This element of well-being can be assessed via self-report, but it can also be measured objectively, through such means as medical tests and doctor's evaluations (Kristensen, 1996). Thus, we define well-being as the extent to which an individual is satisfied with his/her life, experiences a preponderance of positive affect, and possesses a healthy body and mind.

Linking unethical behavior to well-being

The research literature on unethical behavior circumscribes a wide range of infractions. In perusing the literature, it is clear that these behaviors range from small distortions of the truth to actions that result in the deaths of thousands, such as the industrial disaster in Bhopal (Kurzman, 1987). Similarly, the effects of unethical work behavior on individual well-being have also been demonstrated across a wide-ranging spectrum of unethical behaviors. The effects of unethical behavior on well-being are most

clearly evident in three types of actions: bullying/abuse, discrimination, and injustice.

Perhaps the strongest evidence for a link between unethical activity and well-being can be found in the study of workplace bullying by supervisors (also known as abusive supervision) (Tepper, 2000; Tepper et al., 2006) and co-workers (Hogh and Dofradottir, 2001; Vartia, 1996). Bullying refers to threatening or humiliating behavior that is unrelenting, distasteful, and malevolent towards another person (Lyons et al., 1995). Such behavior can include isolating certain workers, public belittling, physical intimidation, and verbal abuse (Lorho and Hilp, 2001). Bullying at work has received increasing research attention, particularly as its prevalence and harmful effects have become more evident (Mikkelsen and Einarsen, 2001; Niedl, 1996; Vega and Comer, 2005).

Bullying is a "spirit crushing" experience that creates a spiral of lowered self-esteem, demoralization, and eventually, resignation to the bullying (Namie, 2004; Vega and Comer, 2005). Workers victimized by bullying suffer considerable problems in physical and psychological well-being, including depression (Mikkelsen and Einarsen, 2001; Niedl, 1996; Zapf et al., 1996), anxiety (Mikkelsen and Einarsen, 2001; Niedl, 1996; Quine, 1999), job-induced stress (Agervold and Mikkelsen, 2004; Quine, 1999), low self-esteem (Zapf et al., 1996), insomnia (Namie, 2004), and even suicide (Namie, 2004; Rayner and Hoel, 1997). Incredibly, workers subjected to bullying are more likely to suffer from stress than even those who experience physical violence (Lorho and Hilp, 2001). Targets of bullying are also more likely to hold negative views of themselves and the world (Mikkelsen and Einarsen, 2002; Tehrani, 2004), suggesting that some effects of bullying persist over time and may be permanent (Hoel et al., 2004).

A second unethical behavior, discrimination, has also been found to produce decrements in physical and psychological well-being (Landrine et al., 2006; Meyer, 2003b). Discrimination can be conceptualized as impacting well-being either as a result of individual-level actions such as biased personnel decisions (Essed, 1991; Landrine and Klonoff, 1996), or ecosocial/systemic conditions such as segregation and glass ceilings (Krieger, 1999). Studies have shown that individuals subjected to discrimination develop psychological, behavioral, and physical maladies such as smoking (Landrine and Klonoff, 1996), somatization and anxiety (Klonoff et al., 1999), general mental health problems (Schneider et al., 2000; Sheridan, 2006), cardiovascular reactivity (Guyll et al., 2001), and sleep problems (Thomas et al., 2006).

Research on organizational injustice provides a third research domain linking unethical behavior to well-being. This research indicates that the "wear and tear" of repeated episodes of procedural, distributive, and interactional injustices may trigger stress responses that are associated with increases in morbidity and mortality (Geronimus, 1992; Jackson et al., 2006). Relationships between injustice and decrements in well-being have been found with coronary heart disease (Kivimaki et al., 2005), sickness-related absences (Elovainio et al., 2002), sleep disorders (Elovainio et al., 2003), and negative psychological well-being (Tepper, 2001).

Beyond the victim: extending the impact of unethical behavior

Perhaps for reasons of expediency or devotion to a worldview that deems economic considerations paramount, press reports (Eaton and Fabrikant, 2001; Johnson, 2006) and scholarly research (Orlitzky et al., 2003) on unethical behavior are prone to narrowly focus on: (1) financial and other easily identifiable damage and (2) the direct victim as the sole injured party (Giacalone and Thompson, 2006).

But while a victim's financial losses are an important part of the damage caused by unethical behavior, the impact of unethical actions should be considered more holistically. We propose that unethical activity may be associated with decrements in well-being not only for the victim, but also for the perpetrator, witnesses, and others indirectly impacted by the unethical action, such as family and friends (Evans et al., 2007).

Directly linked to unethical behavior: victims and perpetrators

Ample interdisciplinary evidence suggests a link between unethical behavior and victim well-being. Beyond targets of bullying (Bowling and Beehr,

2006; Niedl, 1996), persons treated unfairly (Jackson et al., 2006; Tepper, 2001), victims of discrimination (Klonoff et al., 1999; Krieger, 1999), victims of sexual harassment (Fitzgerald et al., 1997), battered women (Schnurr et al., 1998), crime victims (Britt, 2000; Kilpatrick and Acierno, 2003; Norris and Kaniasty, 1994), and individuals who are humiliated (Lindner, 2001) all show marked decrements in well-being.

However, because perpetrators of unethical acts are generally reviled, attention to the impact of the acts on perpetrators themselves has been limited. Admittedly, the idea that a perpetrator can be harmed may at first seem curious. Why would someone who initiates an immoral act be hurt by it? Nonetheless, studies suggest that perpetrators can be hurt by their own actions for a number of reasons. First, simply because perpetrators behave unethically does not mean that they are necessarily comfortable with their actions (Evans et al., 2007). Social situations and powerful pressures can influence individuals to act in ways that run contrary to their own ethical standards (Milgram, 1975). Soldiers who commit atrocities in the conduct of war have been known to experience guilt and shame (McNally, 2003). Organizational cultures that thrive on extreme competition (Kohn, 1986) or that place people in positions of extreme power over other human beings (Zimbardo, 2007) can prod individuals to commit immoral acts.

Second, even absent specific situational pressures, individuals sometimes knowingly violate their own standards of behavior, triggering damaging consequences for their well-being. Byrne (2003) theorizes that perpetrators develop decrements in well-being when their actions violate the basic beliefs they hold of the world and of themselves (their schema). In such cases, when there is a large discrepancy between their ideal and actual behaviors (Carver and Ganellen, 1983; Tesser, 2003), such perpetrators become distressed and self-punitive.

However, not all perpetrators of unethical acts suffer decrements in well-being (as noted, perhaps because their schema was not violated), and it is likely that the severity of effects on one's well-being varies by the type of unethical act one carries out. For example, committing a violent crime may produce greater decrements in well-being in a perpetrator than does a minor immoral action. As an example, Michalos and Zumbo (2001) found that holding beliefs characterized as "modern prejudice" (more subtle forms of prejudice as compared with traditional blatant prejudicial views) was not a significant predictor of one's reported quality of life. Thus, it is possible that prejudice alone may not directly impact one's well-being, but that acting on those beliefs (discrimination) does have deleterious effects on the perpetrator.

Indirectly impacted by unethical behavior: witnesses and associated persons

In addition to perpetrators and victims, other individuals may be impacted by unethical behaviors *indirectly* and may also show decrements in well-being. These individuals include those who either *witness* the unethical act or are *associated* with an individual from one of the other groups (i.e., associated with a perpetrator, a victim, or a witness). These decrements in well-being can be due to a number of factors, including the shock of witnessing an immoral act (Bloom, 1995) and empathic attachments they develop with others who are affected by the unethical behavior (Sexton, 1999).

Witnesses to unethical behavior can be harmed through one of three ways (Bloom, 1995; Richardson, 2001). First, witnesses can be impacted due to their empathy for the victim or perpetrator (Pearlman and Mac Ian, 1995; Sexton, 1999), becoming emotionally distressed with the knowledge of what the perpetrator did or what the victim experienced (Brockner et al., 1987). Second, witnesses can be affected due to their fears (Grunberg et al., 2001; Moore et al., 2004). Specifically, witnesses may be afraid that: (1) they too will be similarly victimized, (2) they will be forced to act in the unethical ways of the perpetrator, or (3) they will be targeted because of their knowledge of the immoral act. Third, witnessing unethical behavior can shatter people's worldviews, including their view of organizations and society in general (Janoff-Bulman, 1992; Koltko-Rivera, 2004).

The harmful effects of unethical behavior appear to extend to those who simply *know* about an event but do not witness it directly. For example, individuals can experience distress over incidents of community wrongdoing and family victimization

that they did not witness themselves (Bell and Jenkins, 1993). Similarly, women who worked in a group with a high level of ambient sexual harassment experienced distress as well (Glomb et al., 1997).

Associated persons are individuals who are linked to the perpetrator, victim, or witness of unethical behavior – for example, family members, coworkers, or friends. Such association is necessary but not sufficient for there to be an impact on the associated person's well-being. For associated persons to be affected, there must be a strong connection to the perpetrator, victim, or witness, such that they are emotionally responsive to the dysfunctional consequences that those persons exhibit or can empathize with them (Pearlman, 1995). For example, a wife who knows that her husband has been the target of bullying at work can be affected herself; through her empathy for her husband's pain, she experiences distress as well. Richardson (2001) believes that the experience of being exposed to the victimization of others creates an energy that results in our bodies and psyche reacting to the despair, rage, and pain of the person who has been victimized.

Evidence is accumulating that the negative impact on associated persons of victims is substantial. People who work closely with those who have been victimized are at risk of decrements in their own well-being, including the development of obsessive-compulsive disorders, depression, and anxiety (Arzi et al., 2000; Collins and Long, 2003; Pearlman, 1995; Pearlman and Mac Ian, 1995). Such second-hand distress has been seen in spouses of war veterans (Arzi et al., 2000; Bramsen et al., 2002) as well as in children of parents who were victimized (Baranowsky et al., 1998; Dulmus and Wodarski, 2000).

Mechanisms leading to decrements in well-being

Unethical behavior can directly create decrements in well-being. For example, an act of workplace violence that physically harms a person could directly cause short or long-term physical health problems. However, decrements in well-being resulting from unethical behavior are not always so direct, and so we focus in this paper on underlying mechanisms that link unethical acts to diminished well-being. Based on a review of the literature, we posit that three primary mechanisms link unethical behavior to decrements in well-being: stress, trauma, and poor health behaviors. There is ample evidence from interdisciplinary literature in psychology (Adler and Matthews, 1994; Smith and MacKenzie, 2006), criminology (Britt, 2000; Fischer, 1984; McShane and Williams, 1992), traumatology (Gerrity et al., 2001; Schnurr et al., 2002), social psychology (Dion and Earn, 1975; Ormel and Wohlfarth, 1991), and medicine (Kaprio et al., 2000; Leiker and Hailey, 1988; Scherwitz et al., 1992) that each of these mechanisms may individually or collectively be associated with decrements in different forms of physical and psychological well-being.

The stress mechanism

Work stress continues to be one of the most intensely researched variables in organizational studies (Jovanovic et al., 2006; Lazarus, 1999). Stress is important both as an outcome of various work and life pressures (generically termed "stressors"), and as a predictor of damaging effects on individuals that exact a cumulative toll on society in terms of health-care costs and human suffering (Aneshensel, 1992; Danna and Griffin, 1999).

Stress arises when an individual perceives that they cannot effectively cope with the demands being made on them (Lazarus and Folkman, 1984). The potential sources of work stress are wide-ranging and can vary from work schedules and poor leadership to workplace safety and organizational politics (Barling et al., 2005). We assert that unethical behavior, which has not traditionally been identified as a work stressor, is a powerful stressor in the work environment that has ramifications for well-being. Three perspectives from the work stress literature provide justification for this view.

From a sociological perspective, environmental components and certain structural determinants of ethically dysfunctional work settings lead to stress (Seeman and Crimmins, 2001; Taylor et al., 1997). These structural influences include unhealthy workplace norms (Hammer et al., 2004) and cultural values and beliefs (Peterson and Wilson, 2004). In contrast, psychological approaches, based in research on job strain and appraisal, provide an individual-level approach to stress responses of the perpetrator, victim,

witness, and associated persons to unethical actions. Job strain, defined by a combination of high psychological demands along with low decision latitude (Strazdins et al., 2004; Theorell and Karasek, 1996), is a widely used construct of job stress that has been shown to be a predictor of cardiovascular mortality and quality of life (Johnson et al., 1996; Lerner et al., 1994; Theorell and Karasek, 1996). Many unethical behaviors such as abusive supervision fit well within the job strain model. Employees overcome by supervisory abuse (Tepper, 2000; Van Dierendonck et al., 2004) will have high psychological demands coupled with low decision latitude because of the intimidating nature of the supervisor's actions.

A second psychological perspective, focused on individual-level cognitive processing of work events and subsequent affective responses (Lazarus and Folkman, 1984; Weiss and Cropanzano, 1996), provides a contrasting approach. From this vantage point, it is individual perception and appraisal of unethical actions that determines stress and consequent decrements in well-being (Jackson et al., 2006; Meyer, 2003a) rather than the actual content of unethical acts. While Jackson et al. (2006) note that stress responses consist of cognitive, emotional, and motivational changes, we theorize that an individual's stress reaction to unethical behavior will depend on whether that individual is a perpetrator, victim, witness, or an associated person. Furthermore, an associated person's reaction will depend on whether that association is with a perpetrator, victim, or witness (Bloom, 1995).

How individuals perceive and appraise unethical actions may lead to negative emotions (Lazarus, 1999), and these emotions are often tied to stress and well-being (Gallo et al., 2004; Suinn, 2001). When perpetrators perceive that they have done something wrong, they will likely experience feelings of guilt (Byrne, 2003). Victims, realizing that they were wronged by the unethical behavior, may become angry or even enraged (Riggs et al., 1992), while witnesses may be shocked (Janoff-Bulman, 1992). Associated persons may have entirely different emotional responses, depending on the type of association. For example, persons associated with the perpetrator may experience shame (Pollock, 1999), while those associated with the victim may feel empathy (Pearlman, 1995).

Lastly, people can develop stress because of a violation of the fundamental ethical standards that serve to guide them on a daily basis (Hobfoll, 1988). In this case, both their illusion of being unaffected by unethical activity (Janoff-Bulman and Frieze, 1983) and their worldview are shattered. It is this violation of core beliefs that damages self-worth (Janoff-Bulman, 1989), personal ideologies, and identity (Tajfel, 1982; Tajfel and Turner, 1979), and leads individuals to feel vulnerable and stressed (Mikkelsen and Einarsen, 2002). This is the perspective of the stress-vulnerability or accumulation model, which posits that being subjected to wrongful events (particularly repeatedly) levies a heavy toll on coping abilities and resources, and over time weakens the individual (Moore et al., 2004; Zapf et al., 1996).

The trauma mechanism

Trauma provides another mechanism by which individuals may suffer decrements in well-being resulting from unethical behavior. Decades of research on trauma have shown that individuals who are traumatized suffer disproportionately from serious mental and physical effects (Friedman and Schnurr, 1995; Gerrity et al., 2001; North et al., 2002). The essence of trauma is that crucial *meanings* are undermined by the traumatic event (Lazarus, 1999). Although scholarship has not linked traumatic responses to unethical behavior as a whole, such a connection is warranted for three reasons. First, ethical infractions challenge one's pivotal values and beliefs that are tied to assumptions one holds about the world and how it operates (Koltko-Rivera, 2004). Research has shown that when such critical assumptions are challenged, there is an increased likelihood of trauma (Janoff-Bulman, 1989). Second, unethical acts at work can break one's trust in coworkers and organizations, and can result in betrayal trauma (Freyd, 1996), which occurs when people or institutions on which we depend violate us in some way. While betrayal trauma can be a function of more severe forms of unethical behavior (such as abuse), it can also result from betrayals of trust at work. Unethical events, such as capricious and uncaring downsizing, may breach employee trust, endanger one's livelihood, and impact critical self-perceptions (Moore et al., 2004) that lead to trauma.

Finally, researchers have established that particular forms of unethical behavior at work are associated

with post-traumatic stress disorder (PTSD). First introduced as a medical diagnosis in 1980, PTSD traditionally concerned events that involved a threat to one's life or serious bodily injury (Schnurr et al., 2002). PTSD is a diagnosis comprised of three symptom clusters: (1) a ''re-experiencing cluster'' such as recurring intrusive thoughts about the traumatic event, (2) a ''numbing cluster'' including dissociation, and (3) miscellaneous symptoms such as difficulty concentrating (McNally, 2003). Research has shown that victims of bullying (Leymann and Gustafsson, 1996; Mikkelsen and Einarsen, 2002; Tehrani, 2004) and sexual harassment (Schneider et al., 1997) are both at risk of developing PTSD. Thus, conceptualizing unethical behavior as a precursor to trauma is consistent with the literature.

While most data on trauma and post-traumatic stress disorder are derived from studies of war veterans (Schnurr and Jankowski, 1999; Schnurr et al., 2002), exposure to disasters (Hanson et al., 1995; Joseph et al., 1993; Shrubsole, 1999; Simeon et al., 2003), and victims of violent acts (Gerrity et al., 2001; Kubany et al., 2000), its occurrence need not involve a threat to one's life (Avina and O'Donohue, 2002; Schnurr et al., 2002). In fact, researchers have begun to expand the range of events that are considered traumatic, including corporate downsizing (Moore et al., 2004), humiliation (Lindner, 2001), bullying (Zapf et al., 1996), and sexual and workplace harassment (Bowling and Beehr, 2006; Fitzgerald et al., 1997; Schneider et al., 1997). Even repeated exposure to what might be considered mildly offensive sexual jokes in the workplace may initiate symptoms of trauma (Avina and O'Donohue, 2002). Studies on such experiences provide evidence of psychological and physical symptomatology (Lorho and Hilp, 2001; Matthiesen and Einarsen, 2004; Tehrani, 2004; Zapf et al., 1996), some of which are similar to effects caused by more severe antecedents such as being a prisoner of war (Leymann and Gustafsson, 1996).

These outcomes, based on decades of trauma research, have shown that individuals who are traumatized suffer disproportionately from various and serious mental and physical effects (Friedman and Schnurr, 1995; Gerrity et al., 2001; North et al., 2002). Responses to traumatic events may range from mild stress at one end of the continuum, to the development of PTSD at the other end (Wagner et al., 2000), including poor self-reported health, greater utilization of medical resources, and increased morbidity and mortality (Friedman and Schnurr, 1995; Schnurr and Jankowski, 1999; Wagner et al., 2000).

Consistent with our conceptualization that links decrements in well-being to the perpetrator, witness, and associated persons as well as the victim, the literature in traumatology shows that trauma need not even be experienced directly. In fact, the psychological literature asserts that symptomatology can be manifested in a range of individuals who experienced, witnessed, or were confronted with events that involved oneself *or others* (American Psychiatric Association, 1994, pp. 427–428).

In the case of the perpetrator, research shows that those who engage in criminal or unethical acts can themselves become traumatized and suffer from PTSD (Byrne, 2003; Pollock, 1999) when they commit an act they know to be wrong. Such a breach of one's own values can lead to extreme guilt, anxiety, and associated decrements in physical and psychological well-being (Byrne, 2003; Evans et al., 2007).

In the case of both witnesses and associated persons, there are even more extensive research programs showing a relationship between unethical actions and decrements in well-being. Research demonstrates that individuals may experience *secondary trauma*, which is ''the transfer of trauma symptoms from those who have been traumatized to those who have close and extended contact with trauma victims'' (Motta et al., 1999, p. 997). Also known as compassion fatigue (Figley, 1993) and vicarious trauma (McCann and Pearlman, 1990; Pearlman and Saakvitne, 1995), the results of studies on secondary trauma show that witnessing a traumatic event – or even listening to graphic details of it (Collins and Long, 2003; Ortlepp and Friedman, 2002; Pearlman and Mac Ian, 1995; Salston and Figley, 2003; Sexton, 1999) – can lead to long-term, debilitating stress (Lerias and Byrne, 2003) and alter one's basic assumptions about the world (Janoff-Bulman, 1989). Such secondary trauma can impact the well-being of persons associated with trauma victims, such as spouses (Arzi et al., 2000; Bramsen et al., 2002; Lev-Wiesel and Amir, 2001) and even children (Baranowsky et al., 1998; Dulmus and

Wodarski, 2000), who as they age are then at greater risk for engaging in negative behaviors (Dixon et al., 2005). Figley (1995) notes that the symptoms for this secondary traumatic stress are nearly identical to those who experienced the traumatic event directly.

The health behaviors mechanism

While stress and trauma themselves can impact well-being directly, the effects of unethical behavior on well-being can occur due to negative changes in health behaviors. Such changes in health behaviors refer to an increase of dysfunctional health habits and activities (e.g., smoking), or to a decrease of beneficial health habits and activities (e.g., exercise). These behaviors are heavily implicated in the development of illnesses – especially chronic diseases (Hemingway and Marmot, 1999; Kaprio et al., 2000) – and increases in mortality (Adler and Matthews, 1994).

Specifically, research has documented that the effects of stress on well-being may be mediated through unhealthy lifestyles, such as alcohol consumption, unhealthy diet, smoking, disturbed sleep patterns, poor compliance with medical regimes, and distrust of physicians (Cohen and Williamson, 1991; Lee et al., 1992; Leiker and Hailey, 1988; Scherwitz et al., 1992; Siegler et al., 1992; Smith and Christensen, 1992). The evidence linking trauma to poor health behaviors is even more robust (Kilpatrick et al., 1997; Walker et al., 1999). For example, Felitti et al. (1998) found that increases in the number of traumatic events one suffered were linked to a greater likelihood of risky behaviors, including smoking, lack of exercise, and sexual promiscuity. Further, individuals who suffer from trauma are at greater risk for abusing alcohol (Stewart, 1996). Within the context of unethical behavior, research shows connections among unethical behavior, stressors, and poor health behaviors. Such connections appear to be most strong in studies on discrimination (Landrine and Klonoff, 1996), bullying (Zapf et al., 1996), and injustice (Elovainio et al., 2003).

Moderators of decrements in well-being

An extensive literature (Bennett et al., 2004; Penninx et al., 1996; Scheier and Carver, 1992; Smith and MacKenzie, 2006; Young, 2004) on unethical activities (Adler and Matthews, 1994; Landrine and Klonoff, 1996; Lorho and Hilp, 2001), traumas to one's worldview (Janoff-Bulman, 1989), and criminal behaviors (Britt, 2000) demonstrates that the relationship between predictor variables and well-being outcomes are subject to moderation (see Taylor et al., 1997). This literature suggests that whether unethical behavior results in decrements to well-being may depend on a variety of factors. Critically, not all those who engage in, are victimized by, witness, or are associated with unethical activities suffer decrements in well-being; further, even those who do suffer decrements do not experience them to the same degree. For example, even after severely traumatic events, the likelihood of developing PTSD is a function of situational and personal risk factors, with issues such as personality, severity of initial reaction, and social support playing major roles (Schnurr et al., 2002).

Although explicating a detailed list of such moderator variables and their effects is beyond the purview of this paper, such factors include working hours, type of job, working environment, and the employee's age, lifestyle, and type A characteristics (Danna and Griffin, 1999). Other variables, such as chronic job insecurity (Ferrie et al., 2002; Heaney et al., 1994) and social epidemiological markers such as social class, race/ethnicity, and gender (Berkman and Kawachi, 2000), have also been associated with effects on well-being. Because these factors have not been conceptually integrated (Jackson et al., 2006), it is impossible to provide a comprehensive conceptualization of their impact.

In our model, moderation can occur at two places: (1) in the relationship between unethical behavior and individual stress/trauma responses, and (2) in the relationship between stress/trauma and decrements in well-being. The potential moderators themselves can be separated into three key variable clusters: perceptual variables, sociodemographic variables, and situational/coping variables.

Perceptual variable cluster

As Jackson et al. (2006) have shown, the extent to which an event is perceived as wrongful is critical to producing an impact on well-being, for it is a way by

which external actions and events become internalized. In order for unethical actions or events to impact well-being, perpetrators, victims, witnesses, and associated persons must perceive them as unethical and find the actions or events both central to their identity and of sufficient magnitude to affect them (Magley et al., 1999).

Unethical acts may not be perceived as such for a variety of reasons. First, there are potentially a wide range of behaviors where people may engage in an unethical act but not see it as wrong (''it's my job to do this''), where people may be victimized and not perceive it (''my manager is just doing his job''), or where people remain unaware that something unethical occurred (e.g., done behind closed doors) (Landau and Freeman-Longo, 1990). Second, individuals may be motivated by a sense of self-protection or fear to ignore evidence of unethical behavior, apprehensive that the attribution of unethical behavior may undermine social relationships and life in the organization (see Contrada et al., 2000). Third, when the ethics of the act are sufficiently ambiguous, individuals may try to maintain a sense of personal control by minimizing their recognition of unethical behavior (Landau and Freeman-Longo, 1990). In fact, it appears that healthier individuals may use such a strategy (see Meyer, 2003b) in order to mitigate the impact of perceived unethical behavior on well-being.

However, when an action or event is perceived as unethical, it exerts a strong effect on how an individual will respond (Bergman et al., 2002; Fitzgerald et al., 1995, 1997; Lazarus and Folkman, 1984), with prior experiences with unethical behavior and attitudes toward particular types of unethical acts impacting perceptions of the event (Bergman et al., 2002; Fitzgerald et al., 1997). The literature provides for three types of variables that may impact such perceptions: individual differences, magnitude of action, and centrality of impact.

Individual difference variables

Theory and research suggest that a number of personality and individual difference variables may impact the extent to which unethical behavior is associated with decrements in well-being. High trait neuroticism, which predisposes individuals to experience psychological distress (Ormel and Wohlfarth, 1991; Tepper, 2001), has been shown to be a powerful predictor of traumatic stress (Bowman, 1999; McFarlane, 1989), while locus of control has been shown to impact depression, somatic complaints, and epinephrine excretion levels (Fusilier et al., 1987). Alternatively, some individual differences such as optimism have been found to be associated with more positive moods, coping ability, and differences in response to stress, and these differences appeared to be related to optimists' better immune function (Segerstrom et al., 1998).

Among the many individual difference variables, negative affectivity (NA), a general disposition to chronically experience anxiety, sadness, guilt, anger, irritability, and other negative emotions (Costa and McCrae, 1987; Watson and Pennebaker, 1989), may provide one of the most robust links. NA leads respondents to interpret ambiguous, benign bodily sensations as symptomatic of an actual physical illness (Watson and Pennebaker, 1989). Factor analytic studies also have found that aspects of psychological well-being (anxiety, depression, and anger) all load on the NA dimension (Costa and McCrae, 1992), and it has been shown to be a key pathway for other psychological events (Kiecolt-Glaser et al., 2002). Nonetheless, while NA is associated with somatic self-reports, it is not always associated with actual physical illness (Costa and McCrae, 1987; Watson and Pennebaker, 1989). For example, research has shown that NA is often correlated with angina and chest pain symptomatology (Watson and Pennebaker, 1989), although it is unrelated to actual cardiac pathology (using measures of blood pressure or serum cholesterol). Other research shows that NA is unrelated to many physical complaints and may actually serve as a buffer against some ailments (Watson and Pennebaker, 1989).

How individual difference variables moderate the relationship between behavioral events and well-being is complicated and may vary. For example, individuals high in NA are inclined to have negative views of themselves, other people, and the world (Watson and Clark, 1984), and are more prone to perceive and report distress, dissatisfaction, anxiety, and anger than others. Thus, they may be more likely to perceive an action, event, or working environment as unethical and respond stressfully to it. Conversely, because high NA individuals are overtly negative,

distressed, and potentially unpleasant, they may violate social norms that incite others to mistreat and scapegoat them (Vartia, 1996; Zapf, 1999), and to treat them aggressively (Einarsen et al., 1994).

Perceived magnitude

Much as perceptions may vary regarding whether an unethical act has occurred (or been perpetrated), so too will the degree of impact on well-being vary as a function of the perceived magnitude of the event. While in some cases, the mere exposure to such acts may result in difficulties (Hogh and Dofradottir, 2001), Hobfoll (1988) suggested that an event or situation becomes more impactful if an individual's 'object resources' (e.g., property), 'conditions' (e.g., relationships, job conditions), or 'energies' (e.g., amount of time or money) are threatened or lost. Therefore, the more an action's outcomes are associated with increasing damage to one's own (or another's) possessions, social conditions, or energies, the more serious will be the perceived magnitude of the unethical act.

Similarly, the dose–response model hypothesizes that symptoms worsen as the magnitude of the infraction increases (March, 1993). This magnitude may be a function of the duration of an unethical act (Shrubsole, 1999), the number of times it occurred, and the intensity or extent of psychological or physical injury or life disruption that it caused (Bolin, 1985; Schnurr et al., 2002; Shrubsole, 1999). Ultimately, the perceived significance of how much was lost as a result of the action (Shrubsole, 1999) in the aggregate (the ''dose'') will impact the individual's well-being.

Centrality of the unethical action to one's worldview and identity

The extent to which perpetrators, victims, witnesses, or associated persons perceive an unethical action is central to their identity, their daily activities, or their career may be critical to how they respond. The more central an action is, the more likely it is that it will have a significant impact on them. Labeled as motivational relevance by some researchers (Lazarus and Smith, 1988; Smith et al., 1993; Smith and Lazarus, 1993), centrality constitutes an evaluation of the extent to which an action or event impacts personal commitments, goals, and concerns, thereby making it more central and relevant to the individual. Thus, one individual may perceive (and therefore assess) the threat or risk of an unethical action very differently from another (Grunberg et al., 2001; Klonoff et al., 1999), perhaps finding it irrelevant to them and, as a result, having no impact on their well-being (Tepper, 2001).

Sociodemographic variable cluster

A wide array of sociodemographic variables have been explored in the psychological and epidemiological literatures. Gender appears to be an important moderator. In particular, we know that women tend to report lower psychological well-being and poorer health than men (Jick and Mitz, 1985; Niedl, 1996; Sonnentag, 1996), and that they suffer more depression and anxiety (Kessler, 1995; Lev-Wiesel and Amir, 2001). When combined with other variations such as race, these differences appear to bring about more serious decrements in well-being. For example, African-American women in particular experience more rapid deterioration in health relative to that of Caucasian women, due in part to hypothesized multiple sources of stress that have a cumulative impact – an effect that has been labeled the *weathering hypothesis* (Geronimus, 1992).

A similarly compelling moderator is found in the well-documented literature on socioeconomic status (SES), which reveals an association between lower socioeconomic status (traditionally assessed with education, income, and occupational indicators) and negative health outcomes (Adler et al., 1993; Williams and Collins, 1995). Turner et al. (1995), for example, found an inverse association between occupational prestige levels and depressive symptomatology, as well as between occupational prestige and exposure to stress. Lower SES also appears to be related to increased chronic and infectious disorders and major causes of morbidity and mortality (Adler et al., 1993; Macintyre, 1997; Williams and Collins, 1995).

How these SES-related sociocultural deficits combine and interact (Adler et al., 1994; Pincus and Callahan, 1995; Williams, 1990) to undermine well-being, particularly in the context of wrongful behavior, is poorly understood. Largely this is because such deficits are confounded with one's physical environment [in which crime, hazardous waste, crowding, and poor physical amenities may exist (Williams and Collins, 1995)] and inadequate resources, which all lead to

problems related to personal autonomy and/or job security (Kohn and Schooler, 1983; Williams, 1990).

Situational and coping variable cluster

Once an action or event is perceived as unethical, what influences the etiology and progression of disease will depend on an ability to draw on resources (e.g., problem-solving skills, social support networks, and assets like money and equipment) that help to effectively cope with these unethical actions and events (Folkman, 1984; Folkman et al., 1979). It is well-known that coping, in the form of social support, is inversely associated with various psychological and physical disorders and even mortality (Aneshensel and Stone, 1982; House et al., 1988; Kessler and McLeod, 1985; Moen et al., 1989; Ross and Mirowsky, 1989; Turner, 1981, 1983; Wethington and Kessler, 1986). When the unethical actions and events are perceived as unpredictable and uncontrollable, the result is the continued elevation of stress hormones (Baum et al., 1993) that make workers more susceptible to deleterious health consequences (Gallo and Matthews, 2003; Lepore et al., 1991; Rook, 1990).

When the resources available to help them cope are available, individuals may see the unethical action as benign; conversely, they are likely to view the action as stressful if their coping resources are insufficient. It is when the individual views the unethical behavior as stressful that physical and psychological well-being is impacted (Tepper, 2001). Whether or not coping resources are sufficient depends to some extent on which criteria (e.g., reduction in the presenting problems, avoidance of distress, or maintenance of one's sense of self) are used to measure effectiveness (Menaghan, 1983). For example, in studies of married couples, some coping tactics such as optimistic comparisons were effective in both reducing current distress as well as avoiding problems later, while other tactics did little to attenuate current distress (Menaghan, 1982, 1983; Menaghan and Merves, 1984).

Aspects of well-being impacted by unethical behavior

What aspects of well-being may be impacted by unethical behavior? Studies have documented a wide range of outcomes related to well-being that were obtained from both self-report sources (e.g., self-reported health concerning both physical and psychological measures) and objective sources (e.g., medical records and professional diagnoses, and medical tests such as blood pressure). Overall, these outcomes have been focused on three broad categories of well-being: (1) psychological disorders, (2) physical health, and (3) physiological markers.

Table I presents a summary of aspects of well-being associated with various forms of unethical behavior.

Psychological disorders

As shown in Table I, the most frequently studied impact resulting from unethical actions has been psychological disorders. This category includes variables such as anxiety, depression, burnout, psychological distress, and PTSD. For example, both sexism (Moradi and Subich, 2004) and sexual harassment (Fitzgerald et al., 1997; Schneider et al., 1997) have been associated with higher levels of psychological distress, while injustice has been linked to higher risk of psychiatric morbidity (Elovainio et al., 2002; Kivimaki et al., 2003).

Depression, anxiety, and occupational strain have all been linked to a number of different forms of unethical activities. For instance, individuals who have been bullied show increased levels of depression (Leymann and Gustafsson, 1996; Mikkelsen and Einarsen, 2001; Niedl, 1996), as have those subjected to workplace harassment (Bowling and Beehr, 2006), frequent episodes of sexism (Klonoff et al., 2000), and discrimination (Noh et al., 1999). A similar pattern is seen for anxiety (Bowling and Beehr, 2006; Klonoff et al., 2000; Mikkelsen and Einarsen, 2001; Niedl, 1996; Norris and Kaniasty, 1994). Occupational strain, which is a measure of depression, nervousness, and difficulty in concentrating, was found to be associated with workplace harassment (Bowling and Beehr, 2006) and perceptions of an unfair workplace (Francis and Barling, 2005; Kivimaki et al., 2005).

Physical health

Variables related to physical health reflect a mix of (mostly) self-reported health measures as well as

TABLE I

Aspects of well-being affected by unethical behavior

Aspect of well-being	Symptoms	Type of unethical behavior	Representative citations
Psychological disorders	Anxiety	Bullying	Mikkelsen and Einarsen (2001)
		Criminal victimization	Norris and Kaniasty (1994)
		Injustice	Tepper (2001)
		Sexism	Klonoff et al. (2000)
		Workplace harassment	Bowling and Beehr (2006)
	Burnout/emotional exhaustion	Injustice	Tepper (2001)
		Workplace harassment	Bowling and Beehr (2006)
	Depression	Bullying	Leymann and Gustafsson (1996); Niedl (1996)
		Criminal victimization	Norris and Kaniasty (1994)
		Racial discrimination	Noh et al. (1999)
		Workplace harassment	Bowling and Beehr (2006)
	Life dissatisfaction	Workplace harassment	Bowling and Beehr (2006)
	Occupational strain	Injustice	Elovainio et al. (2001)
	Psychological distress	Sexism	Moradi and Subich (2004)
		Sexual harassment	Fitzgerald et al. (1997); Glomb et al. (1997); Schneider et al. (1997)
		Victimization	Bell and Jenkins (1993)
	Psychiatric morbidity	Injustice	Elovainio et al. (2003); Elovainio et al. (2002); Kivimaki et al. (2003)
	PTSD	Bullying	Leymann and Gustafsson (1996); Matthiesen and Einarsen (2004)
		Sexual harassment	Schneider et al. (1997)
		Victimization	Denson et al. (2007)

TABLE I

continued

Aspect of well-being	Symptoms	Type of unethical behavior	Representative citations
Physical health	Coronary heart disease	Injustice	Kivimaki et al. (2005)
	Preterm delivery and low birthweight	Racial discrimination	Mustillo et al. (2004)
	Poor self-reported health and psychosomatic complaints	Bullying	Niedl (1996)
		Discrimination	Pavalko et al. (2003)
		Injustice	Elovainio et al. (2002)
		Victimization	Britt (2000)
		Workplace harassment	Bowling and Beehr (2006); Rospenda et al. (2005)
	Sleep problems	Ethnic discrimination	Thomas et al. (2006)
		Injustice	Elovainio et al. (2003)
Physiological markers	Blood pressure	Racial discrimination	Din-Dzietham et al. (2004)
		Victimization	Newton et al. (2005)
	Body mass index	Injustice	Kivimaki et al. (2005)
	Carotid intima-media thickness (CIMT)	Racial discrimination	Troxel et al. (2003)

clinical diagnoses like coronary heart disease. A host of unethical behaviors such as bullying (Leymann and Gustafsson, 1996; Niedl, 1996), injustice (Elovainio et al., 2003), criminal victimization (Britt, 2000), workplace harassment (Bowling and Beehr, 2006), and discrimination (Pavalko et al., 2003) have all been associated with both reported health problems and psychosomatic complaints. Meanwhile, sleep difficulties were related to perceived discrimination (Thomas et al., 2006), and CHD was linked to low procedural and relational justice (Elovainio et al., 2003). Notably, studies have also connected sexual and workplace harassment with increased use of professional services designed to deal with the resulting stress from harassment (Rospenda et al., 2006).

Physiological measures

While self-report measures predominate studies of well-being, some research provides physiological measures that are not subject to self-report biases. Many of these studies have focused on cardiovascular health. For example, African Americans who perceived they were treated unfairly were found to have greater carotid intima-media thickness (Troxel et al., 2003). Further, criminal victimization and race-based discrimination have both been connected to increases in blood pressure (Din-Dzietham et al., 2004). Among severely victimized women with posttraumatic stress symptoms (Newton et al., 2005), similar increases in blood pressure were evident.

However, the relationship of unethical activity to physiological decrements in health is not limited to cardiovascular effects. One study found that individuals who had experienced greater levels of justice compared to other employees had lower body mass indices (BMI) (Kivimaki et al., 2005). Another study found that the impact of unethical activity was even associated with gestational development; specifically, women who reported higher levels of racial discrimination were more likely to deliver pre-term or low birth weight infants (Mustillo et al., 2004).

Conclusion

As we have shown in the paper, abundant interdisciplinary evidence demonstrates a relationship between unethical behavior and diminished well-being. However, because unethical actions such as bullying, injustice, and harassment have not been linked together as a superordinate category of unethical behavior, it is not surprising that the literature has never proposed a coherent model to illustrate the relationship between ethical wrongdoing and well-being. By linking these various unethical behaviors into a superordinate category and creating a framework linking unethical behavior and well-being, we hope to spur additional research that can explore the consequences of unethical activity in a more holistic sense. Such research efforts would include studying more diverse forms of unethical activities, focused on a more varied set of well-being outcomes that are not limited to financial measures.

Nevertheless, the complexity and potential span of the many possible relationships between diverse forms of unethical behavior and well-being outcomes required us to limit the scope of our model. While it is beyond the reach of our paper, we recognize that the connection between unethical behavior and well-being can be extended beyond the well-being of discrete persons. When individual well-being is diminished in any way, its impact is likely to create organizational effects as well. Indeed, ample evidence confirms that such a relationship exists, particularly in the negative associations between harassment and both job satisfaction (Bowling and Beehr, 2006; Fitzgerald et al., 1997a) and organizational commitment (Bowling and Beehr, 2006), and the positive association between bullying and increased turnover (Niedl, 1996). It is not farfetched to argue that overall organizational health and consequent health insurance claims and costs may also be associated with unethical behavior.

Furthermore, we recognize that our model has public policy implications that we have not yet touched upon. First, because we cannot restrict the deleterious impact of unethical behavior to internal organizational stakeholders alone, these public policy issues are not simply a matter of developing financial legislation such as Sarbanes-Oxley; rather, they also raise issues of occupational safety and health. Second, the fact that our model has enlarged the scope of individuals whose well-being is affected by unethical behavior also carries public policy implications. For example, the impact of unethical behavior on

associated persons makes salient many ramifications regarding public health. Apart from the transmission of diseases that might be contracted within the organization or the impact that injured employees may have on family life and finances, we have proposed that the stress associated with unethical behavior can impact the well-being of others through a process of secondary traumatization. Researchers have alluded to such a connection in the past, particularly in research that linked parental stress to children's suicide (Aleck et al., 2006). Thus, we see our model as the impetus to connect unethical behavior to public policy concerns that extend well beyond financial ramifications.

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References

Adler, N. E., T. Boyce, M. A. Chesney, S. Cohen, S. Folkman and R. L. Kahn, et al.: 1994, 'Socioeconomic Status and Health: The Challenge of the Gradient', *American Psychologist* **49**, 15–24.

Adler, N. E., W. T. Boyce, M. A. Chesney, S. Folkman and S. L. Syme: 1993, 'Socioeconomic Inequalities in Health: No Easy Solution', *JAMA* **269**, 3140–3145.

Adler, N. and K. Matthews: 1994, 'Health Psychology: Why Do Some People Get Sick and Some Stay Well?', *Annual Review of Psychology* **45**, 229–259.

Agervold, M. and E. G. Mikkelsen: 2004, 'Relationships Between Bullying, Psychosocial Work Environment and Individual Stress Reactions', *Work & Stress* **18**, 336–351.

Aleck, O., M. Stefania, T. James, D. James, H. Ruth and C. Lisa, et al.: 2006, 'The Impact of Fathers' Physical and Psychosocial Work Conditions on Attempted and Completed Suicide Among Their Children', *BMC Public Health* **6**, 77.

American Psychiatric Association: 1994, *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (APA, Washington, DC).

Aneshensel, C. S.: 1992, 'Social Stress: Theory and Research', *Annual Review of Sociology* **18**, 15–38.

Aneshensel, C. S. and J. D. Stone: 1982, 'Stress and Depression: A Test of the Buffering Model of Social Support', *Archives of General Psychiatry* **39**, 1392–1396.

Ariss, S. S.: 2003, 'Employee Involvement to Improve Safety in the Workplace: An Ethical Imperative', *Mid-American Journal of Business* **18**, 9–16.

Arzi, N. B., Z. Solomon and R. Dekel: 2000, 'Secondary Traumatization Among Wives of PTSD and Post-Concussion Casualties: Distress, Caregiver Burden and Psychological Separation', *Brain Injury* **14**, 725–736.

Avina, C. and W. O'Donohue: 2002, 'Sexual Harassment and PTSD: Is Sexual Harassment Diagnosable Trauma?', *Journal of Traumatic Stress* **15**, 69–75.

Baranowsky, A. B., M. Young, S. Johnson-Douglas, L. Williams-Keeler and M. McCarrey: 1998, 'PTSD Transmission: A Review of Secondary Traumatization in Holocaust Survivor Families', *Canadian Psychology* **39**, 247–256.

Barling, J., E. K. Kelloway and M. R. Frone (eds.): 2005, *Handbook of Work Stress* (SAGE Publications, Thousand Oaks, CA).

Baum, A., L. Cohen and M. Hall: 1993, 'Control and Intrusive Memories as Possible Determinants of Chronic Stress', *Psychosomatic Medicine* **55**, 274–286.

Bell, C. C. and E. J. Jenkins: 1993, 'Community Violence and Children on Chicago's Southside', *Psychiatry: Interpersonal and Biological Processes* **56**, 46–54.

Bennett, G. G., M. M. Merritt, J. J. Sollers III, C. L. Edwards, K. E. Whitfield and D. T. Brandon, et al.: 2004, 'Stress, Coping, and Health Outcomes Among African-Americans: A Review of the John Henryism Hypothesis', *Psychology & Health* **19**, 369–383.

Bergman, M. E., R. D. Langhout, P. A. Palmieri, L. M. Cortina and L. F. Fitzgerald: 2002, 'The (Un)Reasonableness of Reporting: Antecedents and Consequences of Reporting Sexual Harassment', *Journal of Applied Psychology* **87**, 230–242.

Berkman, L. F. and I. Kawachi (eds.): 2000, *Social Epidemiology* (Oxford, New York).

Bloom, S. L.: 1995, 'The Germ Theory of Trauma: The Impossibility of Ethical Neutrality', in B. Stamm (ed.), *Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers and Educators* (Sidran Press, Maryland), pp. 257–276.

Bolin, R.: 1985, 'Disaster Characteristics and Psychosocial Impacts', in B. J. Sowder (ed.), *Disasters and Mental Health: Selected Contemporary Perspectives* (National Institute of Mental Health, Rockville, MD), pp. 3–28.

Bowling, N. A. and T. A. Beehr: 2006, 'Workplace Harassment from the Victim's Perspective: A Theoretical Model and Meta-Analysis', *Journal of Applied Psychology* **91**, 998–1012.

Bowman, M. L.: 1999, 'Individual Differences in Posttraumatic Distress: Problems with the DSM-IV Model', *The Canadian Journal of Psychiatry* **44**, 21–33.

Bramsen, I., H. M. van der Ploeg and J. W. R. Twisk: 2002, 'Secondary Traumatization in Dutch Couples of World War II Survivors', *Journal of Consulting and Clinical Psychology* **70**, 241–245.

Britt, C. L.: 2000, 'Health Consequences of Criminal Victimization', *International Review of Victimology* **8**, 63–73.

Brockner, J., S. Grover, T. Reed, R. DeWitt and M. O'Malley: 1987, 'Survivors' Reactions to Layoffs: We Get by with a Little Help for Our Friends', *Administrative Science Quarterly* **32**, 526–541.

Byrne, M. K.: 2003, 'Trauma Reactions in the Offender', *International Journal of Forensic Psychology* **1**, 59–70.

Carver, C. S. and R. J. Ganellen: 1983, 'Depression and Components of Self-Punitiveness: High Standards, Self-Criticism, and Overgeneralization', *Journal of Abnormal Psychology* **92**, 330–337.

Cohen, S. and G. M. Williamson: 1991, 'Stress and Infectious Disease in Humans', *Psychological Bulletin* **109**, 5–24.

Collins, S. and A. Long: 2003, 'Working with the Psychological Effects of Trauma: Consequences for Mental Health-Care Workers – A Literature Review', *Journal of Psychiatric & Mental Health Nursing* **10**, 417–424.

Contrada, R. J., R. D. Ashmore, M. L. Gary, E. Coups, J. D. Egeth and A. Sewell, et al.: 2000, 'Ethnicity-Related Sources of Stress and Their Effects on Well-Being', *Current Directions in Psychological Science* **9**, 136–139.

Costa, P. T. and R. R. McCrae: 1987, 'Neuroticism, Somatic Complaints, and Disease: Is the Bark Worse Than the Bite?', *Journal of Personality* **55**, 299–316.

Costa, P. T. Jr. and R. R. McCrae: 1992, *Revised NEO Personality Inventory (NEO–PI–R) and NEO Five-Factor Inventory (NEO–FFI): Professional Manual* (Psychological Assessment Resources, Odessa, FL).

Danna, K. and R. W. Griffin: 1999, 'Health and Well-Being in the Workplace: A Review and Synthesis of the Literature', *Journal of Management* **25**, 357–384.

Deckop, J. R. (ed.): 2006, *Human Resource Management Ethics* (Information Age Publishing, Greenwich, CT).

Denson, T. F., G. N. Marshall, G. N. Schell and L. H. Jaycox: 2007, 'Predictors of Posttraumatic Distress One Year After Exposure to Community Violence: The Importance of Acute Symptom Severity', *Journal of Clinical and Consulting Psychology* **75**, 683–692.

Diener, E.: 1984, 'Subjective Well-Being', *Psychological Bulletin* **95**, 542–575.

Din-Dzietham, R., W. N. Nembhard, R. Collins and S. K. Davis: 2004, 'Perceived Stress Following Race-Based Discrimination at Work is Associated with Hypertension in African-Americans: The Metro Atlanta Heart Disease Study, 1999–2001', *Social Science and Medicine* **58**, 449–461.

Dion, K. L. and B. M. Earn: 1975, 'The Phenomenology of Being a Target of Prejudice', *Journal of Personality and Social Psychology* **32**, 944–950.

Dixon, A., P. Howie and J. Starling: 2005, 'Trauma Exposure, Posttraumatic Stress, and Psychiatric Comorbidity in Female Juvenile Offenders', *Journal of the American Academy of Child and Adolescent Psychiatry* **44**, 798–806.

Dulmus, C. N. and J. S. Wodarski: 2000, 'Trauma-Related Symptomatology Among Children of Parents Victimized by Urban Community Violence', *American Journal of Orthopsychiatry* **70**, 272–277.

Eaton, L. and G. Fabrikant: 2001, 'Enron's Collapse: The Losers: With a Billion in Enron's Stock, Rich Wallet Is Suddenly Lighter', *New York Times*, December 5.

Einarsen, S., B. I. Raknes and S. B. Matthiesen: 1994, 'Bullying and Harassment at Work and Their Relationships to Work Environment Quality: An Exploratory Study', *European Work & Organizational Psychologist* **4**, 381–401.

Elovainio, M., M. Kivimaki and K. Helkama: 2001, 'Organizational Justice Evaluations, Job Control, and Occupational Strain', *Journal of Applied Psychology* **86**, 418–424.

Elovainio, M., M. Kivimaki and J. Vahtera: 2002, 'Organizational Justice: Evidence of a New Psychosocial Predictor of Health', *American Journal of Public Health* **92**, 105–108.

Elovainio, M., M. Kivimaki, J. Vahtera, L. Keltikangas-Jarvinen and M. Virtanen: 2003, 'Sleeping Problems and Health Behaviors as Mediators Between Organizational Justice and Health', *Health Psychology* **22**, 287–293.

Essed, P.: 1991, *Understanding Everyday Racism: An Interdisciplinary Theory*. Sage Series on Race and Ethnic Relations, Vol. 2 (Sage Publications, Thousand Oaks, CA).

Evans, C., A. Ehlers, G. Mezey and D. M. Clark: 2007, 'Intrusive Memories in Perpetrators of Violent Crime: Emotions and Cognitions', *Journal of Consulting and Clinical Psychology* **75**, 134–144.

Felitti, V. J., R. F. Anda, D. Nordenberg, D. F. Williamson, A. M. Spitz and V. Edwards: 1998, 'Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE)

Study', *American Journal of Preventive Medicine* **14**, 245–258.

Ferrie, J. E., M. J. Shipley, S. A. Stansfeld and M. G. Marmot: 2002, 'Effects of Chronic Job Insecurity and Change in Job Security on Self Reported Health, Minor Psychiatric Morbidity, Physiological Measures, and Health Related Behaviours in British Civil Servants: The Whitehall II Study', *Journal of Epidemiology and Community Health* **56**, 450–454.

Figley, C. R.: 1993, 'Compassion Stress and the Family Therapist', *Family Therapy News*, 1–8.

Figley, C. R.: 1995, 'Compassion Fatigue as Secondary Traumatic Stress Disorder: An Overview', in C. R. Figley (ed.), *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* (Brunner/Mazel, New York), pp. 1–21.

Fischer, C. T.: 1984, 'A Phenomenological Study of Being Criminally Victimized: Contributions and Constraints of Qualitative Research', *Journal of Social Issues* **40**, 161–177.

Fitzgerald, L. F., F. Drasgow, C. L. Hulin, M. J. Gelfand and V. J. Magley: 1997, 'Antecedents and Consequences of Sexual Harassment in Organizations: A Test of an Integrated Model', *Journal of Applied Psychology* **82**, 578–589.

Fitzgerald, L. F., S. Swan and K. Fischer: 1995, 'Why Didn't She Just Report Him? The Psychological and Legal Implications of Women's Responses to Sexual Harassment', *Journal of Social Issues* **51**, 117–138.

Fitzgerald, L. F., S. Swan and V. J. Magley: 1997, 'But Was It Really Sexual Harassment? Legal, Behavioral, and Psychological Definitions of the Workplace Victimization of Women', in W. O'Donohue (ed.), *Sexual Harassment: Theory, Research and Treatment* (Allyn & Bacon, Boston), pp. 5–28.

Folkman, S.: 1984, 'Personal Control and Stress and Coping Processes: A Theoretical Analysis', *Journal of Personality and Social Psychology* **46**, 839–852.

Folkman, S., C. Schaefer and R. S. Lazarus: 1979, 'Cognitive Processes as Mediators of Stress and Coping', in V. Hamilton and D. M. Warburton (eds.), *Human Stress and Cognition: An Information-Processing Approach* (Wiley, London), pp. 265–298.

Forsyth, D. R.: 1992, 'Judging the Morality of Business Practices: The Influence of Personal Moral Philosophies', *Journal of Business Ethics* **11**, 461–470.

Francis, L. and J. Barling: 2005, 'Organizational Injustice and Psychological Strain', *Canadian Journal of Behavioural Science* **37**, 250–261.

Freyd, J. J.: 1996, *Betrayal Trauma: The Logic of Forgetting Childhood Abuse* (Harvard University Press, Cambridge, MA).

Friedman, M. J. and P. P. Schnurr (eds.): 1995, *The Relationship Between Trauma, Post-Traumatic Stress Disorder, and Physical Health* (Lippincott Williams & Wilkins, Philadelphia, PA).

Fusilier, M. R., D. C. Ganster and B. T. Mayes: 1987, 'Effects of Social Support, Role Stress, and Locus of Control on Health', *Journal of Management* **13**, 517–528.

Gallo, L. C., S. G. Ghaed and W. S. Bracken: 2004, 'Emotions and Cognitions in Coronary Heart Disease: Risk, Resilience, and Social Context', *Cognitive Therapy & Research* **28**, 669–694.

Gallo, L. C. and K. A. Matthews: 2003, 'Understanding the Association Between Socioeconomic Status and Physical Health: Do Negative Emotions Play a Role?', *Psychological Bulletin* **129**, 10–51.

Geronimus, A. T.: 1992, 'The Weathering Hypothesis and the Health of African-American Women and Infants: Evidence and Speculations', *Ethnicity and Disease* **2**, 207–221.

Gerrity, E., T. M. Keane and F. Tuma (eds.): 2001, *The Mental Health Consequences of Torture* (Kluwer Academic Publishers, Dordrecht, Netherlands).

Giacalone, R. A. and K. R. Thompson: 2006, 'Business Ethics and Social Responsibility Education: Shifting the Worldview', *Academy of Management Learning & Education* **5**, 266–277.

Glomb, T. M., W. L. Richman, C. L. Hulin, F. Drasgow, K. T. Schneider and L. F. Fitzgerald: 1997, 'Ambient Sexual Harassment: An Integrated Model of Antecedents and Consequences', *Organizational Behavior and Human Decision Processes* **71**, 309–328.

Greenberg, J.: 2002, 'Who Stole the Money, and When? Individual and Situational Determinants of Employee Theft', *Organizational Behavior and Human Decision Processes* **89**, 985–1003.

Greenwood, M. R., P. Holland and K. Choong: 2006, 'Re-Evaluating Drug Testing: Questions of Moral and Symbolic Control', in J. R. Deckop (ed.), *Human Resource Management Ethics* (Information Age Publishing, Greenwich, CT), pp. 161–180.

Grunberg, L., S. Y. Moore and E. Greenberg: 2001, 'Differences in Psychological and Physical Health Among Layoff Survivors: The Effect of Layoff Contact', *Journal of Occupational Health Psychology* **6**, 15–25.

Guyll, M., K. A. Matthews and J. T. Bromberger: 2001, 'Discrimination and Unfair Treatment: Relationship to Cardiovascular Reactivity Among African American and European American Women', *Health Psychology* **20**, 315–325.

Hammer, T. H., P. O. Saksvik, K. Nytro, H. Torvatn and M. Bayazit: 2004, 'Expanding the Psychosocial Work Environment: Workplace Norms and Work-

Family Conflict as Correlates of Stress and Health', *Journal of Occupational Health Psychology* **9**, 83–97.

Hanson, R. F., D. G. Kilpatrick, J. R. Freedy and B. E. Saunders: 1995, 'Los Angeles County after the 1992 Civil Disturbances: Degree of Exposure and Impact on Mental Health', *Journal of Consulting and Clinical Psychology* **63**, 987–996.

Harting, T. R., S. S. Harmeling and S. Venkataraman: 2006, 'Innovative Stakeholder Relations: When ''Ethics Pays'' (and When It Doesn't)', *Business Ethics Quarterly* **16**, 43–68.

Heaney, C. A., B. A. Israel and J. S. House: 1994, 'Chronic Job Insecurity Among Automobile Workers: Effects on Job Satisfaction and Health', *Social Science and Medicine* **38**, 1431–1437.

Hemingway, H. and M. Marmot: 1999, 'Psychosocial Factors in the Aetiology and Prognosis of Coronary Heart Disease: Systematic Review of Prospective Cohort Studies', *British Medical Journal* **318**, 1460–1467.

Hobfoll, S. E.: 1988, *The Ecology of Stress* (Hemisphere, Washington, DC).

Hoel, H., B. Faragher and C. L. Cooper: 2004, 'Bullying is Detrimental to Health, but all Bullying Behaviours are not Necessarily Equally Damaging', *British Journal of Guidance & Counselling* **32**, 367–387.

Hogh, A. and A. Dofradottir: 2001, 'Coping with Bullying in the Workplace', *European Journal of Work & Organizational Psychology* **10**, 485–495.

House, J. S., K. R. Landis and D. Umberson: 1988, 'Social Relationships and Health', *Science* **241**, 540–545.

Jackson, B., L. D. Kubzansky and R. J. Wright: 2006, 'Linking Perceived Unfairness to Physical Health: The Perceived Unfairness Model', *Review of General Psychology* **10**, 21–40.

Janoff-Bulman, R.: 1989, 'Assumptive Worlds and the Stress of Traumatic Events: Applications of the Schema Construct', *Social Cognition* **7**, 113–136.

Janoff-Bulman, R.: 1992, *Shattered Assumptions: Towards a New Psychology of Trauma* (Free Press, New York).

Janoff-Bulman, R. and I. H. Frieze: 1983, 'A Theoretical Perspective for Understanding Reactions to Victimization', *Journal of Social Issues* **39**, 1–17.

Jick, T. D. and L. F. Mitz: 1985, 'Sex Differences in Work Stress', *Academy of Management Review* **10**, 408–420.

Johnson, C.: 2006, 'Jury Convicts Lay and Skilling in Fraud That Collapsed Enron', *Washington Post*, May 26.

Johnson, J. V., W. Stewart, E. M. Hall and P. Fredlund: 1996, 'Long-Term Psychosocial Work Environment and Cardiovascular Mortality Among Swedish Men', *American Journal of Public Health* **86**, 324–331.

Joseph, S., R. Williams and W. Yule: 1993, 'Changes in Outlook Following Disaster: The Preliminary Development of a Measure to Assess Positive and Negative Responses', *Journal of Traumatic Stress* **6**, 271–279.

Jovanovic, J., K. Lazaridis and V. Stefanovic: 2006, 'Theoretical Approaches to Problem of Occupational Stress', *Acta Facultatis Medicae Naissensis* **23**, 163–169.

Kaprio, J., U. M. Kujala, M. Koskenvuo and S. Sarna: 2000, 'Physical Activity and Other Risk Factors in Male Twin-Pairs Discordant for Coronary Heart Disease', *Atherosclerosis* **150**, 193–200.

Kessler, R. C.: 1995, 'The National Comorbidity Survey: Preliminary Results and Future Directions', *International Journal of Methods in Psychiatric Research* **5**, 139–151.

Kessler, R. C. and J. D. McLeod: 1985, 'Social Support and Mental Health in Community Samples', in S. Cohen and S. L. Syme (eds.), *Social Support and Health* (Academic, Orlando, FL), pp. 219–240.

Kiecolt-Glaser, J. K., L. McGuire, T. F. Robles and R. Glaser: 2002, 'Psychoneuroimmunology: Psychological Influences on Immune Function and Health', *Journal of Consulting and Clinical Psychology* **70**, 537–547.

Kilpatrick, D. G. and R. Acierno: 2003, 'Mental Health Needs of Crime Victims: Epidemiology and Outcomes', *Journal of Traumatic Stress* **16**, 119–132.

Kilpatrick, D. G., R. Acierno, H. Resnick, B. Saunders and C. Best: 1997, 'A Two-Year Longitudinal Analysis of the Relationships Among Violent Assault and Substance Use in Women', *Journal of Consulting and Clinical Psychology* **65**, 834–847.

Kivimaki, M., M. Elovainio, J. Vahtera, M. Virtanen and S. A. Stansfeld: 2003, 'Association Between Organizational Inequity and Incidence of Psychiatric Disorders in Female Employees', *Psychological Medicine* **33**, 319–326.

Kivimaki, M., J. E. Ferrie, E. Brunner, J. Head, M. J. Shipley and J. Vahtera, et al.: 2005, 'Justice at Work and Reduced Risk of Coronary Heart Disease Among Employees: The Whitehall II Study', *Archives of Internal Medicine* **165**, 2245–2251.

Klonoff, E. A., H. Landrine and R. Campbell: 2000, 'Sexist Discrimination May Account for Well-Known Gender Differences in Psychiatric Symptoms', *Psychology of Women Quarterly* **24**, 93–99.

Klonoff, E. A., H. Landrine and J. B. Ullman: 1999, 'Racial Discrimination and Psychiatric Symptoms Among Blacks', *Cultural Diversity & Ethnic Minority Psychology* **5**, 329–339.

Kohn, A.: 1986, *No Contest: The Case Against Competition* (Houghton Mifflin, Boston).

Kohn, M. L. and C. Schooler: 1983, *Work and Personality: An Inquiry into the Impact of Social Stratification* (Ablex, Norwood).

Koltko-Rivera, M. E.: 2004, 'The Psychology of Worldviews', *Review of General Psychology* **8**, 3–58.

Krieger, N.: 1999, 'Embodying Inequality: A Review of Concepts, Measures, and Methods for Studying Health Consequences of Discrimination', *International Journal of Health Services* **29**, 295–352.

Kristensen, T. S.: 1996, 'Job Stress and Cardiovascular Disease: A Theoretic Critical Review', *Journal of Occupational Health Psychology* **1**, 246–260.

Kubany, E. S., M. B. Leisen, A. S. Kaplan and M. P. Kelly: 2000, 'Validation of a Brief Measure of Posttraumatic Stress Disorder: The Distressing Event Questionnaire (DEQ)', *Psychological Assessment* **12**, 197–209.

Kurzman, D.: 1987, *A Killing Wind: Inside Union Carbide and the Bhopal Catastrophe* (McGraw-Hill, New York).

Landau, S. F. and R. E. Freeman-Longo: 1990, 'Classifying Victims: A Proposed Multidimensional Victimological Typology', *International Review of Victimology* **1**, 267–286.

Landrine, H. and E. A. Klonoff: 1996, 'The Schedule of Racist Events: A Measure of Racial Discrimination and a Study of Its Negative Physical and Mental Health Consequences', *Journal of Black Psychology* **22**, 144–168.

Landrine, H., E. A. Klonoff, I. Corral, S. Fernandez and S. Roesch: 2006, 'Conceptualizing and Measuring Ethnic Discrimination in Health Research', *Journal of Behavioral Medicine* **29**, 79–94.

Lazarus, R. S.: 1999, *Stress and Emotion: A New Synthesis* (Springer, New York).

Lazarus, R. S. and S. Folkman: 1984, *Stress, Appraisal, and Coping* (Springer, New York).

Lazarus, R. S. and C. A. Smith: 1988, 'Knowledge and Appraisal in the Cognition-Emotion Relationship', *Cognition & Emotion* **2**, 281–300.

Lee, D. J., C. F. Mendes de Leon, C. D. Jenkins and S. H. Croog: 1992, 'Relation of Hostility to Medication Adherence, Symptom Complaints, and Blood Pressure Reduction in a Clinical Field Trial of Antihypertensive Medication', *Journal of Psychosomatic Research* **36**, 181–190.

Leiker, M. and B. J. Hailey: 1988, 'A Link Between Hostility and Disease: Poor Health Habits?', *Behavioral Medicine* **14**, 129–133.

Lepore, S. J., G. W. Evans and M. N. Palsane: 1991, 'Social Hassles and Psychological Health in the Context of Chronic Crowding', *Journal of Health and Social Behavior* **32**, 357–367.

Lerias, D. and M. K. Byrne: 2003, 'Vicarious Traumatization: Symptoms and Predictors', *Stress and Health* **19**, 129–138.

Lerner, D. J., S. Levine, S. Malspeis and R. B. D'Agostino: 1994, 'Job Strain and Health-Related Quality of Life in a National Sample', *American Journal of Public Health* **84**, 1580–1585.

Lev-Wiesel, R. and M. Amir: 2001, 'Secondary Traumatic Stress, Psychological Distress, Sharing of Traumatic Reminisces, and Marital Quality Among Spouses of Holocaust Child Survivors', *Journal of Marital & Family Therapy* **27**, 433–444.

Leymann, H. and A. Gustafsson: 1996, 'Mobbing at Work and the Development of Post-Traumatic Stress Disorders', *European Journal of Work & Organizational Psychology* **5**, 251–275.

Lindner, E. G.: 2001, 'Humiliation: Trauma That Has Been Overlooked: An Analysis Based on Fieldwork in Germany, Rwanda/Burundi, and Somalia', *Traumatology* **7**, 43–68.

Lorho, F. and U. Hilp: 2001, *Bullying at Work*. Social Affairs Series, SOCI 108 EN (European Parliament, Luxembourg).

Lyons, R., H. Tivey and C. Ball: 1995, *Bullying at Work: How to Tackle It. A Guide for MSF Representatives and Members* (Manufacturing Science Finance, London).

Macintyre, S.: 1997, 'The Black Report and Beyond', *Social Science and Medicine* **44**, 723–745.

Magley, V. J., C. L. Hulin, L. F. Fitzgerald and M. DeNardo: 1999, 'Outcomes of Self-Labeling Sexual Harassment', *Journal of Applied Psychology* **84**, 390–402.

March, J. S.: 1993, 'What Constitutes a Stressor? The ''Criterion a'' Issue', in J. Davidson and E. Foa (eds.), *Posttraumatic Stress Disorder: DSM-IV and Beyond* (American Psychiatric Press, Washington, DC), pp. 37–54.

Matthiesen, S. B. and S. Einarsen: 2004, 'Psychiatric Distress and Symptoms of PTSD Among Victims of Bullying at Work', *British Journal of Guidance & Counselling* **32**, 335–356.

McCann, L. and L. A. Pearlman: 1990, 'Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims', *Journal of Traumatic Stress* **3**, 131–149.

McFarlane, A. C.: 1989, 'The Aetiology of Post-Traumatic Morbidity: Predisposing, Precipitating and Perpetuating Factors', *British Journal of Psychiatry* **154**, 221–228.

McNally, R. J.: 2003, 'Progress and Controversy in the Study of Posttraumatic Stress Disorder', *Annual Review of Psychology* **54**, 229–252.

McShane, M. D. and F. P. Williams: 1992, 'Radical Victimology: A Critique of the Concept of Victim in

Traditional Victimology', *Crime & Delinquency* **38**, 258–271.
Menaghan, E. G.: 1982, 'Measuring Coping Effectiveness: A Panel Analysis of Marital Problems and Coping Efforts', *Journal of Health and Social Behavior* **23**, 220–234.
Menaghan, E. G.: 1983, 'Individual Coping Efforts: Moderators of the Relationship Between Life Stress and Mental Health Outcomes', in H. B. Kaplan (ed.), *Psychosocial Stress: Trends in Theory and Research* (Academic, New York), pp. 157–191.
Menaghan, E. G. and E. S. Merves: 1984, 'Coping with Occupational Problems: The Limits of Individual Efforts', *Journal of Health and Social Behavior* **25**, 406–423.
Meyer, I. H.: 2003a, 'Prejudice as Stress: Conceptual and Measurement Problems', *American Journal of Public Health* **93**, 262–265.
Meyer, I. H.: 2003b, 'Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence', *Psychological Bulletin* **129**, 674–697.
Michalos, A. C.: 2008, 'Education, Happiness and Wellbeing', *Social Indicators Research* **87**, 347–366.
Michalos, A. C. and B. D. Zumbo: 2001, 'Ethnicity, Modern Prejudice and the Quality of Life', *Social Indicators Research* **53**, 189–222.
Mikkelsen, E. G. and S. Einarsen: 2001, 'Bullying in Danish Work-Life: Prevalence and Health Correlates', *European Journal of Work and Organizational Psychology* **10**, 393–413.
Mikkelsen, E. G. and S. Einarsen: 2002, 'Basic Assumptions and Symptoms of Post-Traumatic Stress Among Victims of Bullying at Work', *European Journal of Work and Organizational Psychology* **11**, 87–111.
Milgram, S.: 1975, *Obedience to Authority: An Experimental View* (Harper & Row, New York).
Moen, P., D. Dempster-McClain and R. M. Williams: 1989, 'Social Integration and Longevity: An Event History Analysis of Women's Roles and Resilience', *American Sociological Review* **54**, 635–647.
Moore, S., L. Grunberg and E. Greenberg: 2004, 'Repeated Downsizing Contact: The Effects of Similar and Dissimilar Layoff Experiences on Work and Well-Being Outcomes', *Journal of Occupational Health Psychology* **9**, 247–257.
Moradi, B. and L. M. Subich: 2004, 'Examining the Moderating Role of Self-Esteem in the Link Between Experiences of Perceived Sexist Events and Psychological Distress', *Journal of Counseling Psychology* **51**, 50–56.
Motta, R. W., J. M. Kefer, M. D. Hertz and S. Hafeez: 1999, 'Initial Evaluation of the Secondary Trauma Questionnaire', *Psychological Reports* **85**, 997–1002.
Mustillo, S., N. Krieger, E. P. Gunderson, S. Sidney, H. McCreath and C. I. Kiefe: 2004, 'Self-Reported Experiences of Racial Discrimination and Black-White Differences in Preterm and Low-Birthweight Deliveries: The CARDIA Study', *American Journal of Public Health* **94**, 2125–2131.
Namie, R.: 2004, 'Work Trauma from Bullying', www.bullyinginstitute.org. Accessed June 2007.
Newton, T. L., B. C. Parker and I. K. Ho: 2005, 'Ambulatory Cardiovascular Functioning in Healthy Postmenopausal Women with Victimization Histories', *Biological Psychology* **70**, 121–130.
Niedl, K.: 1996, 'Mobbing and Well-Being: Economic and Personnel Development Implications', *European Journal of Work & Organizational Psychology* **5**, 239–249.
Noh, S., M. Beiser, V. Kaspar, F. Hou and J. Rummens: 1999, 'Perceived Racial Discrimination, Depression, and Coping: A Study of Southeast Asian Refugees in Canada', *Journal of Health and Social Behavior* **40**, 193–207.
Norris, F. H. and K. Kaniasty: 1994, 'Psychological Distress Following Criminal Victimization in the General Population: Cross-Sectional, Longitudinal, and Prospective Analyses', *Journal of Consulting and Clinical Psychology* **62**, 111–123.
North, C. S., L. Tivis, J. C. McMillen, B. Pfefferbaum, E. L. Spitznagel and J. Cox, et al.: 2002, 'Psychiatric Disorders in Rescue Workers after the Oklahoma City Bombing', *American Journal of Psychiatry* **159**, 857–859.
Orlitzky, M., F. L. Schmidt and S. L. Rynes: 2003, 'Corporate Social and Financial Performance: A Meta-Analysis', *Organization Studies* **24**, 403–441.
Ormel, J. and T. Wohlfarth: 1991, 'How Neuroticism, Long-Term Difficulties, and Life Situation Change Influence Psychological Distress: A Longitudinal Model', *Journal of Personality and Social Psychology* **60**, 744–755.
Ortlepp, K. and M. Friedman: 2002, 'Prevalence and Correlates of Secondary Traumatic Stress in Workplace Lay Trauma Counselors', *Journal of Traumatic Stress* **15**, 213–222.
Paine, L. S.: 2000, 'Does Ethics Pay?', *Business Ethics Quarterly* **10**, 319–330.
Painter-Morland, M.: 2006, 'Triple Bottom-Line Reporting as Social Grammar: Integrating Corporate Social Responsibility and Corporate Codes of Conduct', *Business Ethics: A European Review* **15**, 352–364.
Pavalko, E. K., K. N. Mossakowski and V. J. Hamilton: 2003, 'Does Perceived Discrimination Affect Health? Longitudinal Relationships Between Work Discrimination and Women's Physical and Emotional Health', *Journal of Health and Social Behavior* **44**, 18–33.

Pearlman, L. A.: 1995, 'Notes from the Field: What is Vicarious Traumatization?', in B. Stamm (ed.), *Secondary Traumatic Stress: Self Care Issues for Clinicians, Researchers and Educators*, 2nd Edition (Sidran Press, Baltimore), p. xlvii.

Pearlman, L. A. and P. S. Mac Ian: 1995, 'Vicarious Traumatization: An Empirical Study of the Effects of Trauma Work on Trauma Therapists', *Professional Psychology: Research and Practice* **26**, 558–565.

Pearlman, L. A. and K. W. Saakvitne: 1995, 'Treating Therapists with Vicarious Traumatization and Secondary Traumatic Stress Disorders', in C. R. Figley (ed.), *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* (Brunner/Mazel, New York), pp. 150–177.

Pearson, C. M., L. M. Andersson and J. W. Wegner: 2001, 'When Workers Flout Convention: A Study of Workplace Incivility', *Human Relations* **54**, 1387–1419.

Penninx, B. W. J. H., D. M. W. Kriegsman, J. T. M. van Eijk, A. J. P. Boeke and D. J. H. Deeg: 1996, 'Differential Effect of Social Support on the Course of Chronic Disease: A Criteria-Based Literature Study', *Families, Systems & Health* **14**, 223–244.

Peterson, M. and J. F. Wilson: 2004, 'Work Stress in America', *International Journal of Stress Management* **11**, 91–113.

Pincus, T. and L. F. Callahan: 1995, 'What Explains the Association Between Socioeconomic Status and Health: Primarily Access to Medical Care or Mind-Body Variables?', *Advances: Journal of Mind-Body Health* **11**, 4–36.

Pollock, P. H.: 1999, 'When the Killer Suffers: Post-Traumatic Stress Reactions Following Homicide', *Legal and Criminological Psychology* **4**, 185–202.

Quine, L.: 1999, 'Workplace Bullying in NHS Community Trust: Staff Questionnaire Survey', *BMJ: British Medical Journal* **318**, 228–232.

Rayner, C. and H. Hoel: 1997, 'A Summary Review of Literature Relating to Workplace Bullying', *Journal of Community & Applied Social Psychology* **7**, 181–191.

Richardson, J. I.: 2001, *Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers* (Health Canada, Ottawa, ON).

Riggs, D. S., C. V. Dancu, B. S. Gershuny, D. Greenberg and E. B. Foa: 1992, 'Anger and Post-Traumatic Stress Disorder in Female Crime Victims', *Journal of Traumatic Stress* **5**, 613–625.

Rook, K. S.: 1990, 'Parallels in the Study of Social Support and Social Strain', *Journal of Social & Clinical Psychology* **9**, 118–132.

Rospenda, K. M., J. A. Richman, J. L. Z. Ehmke and K. W. Zlatoper: 2005, 'Is Workplace Harassment Hazardous to Your Health?', *Journal of Business and Psychology* **20**, 95–110.

Rospenda, K. M., J. A. Richman and C. A. Shannon: 2006, 'Patterns of Workplace Harassment, Gender, and Use of Services: An Update', *Journal of Occupational Health Psychology* **11**, 379–393.

Ross, C. E. and J. Mirowsky: 1989, 'Explaining the Social Patterns of Depression: Control and Problem Solving – or Support and Talking?', *Journal of Health and Social Behavior* **30**, 206–219.

Sacket, P. R. and J. E. Wanek: 1996, 'New Developments in the Use of Measures of Honesty, Integrity, Conscientiousness, and Reliability for Personnel Selection', *Personnel Psychology* **49**, 787–829.

Salston, M. and C. R. Figley: 2003, 'Secondary Traumatic Stress Effects of Working with Survivors of Criminal Victimization', *Journal of Traumatic Stress* **16**, 167–174.

Sandvik, E., E. Diener and L. Seidlitz: 1993, 'Subjective Well-Being: The Convergence and Stability of Self-Report and Non-Self-Report Measures', *Journal of Personality* **61**, 317–342.

Scheier, M. F. and C. S. Carver: 1992, 'Effects of Optimism on Psychological and Physical Well-Being: Theoretical Overview and Empirical Update', *Cognitive Therapy and Research* **16**, 201–228.

Scherwitz, L., L. Perkins, M. Chesney, G. Hughes, S. Sidney and T. Manolio: 1992, 'Hostility and Health Behaviors in Young Adults: The CARDIA Study', *American Journal of Epidemiology* **136**, 136–145.

Schneider, K. T., R. T. Hitlan and P. Radhakrishnan: 2000, 'An Examination of the Nature and Correlates of Ethnic Harassment Experiences in Multiple Contexts', *Journal of Applied Psychology* **85**, 3–12.

Schneider, K. T., S. Swan and L. F. Fitzgerald: 1997, 'Job-Related and Psychological Effects of Sexual Harassment in the Workplace: Empirical Evidence from Two Organizations', *Journal of Applied Psychology* **82**, 401–415.

Schnurr, P. P., M. J. Friedman and N. C. Bernardy: 2002, 'Research on Posttraumatic Stress Disorder: Epidemiology, Pathophysiology, and Assessment', *Journal of Clinical Psychology* **58**, 877–889.

Schnurr, P. P. and M. K. Jankowski: 1999, 'Physical Health and Post-Traumatic Stress Disorder: Review and Synthesis', *Seminars in Clinical Neuropsychiatry* **4**, 295–304.

Schnurr, P. P., A. Spiro III, C. M. Aldwin and T. A. Stukel: 1998, 'Physical Symptom Trajectories Following Trauma Exposure: Longitudinal Findings from the Normative Aging Study', *Journal of Nervous and Mental Disease* **186**, 522–528.

Schwartz, M. S.: 2005, 'Universal Moral Values for Corporate Codes of Ethics', *Journal of Business Ethics* **59**, 27–44.

Seeman, T. E. and E. Crimmins: 2001, 'Social Environment Effects on Health and Aging: Integrating Epidemiologic and Demographic Approaches and Perspectives', *Annals of the New York Academy of Sciences* **954**, 88–117.

Segerstrom, S. C., S. E. Taylor, M. E. Kemeny and J. L. Fahey: 1998, 'Optimism is Associated with Mood, Coping and Immune Change in Response to Stress', *Journal of Personality and Social Psychology* **74**, 1646–1655.

Sexton, L.: 1999, 'Vicarious Traumatisation of Counsellors and Effects on Their Workplaces', *British Journal of Guidance & Counselling* **27**, 393–403.

Sheridan, L. P.: 2006, 'Islamophobia Pre- and Post-September 11th, 2001', *Journal of Interpersonal Violence* **21**, 317–336.

Shrubsole, D.: 1999, *Natural Disasters and Public Health Issues: A Review of the Literature with a Focus on the Recovery Period*, Vol. 4 (Institute for Catastrophic Loss Reduction, Toronto, Canada).

Siegler, I., B. Peterson, J. Barefoot and R. Williams: 1992, 'Hostility During Late Adolescence Predicts Coronary Risk Factors at Mid-Life', *American Journal of Epidemiology* **136**, 146–154.

Simeon, D., J. Greenberg, M. Knutelska, J. Schmeidler and E. Hollander: 2003, 'Peritraumatic Reactions Associated with the World Trade Center Disaster', *American Journal of Psychiatry* **160**, 1702–1705.

Smith, T. and A. Christensen: 1992, 'Hostility, Health, and Social Contexts', in H. Friedman (ed.), *Hostility, Coping and Health* (APA, Washington, DC), pp. 33–48.

Smith, C. A., K. N. Haynes, R. S. Lazarus and L. K. Pope: 1993, 'In Search of the 'Hot' Cognitions: Attributions, Appraisals, and Their Relation to Emotion', *Journal of Personality and Social Psychology* **65**, 916–929.

Smith, C. A. and R. S. Lazarus: 1993, 'Appraisal Components, Core Relational Themes, and the Emotions', *Cognition & Emotion* **7**, 233–269.

Smith, T. W. and J. MacKenzie: 2006, 'Personality and Risk of Physical Illness', *Annual Review of Clinical Psychology* **2**, 435–467.

Sonnentag, S.: 1996, 'Working Conditions and Psychological Well-Being of Women and Men: A Meta-Analysis', *Zeitschrift für Arbeits- und Organisationspsychologie* **40**, 118–126.

Stewart, S. H.: 1996, 'Alcohol Abuse in Individuals Exposed to Trauma: A Critical Review', *Psychological Bulletin* **120**, 83–112.

Strazdins, L., R. M. D'Souza, L. L. Lim, D. H. Broom and B. Rodgers: 2004, 'Job Strain, Job Insecurity, and Health: Rethinking the Relationship', *Journal of Occupational Health Psychology* **9**, 296–305.

Suinn, R. M.: 2001, 'The Terrible Twos – Anger and Anxiety: Hazardous to Your Health', *American Psychologist* **56**, 27–36.

Tajfel, H.: 1982, 'Social Psychology of Intergroup Relations', *Annual Review of Psychology* **33**, 1–39.

Tajfel, H. and J. Turner: 1979, 'An Integrative Theory of Intergroup Conflict', in W. Austin and S. Worchel (eds.), *The Social Psychology of Intergroup Relations* (Brooks/Cole, Pacific Grove, CA), pp. 33–48.

Taylor, S. E., R. L. Repetti and T. Seeman: 1997, 'Health Psychology: What is an Unhealthy Environment and How Does It Get under the Skin?', *Annual Review of Psychology* **48**, 411–447.

Tehrani, N.: 2004, 'Bullying: A Source of Chronic Post Traumatic Stress?', *British Journal of Guidance & Counselling* **32**, 357.

Tepper, B. J.: 2000, 'Consequences of Abusive Supervision', *Academy of Management Journal* **43**, 178–190.

Tepper, B. J.: 2001, 'Health Consequences of Organizational Injustice: Tests of Main and Interactive Effects', *Organizational Behavior and Human Decision Processes* **86**, 197–215.

Tepper, B. J., M. K. Duffy, C. A. Henle and L. S. Lambert: 2006, 'Procedural Injustice, Victim Precipitation, and Abusive Supervision', *Personnel Psychology* **59**, 101–123.

Tesser, A.: 2003, 'Self-Evaluation', in M. R. Leary and J. P. Tangney (eds.), *Handbook of Self and Identity* (Guilford Press, New York), pp. 275–290.

Theorell, T. and R. A. Karasek: 1996, 'Current Issues Relating to Psychosocial Job Strain and Cardiovascular Disease Research', *Journal of Occupational Health Psychology* **1**, 9–26.

Thomas, K. S., W. A. Bardwell, S. Ancoli-Israel and J. E. Dimsdale: 2006, 'The Toll of Ethnic Discrimination on Sleep Architecture and Fatigue', *Health Psychology* **25**, 635–642.

Troxel, W. M., K. A. Matthews, J. T. Bromberger and K. Sutton-Tyrrell: 2003, 'Chronic Stress Burden, Discrimination, and Subclinical Carotid Artery Disease in African American and Caucasian Women', *Health Psychology* **22**, 300–309.

Turner, R. J.: 1981, 'Social Support as a Contingency in Psychological Well-Being', *Journal of Health and Social Behavior* **22**, 357–367.

Turner, R. J.: 1983, 'Direct, Indirect, and Moderating Effects of Social Support on Psychological Distress and Associated Conditions', in H. B. Kaplan (ed.),

Psychosocial Stress: Trends in Theory and Research (Academic, New York), pp. 105–155.

Turner, R. J., B. Wheaton and D. A. Lloyd: 1995, 'The Epidemiology of Social Stress', *American Sociological Review* **60**, 104–125.

Van Dierendonck, D., C. Haynes, C. Borrill and C. Stride: 2004, 'Leadership Behavior and Subordinate Well-Being', *Journal of Occupational Health Psychology* **9**, 165–175.

Vartia, M.: 1996, 'The Sources of Bullying – Psychological Work Environment and Organizational Climate', *European Journal of Work & Organizational Psychology* **5**, 203–214.

Vega, G. and D. R. Comer: 2005, 'Sticks and Stones May Break Your Bones, but Words Can Break Your Spirit: Bullying in the Workplace', *Journal of Business Ethics* **58**, 101–109.

Vitell, S. J. and A. Singhapakdi: 1993, 'Ethical Ideology and Its Influence on the Norms and Judgments of Marketing Practitioners', *Journal of Marketing Management* **3**, 1–11.

Waddock, S.: 2004, 'Creating Corporate Accountability: Foundational Principles to Make Corporate Citizenship Real', *Journal of Business Ethics* **50**, 313–327.

Wagner, A. W., J. Wolfe, A. Rotnitsky, S. P. Proctor and D. J. Erickson: 2000, 'An Investigation of the Impact of Posttraumatic Stress Disorder on Physical Health', *Journal of Traumatic Stress* **13**, 41–55.

Walker, E. A., A. N. Gelfand, W. J. Katon, M. P. Koss, M. Von Korff and D. E. Bernstein: 1999, 'Adult Health Status of Women with Histories of Childhood Abuse and Neglect', *American Journal of Medicine* **107**, 332–339.

Watson, D. and L. A. Clark: 1984, 'Negative Affectivity: The Disposition to Experience Aversive Emotional States', *Psychological Bulletin* **96**, 465–490.

Watson, D. and J. W. Pennebaker: 1989, 'Health Complaints, Stress, and Distress: Exploring the Central Role of Negative Affectivity', *Psychological Review* **96**, 234–254.

Weiss, H. M. and R. Cropanzano: 1996, 'Affective Events Theory: A Theoretical Discussion of the Structure, Causes and Consequences of Affective Experiences at Work', in R. I. Sutton and B. M. Staw (eds.), *Research in Organizational Behavior*, Vol. 18 (JAI Press, Greenwich, CT), pp. 1–74.

Wethington, E. and R. C. Kessler: 1986, 'Perceived Support, Received Support, and Adjustment to Stressful Life Events', *Journal of Health and Social Behavior* **27**, 78–89.

Williams, D. R.: 1990, 'Socioeconomic Differentials in Health: A Review and Redirection', *Social Psychology Quarterly* **53**, 81–99.

Williams, D. R. and C. Collins: 1995, 'U.S. Socioeconomic and Racial Differences in Health: Patterns and Explanations', *Annual Review of Sociology* **21**, 349–386.

Winter, S., A. Stylianou and R. Giacalone: 2004, 'Individual Differences in the Acceptability of Unethical Information Technology Practices: The Case of Machiavellianism and Ethical Ideology', *Journal of Business Ethics* **54**, 279–301.

Young, F. W.: 2004, 'Social Determinants, Social Support and Health: A Critique', *Social Theory & Health* **2**, 142–152.

Zapf, D.: 1999, 'Organisational, Work Group Related and Personal Causes of Mobbing/Bullying at Work', *International Journal of Manpower* **20**, 70–85.

Zapf, D., C. Dormann and M. Frese: 1996, 'Longitudinal Studies in Organizational Stress Research: A Review of the Literature with Reference to Methodological Issues', *Journal of Occupational Health Psychology* **1**, 145–169.

Zapf, D., C. Knorz and M. Kulla: 1996, 'On the Relationship Between Mobbing Factors, and Job Content, Social Work Environment, and Health Outcomes', *European Journal of Work & Organizational Psychology* **5**, 215–237.

Zimbardo, P. G.: 2007, *The Lucifer Effect: Understanding How Good People Turn Evil* (Random House, New York).

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