

Defining and Responding to Bullying

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Abstract: Concerns have been raised over the definition used for bullying across research and practice settings due to its subjective nature, and because it is not used consistently. As bullying can lead to very serious consequences for those affected by it, it is necessary to prevent, identify, and respond to it with competence. One possible avenue to increase research in is the use of cognitive behavioral therapy as means to address bullying in schools, as by its nature CBT is tailored to subjective interpretations of events. Rational Emotive Behavior Therapy is one subset of CBT, where new research shows some promising results in at least the cognitive and emotional consequences resulting from bullying.

Bullying is a topic that has grown in popularity within research and practice. Research by Volk, Veenstra, and Espelage (2017) has shown that there is has been an exponential increase of research articles on bullying published within peer-reviewed journals over the last few decades. Specifically, while 29 articles were published in 1980's, 275 articles were published in the 1990's, and 5,000 articles were published between 2011 and 2017.

Consequences for victims of bullying are well documented. Victims report lower self-esteem (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014, Malecki et al., 2015) and life satisfaction (Cornell & Limber, 2015). They report greater anxiety (Malecki et al., 2015), depression (Gladden et al., 2014; Malecki et al., 2015), loneliness (Griffin & Gross, 2004), and difficulty within relationships (Cornell & Limber, 2015; Griffin & Gross, 2004; Ybarra, Espelage, & Mitchell, 2014). Additionally, they have higher rates of suicide than for individuals who have not been bullied (NASP, 2012), and they also may be less likely to trust adults (Ybarra, Espelage, & Mitchell, 2014). Legally, schools are now being held more accountable to appropriately prevent and respond to bullying. While all states have laws focusing on bullying, they differ in how bullying may be defined or should be addressed (Cornell & Limber, 2015; Stopgov, 2019). Four states even have laws to address bullying that occurs off-site (Cox, Marczak, Teoh, & Hassard, 2017).

Given the severity of consequences resulting from bullying along with the legal ramifications for mishandling bullying situations, it is imperative that members within school communities agree as to when a conflict between students constitutes bullying instead of harassment or intimidation. According to Cascardi, Brown, Iannarone, & Cardona (2014), often times these terms are used interchangeably. Furthermore, it is possible that micro aggressions may be seen as bullying if definitions are not well-established. Disagreements about the definition of bullying can lead to either neglecting to address bullying or implementing an intervention for bullying when another aggressive act should be treated. Either response can potentially put children in harm's way and leave the school open for legal ramifications.

The most common definition cited for bullying is one put forth by Olweus in the 1970's (Volk, Dane, & Marini, 2014). This definition states that bullying must include repeated harm to one student in which there is a power imbalance between the bully and the victim. Harm can take the following forms: physical, verbal, relational, electronic, property damage (Gladden et al., 2014; NASP, 2012). Power imbalances can be the found within the presence of size, strength, gender, popularity, social status, minority status, sexual orientation, having a disability, and



being a member of a particular group (Finkelhor et al., 2016; Grief & Furlong, 2006 as reported in Cornell & Limber, 2015).

Concerns have been raised about this definition (Bradshaw, Waasdorp, O'Brennan, & Gulemetova, 2013; Finkelhor, Shattuck, Turner, & Hamby, 2016; Griffin & Gross, 2004). First, this definition is not used consistently across research or treatment settings (Griffin & Gross, 2004). This inconsistency leads to challenges in appropriately tallying prevalence (Bradshaw, et al., 2013; Finkelhor, et al., 2016; Griffin & Gross, 2004) and may affect our understanding of the effectiveness of interventions (Cornell & Limber, 2015). Secondly, it is unclear how many times a behavior must be repeated in order for it to constitute bullying. Gladden, Vivolo-Kantor, Hamburger, and Lumkin (2014) believe if 1 incident is severe enough, it should be considered bullying. Others question if the behavior must be repeated daily, weekly, or monthly in order to be considered bullying (Volk et al., 2014). Unclear expectations for when the frequency of harmful behaviors have reached the criteria to consider bullying presents a challenge for staff to know when they absolutely must intervene.

Next, it is at least possible that perceived harm can be subjectively interpreted (Goldsmid & Howie, 2014). There may be some students who perceive that their peer intends to cause harm, when perhaps there is no clear intention (Anderson & Bushman, 2002). Similarly, there may be students who do not recognize that a peer has clearly intended to harm them. Thus, it is possible that a student who perceives a micro aggression to be bullying may still experience similar negative affect as someone who is, in fact, bullied. Again, this subjective nature of harm may lead to unclear guidelines for staff as to when to intervene.

Finally, the presence of power imbalances is often hard to detect by students and staff, (Cornell & Limber, 2015; Finkelhor et al., 2016; Goldsmid & Howie, 201) which again may lead to subjective interpretation affecting knowing when one should intervene. Thus, not every student that experiences harm by another individual may consider themselves to be a victim of bullying, and there may be some students who misinterpret their peers' acts as bullying. While, schools should certainly continue to implement prevention and treatment programs to address bullying, and work towards creating 1 uniform and clear operational definition, one potential intervention may be one that focuses on this subjective interpretation.

Interventions using Cognitive Behavioral Therapy would be one way to address this subjective interpretation. Rational Emotive Behavior Therapy, a subset of Cognitive Behavioral Therapy, stipulates that situations do not lead to one's feelings but rather one's thoughts about their situations lead to feelings (DiGiuseppe, Doyle, Dryden, & Backx, 2013). In other words it is not a situation that leads one to feel badly, but rather his perceptions of a situation that lead to his feelings. Noteworthy is the fact that under REBT, negative feelings can be either healthy or unhealthy depending on the coping behaviors associated with them, and that having healthy negative feelings is encouraged and emphasized as important (DiGiuseppe, Doyle, Dryden, & Backx, 2013). Basically, feeling appropriately saddened by an event may lead to helpful coping behaviors; whereas feeling depressed about an event will likely lead to self-defeating behaviors. Irrational thoughts are believed to lead to unhealthy feelings and unhelpful behaviors (DiGiuseppe, Doyle, Dryden, & Backx, 2013).

Utilizing this theory, it would not be the bullying that causes the victim's negative affect but rather the victim's interpretation of the bullying that would lead to the affect. The event (e.g., the bully's behavior) would not be considered to cause the victim's feelings but rather the victim's thoughts about the bully's behavior would lead to his feelings. If the victim endorses



irrational thoughts about the behavior, he is likely to feel an unhealthy emotion and behave in self-defeating ways, but if he thinks rationally he is likely to feel a healthy negative emotion and enact helpful coping behaviors. These same principles would apply any time a student interprets another student's behavior as harmful.

The Power to Cope is one intervention that utilizes REBT principles to address bullying (Markopoulos & Bernard, 2015). This intervention teaches students how to think rationally about their interactions with others and teaches active coping behaviors including "positive self-talk, assertiveness, seeking social or professional help, body language communication, self-acceptance, and high frustration tolerance" (Markopoulos & Bernard, 2015, pp4). Markopoulos & Bernard (2015) examined the effectiveness of this intervention in 139 adolescents in Austrailia (grades 5 & 6) implemented over the course of 7 weeks and found an increase in positive cognitive and emotional coping behaviors, particularly with an increase in self-acceptance. There was no significant change in behavioral coping behaviors. While this study was only over 7 weeks and cannot be generalized to longer interventions, it may be a helpful area to pursue further.

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